High-level Ministerial Meeting
Sustain, Accelerate and Innovate to end TB
in the South-East Asia Region

Gandhinagar, Gujarat, India 16–17 August 2023
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## Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACF</td>
<td>active case-finding</td>
</tr>
<tr>
<td>AI</td>
<td>artificial intelligence</td>
</tr>
<tr>
<td>BPaL/M</td>
<td>bedaquiline, pretomanid, linezolid, moxifloxacin (treatment regimen)</td>
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<tr>
<td>CAD</td>
<td>computer-aided diagnosis</td>
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<tr>
<td>CBO</td>
<td>community-based organization</td>
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<tr>
<td>COVID-19</td>
<td>coronavirus disease – 2019</td>
</tr>
<tr>
<td>CSO</td>
<td>civil society organization</td>
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<tr>
<td>DR</td>
<td>drug resistant</td>
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<tr>
<td>DS</td>
<td>drug sensitive</td>
</tr>
<tr>
<td>FBO</td>
<td>faith-based organization</td>
</tr>
<tr>
<td>HBC</td>
<td>high (tuberculosis)-burden country</td>
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<tr>
<td>MAF</td>
<td>multisectoral accountability framework</td>
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<tr>
<td>MDR</td>
<td>multidrug resistant</td>
</tr>
<tr>
<td>MoU</td>
<td>memorandum of understanding</td>
</tr>
<tr>
<td>mWRD</td>
<td>molecular – WHO-recommended diagnostics</td>
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<tr>
<td>NSP</td>
<td>national strategic plan (for TB)</td>
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<tr>
<td>NTP</td>
<td>national tuberculosis programme</td>
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<tr>
<td>SE</td>
<td>South-East</td>
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<tr>
<td>TB</td>
<td>tuberculosis</td>
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<tr>
<td>TPT</td>
<td>tuberculosis preventive treatment</td>
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<tr>
<td>UHC</td>
<td>universal health care</td>
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<tr>
<td>UNHLM</td>
<td>United Nations (UN) High-Level Meeting (HLM)</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive summary

A high-level meeting on TB was held with the overall objective of undertaking reinvigoration of political commitment for sustained, accelerated and innovative approaches towards ending TB in the Region and arrive at a joint approach at the United Nations High-Level Meeting (UNHLM) 2023.

Key objectives

- To review progress towards the targets set on political commitment from UNHLM 2018, assess the challenges posed by COVID-19 and lessons learnt relevant to the TB response;
- To position the TB response as a key entry point for country pandemic preparedness, resilient health systems and as an indicator for progress towards universal health coverage (UHC);
- To discuss and agree on urgent response measures, including upfront investments needed and South–South collaboration for a Region-wide enhanced response to ending TB;
- To issue a joint call for the UNHLM-TB 2023 to embark on immediate, synergistic action towards ending TB supported by adequate resources.

Accordingly, technical sessions were held on 16 August that brought together partners, communities and the three levels of WHO. The audience was provided with background information on progress towards ending TB in the South-East (SE) Asia Region. This was followed by three panel discussions on: Establishing multisectoral frameworks and platforms for sustained political commitment in each country; Harnessing new tools and technologies to optimize patient care; and Sustainable financing for ending TB in the South-East Asia Region. After the panel discussions, the participants gathered in plenary to discuss key priorities and approaches emerging from the panel discussions.

The Leadership track meeting on 17 August was attended by the Director-General, WHO, six health ministers in person and one virtually, regional directors of the SE Asia Region and European Region, a senior representative from the Global Fund, key partners, including community representatives, and experts from the SE Asia Region. This high-level ministerial meeting led to the “Gandhinagar Declaration” that calls for the following:

- Formation of multisectoral coordination mechanisms that report to the highest political level for monitoring progress towards ending TB and priority communicable diseases;
- Harnessing science and technology and improving access so that it is equitable and human rights-based through an integrated, primary health care approach;
- Allocating the necessary resources to meet TB service coverage targets and addressing the social determinants to have multi-disease impact, achieving the targets of universal health coverage and promoting pandemic preparedness.
1. **Day 1 – Technical track**

**Background**

Home to a quarter of the world’s population, the South-East (SE) Asia Region bears more than 45% of global burden of TB. The already limited progress towards ending TB has been further challenged by the recent COVID-19 pandemic.

The Region has reinvigorated efforts towards ending TB through a high-level virtual meeting of Member States held in October 2021. It was co-hosted by India, Indonesia and Nepal. Subsequently, progress towards the targets agreed to in the political commitment from the United Nations High-Level Meeting (UNHLM) on TB in 2018 were also discussed during the Seventy-fifth Regional Committee in 2022. Preliminary data shared with WHO shows strong recovery in TB case notifications in 2022. In 2022, budget allocations for TB programmes in the Region reached a cumulative total of nearly US$ 1.4 billion, of which almost 60% was from domestic resources. The momentum must continue to build in the lead-up to the second UNHLM on TB, scheduled in September 2023, which would bring together heads of state, political leaders and partner agencies from across the world to mobilize political and social commitment to end TB, and ensure comprehensive and universal care for all.

Accordingly, an SE Asia Regional high-level meeting was held, with the overall objective to undertake reinvigoration of political commitment for sustained, accelerated and innovative approaches towards ending TB in the Region and arrive at a joint approach at the UNHLM 2023. The High-level Ministerial Meeting – Sustain, Accelerate and Innovate to end TB in the South-East Asia Region was held over two days. The first day was dedicated to technical discussions (Technical track) and second day to political commitments (Leadership track).

**Key objectives**

- To review progress towards the targets set in the political commitment from the UNHLM 2018, assess the challenges posed by COVID-19 and lessons learnt relevant to the TB response;
- To position the TB response as a key entry point for country pandemic preparedness, resilient health systems and as an indicator for progress towards universal health coverage (UHC);
- To discuss and agree on urgent response measures, including upfront investments needed and South–South collaboration for a Region-wide enhanced response to ending TB;
- To issue a joint call for the UNHLM-TB 2023 to embark on immediate, synergistic action towards ending TB, supported by adequate resources.

**The following were the expected outputs from the meeting:**

1. Ministerial statement on “asks” from the global community on accelerated efforts towards ending TB at the UNHLM 2023
2. Joint strategy towards participation and holding any TB side-event at the UNHLM 2023.

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2. Inaugural Session

Dr Suman Rijal, Director, CDS, WHO Regional Office for SE Asia made the opening remarks. Dr Rijal informed the audience that the WHO SE Asia Region is home to one quarter of the global population but bears a disproportionate burden of TB, with more than 45% of global TB incidence and more than half of the global TB deaths. Out of 11 Member States in the Region, six are high TB-burden countries (Bangladesh, Democratic People’s Republic of Korea [DPR Korea], India, Indonesia, Myanmar, and Thailand), while for rifampicin-resistant (RR- and multidrug-resistant (MDR-) forms of TB, Nepal has replaced Thailand in the high-burden list for the Region. Among the social determinants, around 1 million or 20% of new cases of TB are attributable to undernutrition. This is followed by the harmful use of alcohol, smoking, diabetes and HIV coinfection as per the data available from the Global TB report 2022. It is estimated that in 2021, there were almost 5 million new TB cases in the Region – nearly 350 000 more than pre-COVID-19 estimates. And more than 780 000 people are estimated to have died from TB and TB-HIV coinfection in the Region. The SE Asia Region has also been at the forefront of political commitment. Starting with a ministerial meeting in 2017, when “Accelerate efforts to End TB by 2030” was declared a Regional Flagship Priority, we have had the Delhi End-TB Summit in 2018 and a virtual high-level meeting in 2021. All this has led to reinvigorated efforts towards ending TB in the Region.

Dr Rijal’s address was followed by a keynote address by Professor (Dr) Atul Goel, Director-General of Health Services, India. Professor Goel informed the audience about the steps being taken by the country to address TB. He highlighted that India’s Prime Minister has given a call to end TB in the country by 2025. This has led to accelerated efforts in the country along with innovative approaches. More recently, “Adopt a TB patient”, an innovative approach for patient support, commenced in 2022, when the President of India launched “Pradhan Mantri TB Mukt Bharat Abhiyan” (Prime Minister’s TB-Free India Campaign). Under the innovative community support programme, TB patients can be cared for by an individual, elected representative or institution. They can enrol themselves as Nikshay Mitra to provide nutritional and treatment support to adopted patients.

The next session was addressed by Dr Ernesto Jaramillo, Global TB Programme, WHO headquarters, who provided a global perspective. He informed the audience about the recent Director-General’s Flagship initiative to end TB. The initiative has bold aspirations such as TB treatment coverage to reach to 45 million between 2023 and 2027. This figure encompasses reaching treatment for drug-resistant (DR)-TB to 1.5 million and TB preventive treatment (TPT) to 45 million, including 30 million household contacts of people with TB during the same period. The initiative aims to fight inequality and eliminate TB-related discrimination, stigma, and other human rights barriers by creating an enabling legal and policy environment for TB-affected communities. He also emphasized the need to provide social protection to TB patients and their families for a comprehensive response to the TB problem.

Ms Blessina Kumar, CEO, Global Coalition of TB Advocates (GCTA) shared community expectations from the UNHLM in September 2023.

The SE Asia Regional Advisor (RA) for TB presented the progress towards ending TB in the Region. It is estimated that in 2021, there were almost 5 million new TB cases in the Region – nearly 350 000 more than pre-COVID-19 estimates (WHO Global TB report 2022). More than 780 000 people are estimated to have died from TB and TB-HIV
High-level Ministerial Meeting Sustain, Accelerate and Innovate to end TB in the South-East Asia Region

Coinfection in the Region, which is about 20% higher than the 2019 figure. Modelling studies point to a surge in incidence rates with an estimated over 7 million additional TB cases and 1.5 million additional TB deaths between 2021 and 2025 if urgent steps are not taken (SEA Regional Strategic Plan towards ending TB 2021–2025).

Consequent to the setbacks in 2020 and 2021, the Region is falling short of coverage targets as per the commitments made at the UNHLM on TB in 2018. It is anticipated that none of the targets as per the UNHLM commitments will be met. The gap between the targets and the achievement levels is much more for TPT than the other targets (Fig. 1).

Fig. 1: **SE Asia regional progress compared with UNHLM 2018 commitments**

<table>
<thead>
<tr>
<th>TB treatment (All ages)</th>
<th>TB treatment (Children)</th>
<th>MDR/RR-TB treatment (All ages)</th>
<th>TB preventive treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target:</strong> 18 million 2018–2022</td>
<td><strong>Target:</strong> 1.5 million 2018–2022</td>
<td><strong>Target:</strong> 0.5 million 2018–2022</td>
<td><strong>Target:</strong> 2.1 million 2018–2022</td>
</tr>
<tr>
<td>12 million treated in 2018–2021 (67%)</td>
<td>0.84 million treated in 2018–2021 (56%)</td>
<td>250 000 treated in 2018–2021 (50%)</td>
<td>11 million treated in 2018–2022 (20%)</td>
</tr>
</tbody>
</table>

The way forward was presented to the audience through various thematic areas.

**Policy and advocacy**

- The UNHLM on TB in September 2023 would be a suitable forum for conducting advocacy.
- Multisectoral platforms should be used for advocacy, based on the principles of multisectoral accountability.
- Communities should be empowered and strengthened to engage in policy-making.

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2 WHO Global TB report 2023
Strategic and technical support

- Updated WHO guidelines should be adopted, which call for a shorter regimen for TPT and MDR-TB, as well as new diagnostics.
- Social support should be mainstreamed in national programmes and provided as integral part of the TB care services.

Resource mobilization

- This can be done through the Global Fund, bilateral donors, and South–South collaboration.
- Sustainable financing is needed, including through increased domestic resources.

3. Ongoing preparation for the UNHLM 2023

Ms Monica Dias, WHO headquarters, informed participants about the timeline of activities undertaken by WHO so far in preparation for the UNHLM on TB.

<table>
<thead>
<tr>
<th>2018-2020</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>2020</td>
<td>May</td>
</tr>
<tr>
<td>UNHLM on TB</td>
<td>UNHLM progress report</td>
<td>WHA progress report</td>
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4. Panel 1: Establishing multisectoral frameworks and platforms for sustained political commitment in each country

Moderator: Dr Mario Raviglione

Opening remarks from the moderator

The progress in epidemiological and political commitment in the SE Asia Region is remarkable. However, achievement of TB control is off-track against the global targets of 2030. It is important to inform the highest level on the progress and results to maintain momentum. TB experts attending this event should inform ministries to bring the results to the highest level of government. The Gandhinagar meeting offers a unique
opportunity to discuss what should be asked to heads of state on their commitment to ending TB.

There has been plenty of commitment to multisectoral accountability frameworks (MAFs) for ending TB, and reports to heads of state in the Region. It needs to be followed up with actions: establish multisectoral mechanisms to coordinate and monitor activities aimed at ending TB, engage and include all possible stakeholders, adopt a transparent monitoring and accountability system, and initiate coordination with other mechanisms or platforms for health interventions.

The starting question for the session was “Are high-level engagement and leadership useful?”, since not much known in the case of TB, despite some attempts and lessons learnt from AIDS, malaria and the recent COVID-19 responses.

**Presentation on MAF-TB by WHO headquarters**

It will be important to include and strengthen the 10 priority areas mentioned in the Secretary General’s report to the Seventy-fifth session of UN General Assembly in 2020 (as these will be discussed at the UNHLM 2023).

Current imperatives at the country level include the following:

- Establish and strengthen a national multisectoral review mechanism.
- Map all relevant stakeholders and sectors to approach the problem through a whole-of-the-society approach.
- The highest leadership must be engaged to drive multisectoral engagement, such as the head of state. This has been shown to achieve stellar results in countries such as India, Indonesia, and Brazil. Timor-Leste is following suit and is engaging with the highest political level.
- Along with engaging the highest level, mobilizing leaders at the grassroots level is another imperative. Bringing together local governments, other national programmes, and other grassroots-level organizations will assist in removing TB transmission from communities.
- WHO has recently launched a compendium of best practices and is coming up with an operational plan for MAF-TB. WHO will also launch a series of online workshops for MAF-TB.
- It will be important for countries to develop their MAF-TB operational plans, set review mechanisms in place and engage the highest level of leadership to drive this forward.

MAF progress report and examples of high-level commissions: 157 countries, including 29 high-burden countries (HBCs), published annual TB reports on progress towards national TB-related targets and commitments. National mechanisms for high-level reviews on progress have been established in 125 countries (19 HBCs). Civil society and affected communities are active in multisectoral accountability in 87 countries (15 HBCs). In SE Asia, 10 countries have annual TB reports available and have established national multisectoral/multistakeholder accountability mechanisms under high-level leadership. However, only six countries have engaged civil society and affected communities in the multisectoral accountability mechanism.
Increasing prioritization of MAF-TB by countries has been observed through systematizing engagement of other sectors using existing mechanisms. For example, Nepal has been operating multisectoral/multistakeholder platforms comprising representatives from the national and subnational levels (national nutritional platform, End TB commitment).

Key priorities to move MAF-TB forward:

- Advance MAF-TB as one of the priorities in implementation of the Director-General’s Flagship Initiative for 2023–2027 and the upcoming 2023 Political Declaration.
- Roll out an operational guide and best practice document for adaptation and implementation of MAF-TB.
- Support countries by including MAF-TB components in overall programme reviews and during the development of national strategic plans (NSPs).
- Further intensify engagement of UN agencies to end TB through global and national multisectoral platforms.

Regional Advisor (RA)-Nutrition

The links between TB and undernutrition have been well known for a long time. Stakeholders understand that nutrition is vital for TB prevention and treatment. However, this link is rarely touched upon while implementing TB control programmes at the country level. The prevalence of food insecurity in Asian countries correlates with a high TB incidence. Food insecurity is linked to treatment outcomes, compliance, recovery, and the health of households of TB patients.

Undernourishment is the highest attributable risk factor for TB in the SE Asia Region. Post the COVID-19 pandemic, the economic slowdown increased hunger. The prevalence of underweight in the SE Asia Region is 20.3%, much higher than the 11.1% in the WHO African Region and 8.9% globally. Addressing undernutrition is vital not only for TB treatment but for preventing TB and reducing poverty. Poverty and food insecurity are both causes and consequences of TB. Growing evidence from India, South Africa, Afghanistan and Brazil have shown that nutritional support is linked to a lower TB incidence, higher cure rates and fewer cases lost to follow up.

TB is one of the primary causes of undernutrition and vice versa, causing a vicious cycle. Although nutrition is spoken of during TB meetings and forums, TB hardly gets a mention in nutritional platforms. TB also does not find a mention when countries develop their social security systems.

Data from the Food and Agriculture Organization (FAO) reveal the linkages between TB and undernutrition and show that South Asia has the highest food insecurity.

Malnutrition reduces immunity and increases the risk of TB among patients and households. TB disease itself causes a lack of appetite leading to more undernourishment.
Challenges

- There is a lack of awareness of the importance of nutrition and lack of attention to it.
- Intersectoral convergence along with multisectoral coordination and engaging the private sector remains important.
- There are very simple tools available and approved by WHO to measure undernutrition. All TB patients must be mandatorily assessed for their nutritional status.

The way forward

- TB patients can be included in social protection schemes so that nutrition can be provided. There are very large national nutrition programmes in all countries – these need to be linked with TB programmes.
- Following WHO guidelines on nutritional convergences between the two conditions by using digital health would help provide holistic services. Countries must find the innovative ways to prevent TB through better nutrition.

Bhutan

Mr Phurpa Tenzin from the national TB programme said that integrated approaches have been established to improve TB services in Bhutan. This started with the opportunity provided by the COVID-19 pandemic. The first COVID-19 case was detected on 5 March 2020. Upon the recommendation of the national COVID-19 task force, the Ministry of Health (MoH) established 53 flu clinics in Bhutan, which undertook bidirectional screening for TB and COVID-19 cases. Diagnostic algorithms were standardized. Samples collected from the flu clinics were sent to laboratories and the cases managed according to the management guidelines.

One hundred twenty-four drug-sensitive (DS)-TB and 10 MDR-TB cases were diagnosed from these flu clinics. During the COVID-19 pandemic, there was a reduction in the number of DS-TB (1000 to 850) and MDR-TB cases (75 to 55). Intensified diagnosis of TB in children was also conducted.

To address some of the other gaps in the programme, the following were done – wider use of GeneXpert and specifically use of stool samples in children helped to diagnose a larger number of cases. Procurement of digital X-ray for screening of patients is proposed through Global Fund support. The TB programme aims to strengthen TB screening in noncommunicable disease (NCD) and nutritional clinics. There are also plans for a targeted screening programme and revised algorithms for investigating contacts.

For implementation of the all-oral shorter treatment regimens for DR-TB, diagnostics have been upscaled and human resources have been trained. TB-HIV collaboration is a continuous process. TPT is given to all people living with HIV (PLHIV) and children under 5 years of age who are household contacts of bacteriologically confirmed TB patients. Close contacts have also been given TPT with 3HP. For improved information dissemination on TB disease, information, education and communication (IEC) materials (print and electronic media) are being used, and community members, community-based organizations (CBOs)/civil society...
organizations (CSO) and faith-based organizations (FBOs) are being engaged. Other efforts by the national programme include renovation of the MDR-TB wards through support from the Japan International Cooperation Agency (JICA), flu clinics through World Bank support and continuous capacity-building through the university. Integrated surveillance systems developed for COVID-19 monitoring now include influenza and TB.

India

Ms LS Changsan, Additional Secretary and Mission Director (National Health Mission) stated that the hon’ble Prime Minister’s direct engagement has led to a huge momentum for innovation. The Government of India has a target to end TB by 2025. A multisectoral platform is an integral part of the National Strategic Plan (NSP). The MoH has a memorandum of understanding (MoU) with related ministries wherever TB patients/key vulnerable people can be reached. Special arrangements have been made with other government institutions within and outside the MoH, i.e. with the national postal service for sputum transportation. The commercial and private sectors are involved as well; the NTP has engaged around 300 corporates in TB control.

The engagement of private health providers increases TB notification significantly. A sevenfold increase in notification by the private sector was observed last year. The highest level of commitment is demonstrated continuously at present.

- The Prime Minister led the vision of a TB-free India campaign, which successfully catalysed programme acceleration since 2022.
- The TB Mukt Panchayat initiative plans to accelerate progress up to the community level.
- The President’s initiative is to integrate the TB campaign in the general health campaign.
- **Nikshay Mitra initiative** encourages individuals, organizations and corporates to adopt TB patients for nutrition support through an online portal.

On the MAF, Ms Changsan said that the fact that it is included in the country’s NSP reflects government commitment. Various ministries, states and different stakeholders, academia, CSOs and the whole gamut of people are already involved as India is viewing TB control from a whole-of-society approach. To drive the multisectoral approach, a national inter-ministerial taskforce has been set up. MoUs have already been signed with different key ministries, such as defence, urban development, tribal population, including vulnerable populations. Special initiatives with the postal services for sputum transportation have already been set up.

Other comments from RA-TB, WHO European Region

For MAF-TB, engagement of the head of state is imperative. He provided an example from his Region, where Uzbekistan has increased funding for TB. Government funding increased to include 15 000 treatment courses for DS-TB and 3000 for DR-TB. At the highest level, the Prime Minister is engaged as are the ministers, which shows high-level commitment. The Prime Minister will be involved in the UNHLM in New York.
5. **Panel 2: Harnessing new tools and technologies to optimize patient care**

**Moderator: Dr Madhukar Pai**

**Community intervention: Paran Swaramity Winami: TB and DR-TB survivor**

The session started with a presentation by a community representative representing the voice of the people affected by TB. Ms Paran narrated her story.

She was infected both with DS- and DR-TB; there was no standardized treatment for TB and one had to get treated at their own expense. DR-TB treatment required more than 214 pills per day, painful injections and a long duration of treatment. She was infected at the most productive time of life, which deprived her of job opportunities. She experienced mental health problems due to all these issues. A peer group helped her by caring for her. Advocacy on mental health issues among TB patients is being done by people in similar situations and sharing experiences at high-level meetings.

A shorter, injection-free, few side-effects treatment regimen for drug-resistant TB cases is a dream come true for new patients.

Ms Paran concluded her address with an appeal to all stakeholders:

- WHO-recommended molecular rapid diagnostics (mWRD) and shorter TB all-oral regimens should be made available urgently for all TB patients.
- Affordable tools are required for countries to adopt. Nutrition and mental health services are essential components of a TB strategy.
- Patients with TB should be the centre of our work.

**Comments by the moderator**

The moderator laid the foundation for further interventions with his comments. It is estimated that globally, only 50% of DS-TB and 20% of DR-TB patients are getting TB care. There is an urgent need for universal access to mWRD. All national programmes must include them in their diagnostic algorithm. He said that the SE Asia Region has only 20–40% coverage of mWRD. As a way forward, optimizing the use of mWRD that were used for COVID-19 for TB care needs to be advocated. South–South collaboration can lead to more mWRD and production of newer drugs (like bedaquiline). There are now shorter regimens available for TPT, DS- and DR-TB. A few countries are also starting patients on the 4-month DS-TB treatment. He further added that we need an accelerating platform for TB vaccines. Good nutrition reduces the risk of TB disease by almost 50% and therefore nutrition supplementation is also like a vaccine.

Professor Guy Marks from The Union highlighted the fact that there are massive inequalities in TB burden across the world and equally massive inequalities in TB prevention and treatment throughout the world. He said that we have better tools, and yet we are not on track to end TB. He also quoted the example of abandoning chest X-ray (CXR) screening by considering it too expensive and instances such as not treating all patients diagnosed were missed opportunities. He then provided the example of the Viet Nam study, which found that active screening for TB and treatment could lead to a 70% reduction in TB prevalence. Concomitant TB prevalence in children was also
reduced by 50% although they were not targeted in the intervention group. He insisted that, based on these findings, we must find all cases in high-risk groups, test all people, not just those who have symptoms; treat all patients and sustain the system for 5–10 years. He also said that the main beneficiaries of active case-finding are not just TB patients but many others who are protected from getting TB infection.

Dr Sameer Kunta from the BMGF talked about newer technologies deputed by NTP India. He said that there are emerging tools such as TrueNat, which looks promising for improving access to TB services. Funding agencies are focusing on reducing the cost of the tests. He also talked about the use of an information technology (IT) system for TB care in the public and private sectors. Thirty million beneficiaries and more than 500 health workers have been reached because of such interventions. Because of the IT-supported interventions, 300 million beneficiaries improved with nutrition care.

**Bangladesh**

Dr Nazurul Islam from the national TB programme informed the audience that free-of-cost TB services are available throughout the country with the support of 14 000 community health workers leading to better access to TB services, including active interventions for finding TB patients. mWRD were adopted in the country in 2021. There are now 588 GeneXpert machines in the country, using which 2.5 million people have been screened for TB. There are also 10 colour GeneXpert machines for identifying resistance to second-line TB drugs in all 68 districts. TrueNat is being installed in the subdistricts. CXR assisted by artificial intelligence (AI), and florescence microscopy is being used as sensitive technology in the country to enhance case-finding. For improving coverage, the 3HP regimen for TPT has also commenced in the country. For RR-/MDR-TB, the BPaL M/BPal regimen has been introduced and is slowly expanding. As far as use of technologies is concerned, the country has introduced integrated platforms and is engaging the public and private sectors for systems strengthening to address other communicable diseases apart from TB. It is also addressing information management and logistics management.

**Maldives**

Dr Ismail represented the MoH in Maldives. He said that ending TB in Maldives by 2025 is the target but there are many challenges. Although considered important, systematic screening for TB has not yet started in the country. For testing for TB infection, interferon-gamma release assay (IGRA) testing services are not available in the country. On the other hand, for diagnosis of TB and drug resistance, mWRD are available throughout the country, although a continuous supply of cartridges is a challenge. Culture samples are sent to India and efforts to establish the diagnosis in Maldives is under way. He also informed that all oral DR-TB regimens have been introduced in the country. However, the case load of MDR-TB patients is very low with only 1–2 patients diagnosed each year. Enhancing the coverage of TPT is also a priority for which continuous supply of drugs and monitoring of patients is a must. The experience of managing COVID-19 tools will be applied. Video/virtual observed treatment (VOT) has been found to be effective in the country’s context, as it requires fewer human resources and the cost is low. In addition, reporting of adverse events is easier and faster using this system.
Timor-Leste

Mr Constantino Lopes, country programme manager, informed the audience that there is a high incidence of and mortality from TB in the country, although ending TB by 2025 has been set as the country’s target. An integrated health information platform is functioning in the country, which helps to take evidence-based decisions. The TB/HIV/malaria integrated information system in the District Health Information Software (DHIS)-2 platform processes individual and aggregate data and does not require an Internet connection all the time. Health workers have the app on their mobiles for information entry that links to the integrated health information platform. This platform also links to vulnerability assessment for TB and identifies risk factors such as malnutrition.

6. Panel 3: Sustainable financing for ending TB in the SE Asia Region

Moderator: Carmelia Basiri (USAID, Indonesia)

Intervention by the moderator

The moderator stated that the SE Asia Region had a budget of just over US$ 500 million for TB programmes in 2014. Since then, there has been a threefold rise in 2021, but this has not reached the benchmarked requirement of US$ 3 billion as per the Regional Strategic Plan to End TB. It is observed that funding from the private sector is also increasing. However, on the other hand, funding absorption is not satisfactory. The total money absorbed was just 50% of the budget in 2021. To ensure sustained financing for TB programmes, insurance systems and overall health financing should be strengthened. There is a need for mobilization of additional domestic resources along with innovative financing mechanisms, which can be done by learning from other disease areas and experiences. The UNHLM in September is an opportunity to review the situation and explore better opportunities through international cooperation.

Indonesia

Dr Imran Pambudi provided a description of the Indonesian experience. He said that Presidential Decree No. 67 of 2021 is intended to provide a framework for the TB programme in the country for care and management of patients, interministerial collaboration, and strategic purchasing of health-care services for TB patients. This regulation is also aligned with UHC. This regulation for TB covers three components: diagnosing TB, treating TB, and care and support for TB patients. As of now, the majority of TB cases seek health care at the PHC level. Therefore, strengthening TB services (diagnosis of and treatment for TB) at the PHC level is essential. The country provides incentives for health-care providers if patients complete TB treatment.

Dr Pambudi also told participants about the involvement of communities in the TB programme. There are ongoing trials in four locations. Community health centres and about 500 general practitioners (GPs) are involved along with community engagement. Indonesia is committed to investing in ending TB; strengthening PHC and patient-centred care and ending TB by 2030 and remaining TB free in future.
Thailand

The country was represented by the Dr Gopinath Deyer from the WHO Country Office. The focus and priority of the MoH is on UHC. For UHC, there is a good health system in place. The social security scheme (SSS) by the Ministry of Labour and civil servant scheme by the Ministry of Finance cover >95% of the population. There are also innovative approaches for insurance to cover unregistered migrants for diagnosis and treatment of TB. Shorter oral bedaquiline-containing regimens were initiated in 2022 and covered by the UHC scheme. It focuses on high-risk groups.

Funding situation: 60% of funding is from the government, 40% from the Global Fund, with overall 400 million Baht secured for the TB programme. There is a need to address the social determinants of TB, such as the use of tobacco, nutrition, diabetes mellitus, among others. An integrated approach for multiple disease elimination through patient-centred care is planned. An integrated approach will increase the financing requirement and this calls for exploring innovative financing.

Nepal

Dr Prajowl Shrestha, NTP Manager, stated that the TB incidence in the country is 239 per 100,000 population but only around 37,000 new and relapse patients were enrolled in 2022, leaving a notification gap of 45%. The case notification gap in DR-TB patients is 67%. The NSP for TB (2021/2022–2025/2026) was endorsed by the Government of Nepal in 2022. However, the funding gap to implement the TB NSP is 43%. In the national programme, major financing is from the government and the rest is supported by the Global Fund. The mission of the Nepal government is a TB-free Nepal by 2050. Accordingly, a “TB free pallika” initiative has been started in Nepal in November 2021 that encompasses strengthening TB case notification by active case-finding, linkage with diagnosis and treatment, implementing social audit and enhancing political commitment. The initiative is currently being implemented at 25 pallikas. There is a nationwide plan to scale up to 753 pallikas within the next 5 years. The initiative builds on cascading accountability and ownership to the local government. There is an End TB Committee across each level that undertakes microplanning to meet the needs of the local community. It also conducts social audits to identify gaps and where to invest for TB at the local level. As a result of this initiative, case notifications have increased by 36%. The way forward, as envisaged by the national programme is

➢ intensify active case-finding to reach the unreached/missing TB patients;
➢ conduct active case-finding using digital X-rays in the community, co-financed by the local government in addition to the Central Government;
➢ expand implementation of TPT;
➢ enhance advocacy and capacity-building of the local-level government, which is crucial to sustain financing and ensure high-quality execution of TB responses.

Christine Ho (CDC) in her remarks stated that domestic financing from governments alone cannot meet the demand required by TB programmes. Therefore, innovative financing such as an airline tax is needed. Other examples suggested were a tourism fund/transportation tax, etc. Innovative funding can be monitored through performance-based indicators. The funding landscape has already been spread thin among various disease programmes globally. Funding should not depend only on the government sources but the private and community sectors should also be explored.
along with multi-stakeholder engagement for pooling and synergy of resources. Funding can also be mobilized through corporate social responsibility (CSR). There are some good examples of CSR in India.

**A summary of panel discussions was prepared and presented to the plenary.**

1. **Multisectoral action and accountability** – key points to consider
   - Collaboration is required within TB programmes, within the health system, and beyond health to address the social determinants such as nutrition and social support.
   - Accountability of such mechanisms should be to the head of State.
   - Activism in this regard is essential to maintain political commitment.

2. **New tools and approaches** to optimize patient care
   - Actively reach out to all people in need of a TB diagnosis, including those belonging to vulnerable and marginalized groups.
   - Scale up new tools and improve access and affordability.
   - Maldives, Bangladesh and Timor-Leste provide examples of integrated digital surveillance.
   - Access to and affordability of new tools need to be improved.

3. **Sustainable financing**
   - Domestic budgets need to be enhanced.
   - A good example for consideration of innovative financing is that of Indonesia. It has three benefit packages at the primary care level, which include an incentive for adherence to TB treatment, financial transactional tax/innovative financing and strategic health services purchase.
   - As part of a new strategy in Thailand, it plans to have at least 90% UHC, introduce insurance for the migrant population, implement new tools – IGRA/TPT, and develop a combined disease elimination strategy.
   - Political commitment, local governance, community participation and microplanning are key for sustainable financing in Nepal.

Participants were also informed about the events around the upcoming UN General Assembly. These include the following:

- The general debate of the Seventy-eighth Session will be held from 19 to 23 September, and on 26 September.
- The high-level political forum on sustainable development convened under the auspices of the General Assembly will be held on Monday, 18 September and Tuesday, 19 September 2023. It will be preceded by the Sustainable Development Goals Action Weekend on 16–17 September.
- The High-level Dialogue on Financing for Development of the General Assembly will be held on Wednesday, 20 September 2023.
- The high-level meeting on pandemic prevention, preparedness and response will also be held on Wednesday, 20 September 2023.
High-level Ministerial Meeting Sustain, Accelerate and Innovate to end TB in the South-East Asia Region

- The Climate Ambition Summit, to be convened by the Secretary-General, will also be held on Wednesday, 20 September 2023.
- The high-level meeting on universal health coverage will be held on Thursday, 21 September.
- The preparatory ministerial meeting for the Summit of the Future will also be held on Thursday, 21 September 2023.
- The high-level meeting on the fight against tuberculosis will be held on Friday, 22 September 2023.
- The high-level plenary meeting to commemorate and promote the International Day for the Total Elimination of Nuclear Weapons will be held on Tuesday, 26 September 2023.

Day 2 – Leadership track

The meeting was inaugurated by the Regional Director and attended by the Director-General of WHO, six ministers of health from Bangladesh, Bhutan, India, Maldives, Nepal, and Sri Lanka, and the Regional Director of WHO Europe. A recorded message was also received from Indonesia’s health minister. The meeting was also attended by Director-General Health Services of Timor-Leste; Director External relations from the Global Fund and several senior bureaucrats from Member States. Six WHO representatives from Bangladesh, Bhutan, DPR Korea, India, Indonesia, and Nepal also attended the meeting.

The Regional Director in her opening speech reminded the audience of the commitments made at Regional and global levels by Member States, specifically at the UNHL in 2018. She said that we are bending the TB curve, and must now accelerate momentum, shaping history to our will. She urged leaders from each country to establish a high-level multisectoral commission on TB, which could also help build health systems resilience and advance UHC and health security. Further, we must actively accelerate access to new TB tools, technologies and treatment regimens that are people-centred, and are delivered at the primary health care level, within the community. Finally, she also emphasized that countries must allocate adequate and sustainable domestic resources to meet TB service coverage targets, building on the substantial increases already achieved.

The health ministers along with Regional Director, WHO SE Asia Region signed the “Gandhinagar Declaration”, which calls for reinvigorated efforts towards ending TB and leveraging the opportunity provided by upcoming UNHLM on TB. The Declaration calls for:

1. formation of multisectoral coordination mechanisms that report to the highest political level for monitoring progress towards ending TB and priority communicable diseases;
2. harnessing science and technology and improving access that is equitable and human rights-based through an integrated, primary health care approach;
3. allocating the necessary resources to meet TB service coverage targets and addressing the social determinants to have multi-disease impact, thereby achieving the targets of UHC and promoting pandemic preparedness.
Annex 1

Agenda of the meeting

Day 1: 16 August 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Items</th>
<th>Speaker</th>
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<tr>
<td>8:30–9:00</td>
<td>Registration</td>
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<tr>
<td>09:00–09:30</td>
<td>a. Opening</td>
<td>• Dr Suman Rijal, Director, CDS, WHO Regional Office for South-East Asia</td>
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<td></td>
<td>b. Keynote address</td>
<td>• Professor (Dr) Atul Goel, Director-General of Health Services, India</td>
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<td></td>
<td>c. Address</td>
<td>• Dr Ernesto Jaramillo, Global TB programme, WHO headquarters</td>
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<tr>
<td></td>
<td>d. Community expectations from UNHLM</td>
<td>• Ms Blessina Kumar, GCTA</td>
</tr>
<tr>
<td>09:30–09:40</td>
<td>Progress towards ending TB in the South-East Asia Region</td>
<td>SEA RA-TB</td>
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<tr>
<td>09:40–09:50</td>
<td>Preparation for UNHLM 2023 – journey so far</td>
<td>Monica Dias, WHO headquarters</td>
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<td>09:50–10:00</td>
<td>Discussion</td>
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<tr>
<td>10.20–10.30</td>
<td>Introduction to panel discussions</td>
<td>Director, CDS</td>
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<tr>
<td>10:30–11:30</td>
<td>Establishing multisectoral frameworks and platforms for sustained</td>
<td>• Moderator – Mario Raviglione, (University of Milan)</td>
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<tr>
<td></td>
<td>political commitment in each country</td>
<td>• Panelists – Bhutan, India, Sri Lanka, SEA RA-Nutrition and Health for Development, Monica Dias, WHO headquarters</td>
</tr>
<tr>
<td>11:30–12:30</td>
<td>Harnessing new tools and technologies to optimize patient care</td>
<td>Moderator – Madhukar Pai, (McGill International TB Centre)</td>
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<td></td>
<td></td>
<td>• Panelists – Bangladesh, Maldives, Timor-Leste, Professor Guy Marks</td>
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<td></td>
<td>(The Union), Paran Sarimita Winarni (WHO CSTF representative), Samir</td>
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<td>Kunta (BMGF)</td>
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<tr>
<td>13.30–14.30</td>
<td>Sustainable financing for ending TB in the South-East Asia Region</td>
<td>• Moderator – Carmelia Basiri (USAID, Indonesia)</td>
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<tr>
<td></td>
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<td>• Panelists – Indonesia, Nepal and Thailand, Christine Ho (CDC)</td>
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</table>
### Plenary discussions: Key priorities and approaches emerging from the panel discussions

- Establishing multisectoral frameworks and platforms for sustained political commitment in each country
- Harnessing new tools and technologies to optimize patient care
- Sustainable financing for ending TB in the South-East Asia Region

**Moderator – Swarup Sarkar (University of Gothenburg)**

### From Gandhinagar to New York

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<th>Participants</th>
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<tr>
<td>16.00–17.00</td>
<td>Plenary discussions:</td>
<td>Swarup Sarkar</td>
<td>Ms Monica Dias, Dr Askar Yedilbayev, Unit Lead, WHO Europe, SE Asia RA-TB</td>
</tr>
<tr>
<td></td>
<td>a. UNHLM modalities</td>
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<td>b. Europe’s experience</td>
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<td>c. Proposed Declaration from Member States</td>
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### Day 2: 17 August 2023

### Leadership track

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<th>Session</th>
<th>Moderator/Officiant</th>
<th>Participants/Stakeholders</th>
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<td>16.00–16.05</td>
<td>Opening remarks</td>
<td>RD – WHO Regional Office for SE Asia</td>
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<tr>
<td>16.05–16.15</td>
<td>Inaugural session, Keynote address by co-chairs</td>
<td>a. DG WHO</td>
<td>b. Hon’ble Minister of Health and Family Welfare, India</td>
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<tr>
<td>16.15–16.20</td>
<td>Sharing best practices from India</td>
<td>Secretary (H), MoH, India</td>
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<tr>
<td>16.20–16.25</td>
<td>Sharing experiences from the European Region</td>
<td>RD – WHO Europe</td>
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<tr>
<td>16.25–17.05</td>
<td>Ministerial address in support of the joint Declaration</td>
<td>Hon’ble Ministers – present and virtual</td>
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<tr>
<td>17.05–17.15</td>
<td>Signing of the “Gandhinagar Declaration”</td>
<td>Ministers/heads of delegations and RD WHO Regional Office for SE Asia</td>
<td></td>
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<tr>
<td>17.15–17.20</td>
<td>Address in support of the joint Declaration</td>
<td>Head/s of delegations</td>
<td></td>
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<tr>
<td>17.20–17.25</td>
<td>Global Fund support for ending TB in the South-East Asia Region</td>
<td>Director of External Relations and Communications, Global Fund</td>
<td></td>
</tr>
<tr>
<td>17.25–17.30</td>
<td>Closing remarks</td>
<td>RD – WHO Regional Office for SE Asia</td>
<td></td>
</tr>
</tbody>
</table>
Annex 3

List of participants

Key dignitaries

Bangladesh

H.E. Mr Zahid Maleque
Minister of Health and Family Welfare
Government of the People’s Republic of Bangladesh

Bhutan

H.E. Lyonpo Dechen Wangmo
Minister for Health
Royal Government of Bhutan

India

H.E. Dr Mansukh Mandaviya
Union Minister of Health and Family Welfare
and Minister of Chemicals and Fertilizers
Ministry of Health & Family Welfare
Government of India

Indonesia (virtual – recorded message)

H.E. Budi Gunadi Sadikin
Minister of Health
Indonesia

Maldives

H.E. Ms Safiyya Mohamed Saeed
Deputy Health Minister
Government of Republic of Maldives
Republic of Maldives

Nepal

H.E. Mr Mohan Bahadur Basnet
Minister of Health and Population
Federal Democratic Republic of Nepal
Nepal

Sri Lanka

H.E. Dr Keheliya Rambukwella
Minister of Health
Government of the Democratic Socialist Republic
of Sri Lanka
Sri Lanka

WHO

Dr Tedros Adhanom Ghebreyesus
Director General, WHO

Dr Poonam Khetrapal Singh
Regional Director
World Health Organization
South-East Asia Region

Dr Hans H’enri Kluge
Regional Director
World Health Organization
European Region

Senior representatives of ministries of health from South-East Asia Member States

Bangladesh

Dr Md. Anwar Hossain Howlader
Secretary
Health Services Division
Ministry of Health & Family Welfare
Bangladesh

Mr Md Reazul Hoque
Private Secretary to Minister
Ministry of Health and Family Welfare
Bangladesh

Mr Md. Sadekul Islam
Deputy Secretary
Health Services Division
Ministry of Health and Family Welfare
Bangladesh

Prof. Dr Md. Nazmul Islam
Line Director
Directorate General of Health Services
Bangladesh

Bhutan

Mr Phurpa Tenzin
Programme Officer, CDD
Department of Public Health
Royal Government of Bhutan

Dr Karchung Tshering,
Dy. Chief Laboratory Officer
Royal Centre for Disease Control
Royal Government of Bhutan
Bhutan

Dr Pema Tenzin
CMO
Lungtenphu Military Hospital
Bhutan
India

Shri Sudhansh Pant
Secretary (Health)
Minister of Health and Family Welfare
Government of India

Dr Atul Goel
Director General of Health Services
Ministry of Health and Family Welfare
Government of India

Ms L S. Changsan
Additional Secretary & Mission Director (NHM)
Minister of Health and Family Welfare
Government of India

Mr Vishal Chauhan
Joint Secretary (Policy)
Ministry of Health and Family Welfare
Government of India

Dr P. Ashok Babu
Joint Secretary (Tuberculosis)
Ministry of Health and Family Welfare
Government of India

Dr Rajendra P. Joshi
Deputy Director General (TB)
Central TB Division
Ministry of Health and Family Welfare
Government of India

Mr Alok Mathur
Addl. Deputy Director General (TB)
Minister of Health and Family Welfare
Government of India

Dr Raghuram Rao
Assistant Director General (TB)
Minister of Health and Family Welfare
Government of India

Mr Swarnendu Singhla
Under Secretary (TB)
Minister of Health and Family Welfare
Government of India

Mr Rajan Chauhan
Consultant (Finance)
Minister of Health and Family Welfare
New Delhi

Indonesia

Imran Pambudi
Director
Communicable Disease Prevention and control
Ministry of Health
Republic of Indonesia

Maldives

Dr Mohamed Ismail
National TB clinical focal point
Consultant in Respiratory Medicine
Indira Gandhi Memorial Hospital
Ministry of Health
Republic of Maldives

Mr Abdul Hameed Hassan
Senior Public Health Officer
Ministry of Health
Republic of Maldives

Nepal

Dr Sangeeta Kaushla Mishra
Additional Health Secretary
Ministry of Health and Population
Government of Nepal

Mr Bishe Rup Khadka
Advisor of Hon’ble Minister of Health and Population
Ministry of Health and Population
Nepal

Dr Prajwol Shrestha,
Director National Tuberculosis Control Programme
Ministry if Health and Population
Government of Nepal
Nepal

Timor-Leste

Dr Odeta da Silva Viegas
Director General of Health Services
Ministry of Health
Democratic Republic of Timor-Leste
Timor-Leste

Dr Filipe Neri Machado
National Director of Public Health
Ministry of Health
Democratic Republic Timor-Leste

Sra Florencia Corte Real Tilman
Director
Manufahi Municipality Health Services
Timor-Leste

Sr Constantino Lopes
National TB Programme Manager
Ministry of Health
Timor-Leste

Representatives from Partner agencies

Global Fund

Ms Francoise Vanni
Director of External Relations and Communication
The Global Fund

Global TB Caucus

Dr Snehal Bhagat
Asia Pacific Regional Co-Ordinator
Global TB Caucus

PATH

Dr Neeraj Jain
Country Director
PATH
THE UNION

Dr Guy B Marks
President and (Interim) Executive Director
The Union

US CDC

Dr Christine S. Ho
TB Advisor/Branch Chief
CDC India

USAID

Dr Syed Imran Farooq Syed Irshad Ali
Chief of Party-USAID TB Private Sector at FHI 360
Indonesia

Ms Siva Anggita Maharani
TB Star Indonesia
Jakarta
Indonesia

FIND

Dr Sanjay Sarin
Vice President,
Access and Country Programmes
FIND India

SEAR STAG-TB

Dr Carmelia Basri
Senior Advisor, TB/HIV
USAID, Jakarta

Prof. Madhukar Pai
Canada Research Chair in Epidemiology and Global Health
Associate Director
McGill International TB Centre McGill University
Dept of Epidemiology and Biostatistics
Canada

Prof. Mario C. B. Raviglione
Full Professor of Global Health
Multidisciplinary Research on Health Science (MACH)
University of Milan

Dr Md. Akramul Islam
Senior Director
Communicable Diseases Programme
Water, Sanitation and Hygiene (WASH)
Building Resources Across Communities (BRAC)
Bangladesh

Dr Rohit Sarin
Member, STAG-TB

Guest

Dr Shambhu Prasad Acharya
Honorary, Senior Public Health Specialist,
Ministry of Health and Population
Nepal

Experts and representative of civil society

Ms Paran Sarimita Winarni
TB Advocate for affected Community
Vice Chair of PETA
Jakarta, Indonesia

Ms Blessina Kumar
CEO
The Global Coalition of TB Advocates

Mr Jeffry P. Acaba
Senior Programme Officer
Asia Pacific Council of AIDS Service Organizations (APCASO)
Thailand

Dr Swarup Sarkar
University of Gothenburg
Sweden

WHO staff

WHO Country Offices

Bangladesh

Dr Bardan Jung Rana
WHO representative to Bangladesh
WHO Country Office for Bangladesh

Dr Anupama Hazarika
Medical Officer (CDS)
WHO Country Office for Bangladesh

Bhutan

Dr Bupinder Kaur Aulak
WHO Representative to Bhutan
WHO country office for Bhutan

DPR Korea

Dr Mohamed Jamsheed
WHO Representative to DPR Korea
WHO Country Office for DPR Korea

India

Dr Roderico Ofrin
WHO Representative to India
WHO Country Office for India

Dr Payden
Deputy Head of WHO Country Office
WHO Country Office for India

Dr Ranjani Ramachandran
NPO-Labs
WHO Country Office for India

Mr Shibu Kandarath Balakrishnan
NPO-TB Public Private Partnerships
WHO Country Office for India
Indonesia

Dr Navaratnasamy Paraniethran
WHO Representative to Indonesia
WHO Country Office for Indonesia

Dr Setiawan Jati Laksono
National Professional Officer (Tuberculosis)
WHO Country Office for Indonesia

Myanmar

Dr Sushil Dev Pant
Medical Officer (TB)
WHO Country Office for Myanmar

Dr Thet OO
NPO-Tuberculosis
WHO Country Office for Myanmar

Maldives

Ms Sarah Jamal
NPO-Communicable Diseases
WHO Country Office for Maldives

Nepal

Dr Rajesh Sambhajirao Pandav
WHO Representative to Nepal
WHO Country Office for Nepal

Dr Khin Pa Pa Naing
Technical Officer
UN House, Pulchowk
Nepal

Thailand

Dr Gopinath Deyer
Programme Officer
(Communicable Diseases)
WHO Country Office for Thailand

Timor-Leste

Dr Arvind Mathur
WHO Representative to Timor-Leste
WHO Country Office for Timor-Leste

Dr Debashish Kundu
Technical officer, communicable Disease
WHO country office for Timor-Leste

WHO EURO

Dr Askar Yedilbayev
TB Unit Leader
WHO Regional office for Europe

WHO SEARO

Dr Suman Rijal
Director, CDS
World Health Organization
Regional Office for South-East Asia

Dr Vineet Bhatia
Regional Advisor-TB
World Health Organization
Regional Office for South-East Asia

Dr Rahul Srivastava
Technical Officer
World Health Organization
Regional Office for South-East Asia

Ms Shamila Sharma
Public Information and Advocacy Officer
World Health Organization
Regional Office for South-East Asia

Nepal

Dr Padmini Angela De Silva
Regional Advisor
World Health Organization
Regional Office for South-East Asia

Mr Deepak Gupta
ICT Manager
World Health Organization
Regional Office for South-East Asia

Ms Sanchita Sharma
NPO, Senior Communication and Media Relations
WHO Country Office to India

WHO HQ

Dr Ernesto Jaramillo
Medical Officer, GTB
WHO Headquarter

Mrs Hannah Monica Dias
Cross-Cutting Lead, GTB
WHO Headquarter
High-level Ministerial Meeting
Sustain, Accelerate and Innovate to end TB
in the South-East Asia Region

Gandhinagar, Gujarat, India 16–17 August 2023