TRANSLATING GLOBAL AND REGIONAL POLITICAL COMMITMENTS TOWARDS ENDING TB INTO ACTION IN THE SOUTH-EAST ASIA REGION

23-25 APRIL 2024
BANGKOK, THAILAND
Translating global and regional political commitments towards ending TB into action in the South-East Asia region

Bangkok, Thailand, 23–25 April 2024
Translating global and regional political commitments towards ending TB into action in the South-East Asia Region.

SEA-TB-378

© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition.”

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. R Translating global and regional political commitments towards ending TB into action in the South-East Asia Region Bangkok, Thailand, 23 to 25 April 2024. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.
Contents

Acronyms........................................................................................................................................... v

Executive summary ................................................................................................................................... vi

Action points for WHO ................................................................................................................................. vi

Day 1: 23 April 2024 ......................................................................................................................................... ix

Opening session .............................................................................................................................................. 1

1. Political commitments and coverage target as per the UN high-level meeting on TB ........ 3
   A. Global commitments and targets – UNHLM political declaration: ..................................................... 3
   B. Country progress and plans for improving coverage targets ................................................................. 4
   C. Regional progress and work on coverage targets: .................................................................................. 10
   D. Community contribution to achievement of UNHLM targets ............................................................... 11

2. Technical support available from partners for reaching UNHLM commitments ........ 11
   a. Bill and Melinda Gates Foundation (BMGF) ....................................................................................... 11
   b. Centres for Disease Control and Prevention (CDC), USA ................................................................. 11
   c. TB Alliance- (Online) ............................................................................................................................ 12
   d. Foundation for Innovative and Newer Diagnostics (FIND) ................................................................. 12
   e. International Organization for Migration (IOM) .................................................................................. 12
   f. KNCV .................................................................................................................................................... 12
   g. PATH .................................................................................................................................................... 13
   h. The UNION .......................................................................................................................................... 13

Day 2- 24 April 2024 ....................................................................................................................................... 14

3. Technical guidelines and tools .................................................................................................................. 14
   a. Update on WHO guidelines and Tools-WHO HQ ............................................................................... 14

4. Financial sustainability and partner support for achieving UNHLM targets ................. 14
   a. Financing of TB programmes-global scenario and current challenges ............................................... 14
   b. Regional landscape of domestic scenario by ThinkWell (online) ..................................................... 15
   c. Global Fund presentation ...................................................................................................................... 15
   d. United States Agency for International Development (USAID) ..................................................... 15
   e. Global Drug Facility (GDF) ................................................................................................................ 16
   f. World Food Programme (WFP) ........................................................................................................... 16
5. Key areas to support target achievement (group work) ......................................................... 17
   a. Research and innovation for achieving the targets .......................................................... 17
   b. Maintaining political momentum through multisectoral platforms reporting to highest political level .......................................................................................................................... 17
   c. Social protection, including nutrition support for TB patients and marginalized populations .......................................................................................................................... 18
       Special session for discussion on projections for coverage targets .................................. 18

6. Integrated approaches to TB care for Improving access ....................................................... 19
   a. Landscape of integrated approaches .............................................................................. 19
   b. Impact of climate change on TB epidemiology ............................................................... 19

Day 3: 25 April 2024 .................................................................................................................. 21
   Opening session on combined TB- HHS meeting .............................................................. 21
   Overview of regional progress on the TB-HIV situation .................................................... 22
   Update and innovation on TB-HIV screening, diagnosis, treatment and prevention, and TB/Hepatitis ...................................................................................................................... 23
   Best practices on TB-HIV-hepatitis collaboration .............................................................. 23

7. Spotlight session .................................................................................................................. 27

8. Wrap-up and recommendations ......................................................................................... 28

Annex 1: Agenda ..................................................................................................................... 30

Annex 2: List of participants ..................................................................................................... 33
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>aDSM</td>
<td>active drug safety monitoring and management</td>
</tr>
<tr>
<td>ART</td>
<td>antiretroviral treatment</td>
</tr>
<tr>
<td>BPaL/M</td>
<td>(B-bedaquiline, P-pretomanid, L-linezolid, M-moxifloxacin)</td>
</tr>
<tr>
<td>CBO</td>
<td>community-based organisation</td>
</tr>
<tr>
<td>DG</td>
<td>Director General</td>
</tr>
<tr>
<td>DS-TB</td>
<td>drug-susceptible TB</td>
</tr>
<tr>
<td>DR-TB</td>
<td>drug-resistant TB</td>
</tr>
<tr>
<td>GDF</td>
<td>Global Drug Facility</td>
</tr>
<tr>
<td>GF</td>
<td>the Global Fund</td>
</tr>
<tr>
<td>GTB</td>
<td>Global TB Programme (who headquarters)</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>LAM</td>
<td>lipoarabinomannan</td>
</tr>
<tr>
<td>LF-LAM</td>
<td>lateral flow lipoarabinomannan assay</td>
</tr>
<tr>
<td>LF</td>
<td>lateral flow</td>
</tr>
<tr>
<td>MDR-TB</td>
<td>multidrug-resistant TB</td>
</tr>
<tr>
<td>mWRD</td>
<td>molecular WHO-recommended rapid diagnostic test</td>
</tr>
<tr>
<td>NAP</td>
<td>national aids programme</td>
</tr>
<tr>
<td>NCD</td>
<td>non-communicable disease</td>
</tr>
<tr>
<td>NSP</td>
<td>national (TB) strategic plan</td>
</tr>
<tr>
<td>NTP</td>
<td>national tuberculosis programme</td>
</tr>
<tr>
<td>PHC</td>
<td>primary health care</td>
</tr>
<tr>
<td>PLHIV</td>
<td>people living with HIV infection</td>
</tr>
<tr>
<td>rGLC</td>
<td>regional green light committee</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
</tr>
<tr>
<td>UNHLM</td>
<td>UN High-Level Meeting</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Executive summary

The South-East (SE) Asia Region has shown enormous political commitment towards ending TB, starting in March 2017, when Ministerial Meeting on Ending TB in the SE Asia Region was held in Delhi. Subsequently, high-level meetings were successfully held in 2018 and 2021. In 2023, a high-level ministerial meeting “Sustain, Accelerate and Innovate to End TB in the South-East Asia Region” was held on 16-17 August 2023, at Gandhinagar, Gujarat with an overall objective of reinvigorating the political commitment and preparation for UNHLM on TB in September 2023. This high-level ministerial meeting led to the “Gandhinagar Declaration”.

At the UN high-level meeting (UNHLM) in New York on 22 September 2023, the Heads of the States, Delegates, and Representatives from the Member States committed to a “Political Declaration” that sets ambitious targets for service coverage. In alignment with the DG WHO’s flagship initiative, countries committed to achieving by 2027, at least 90 percent of the estimated number of people who develop TB are to be reached with quality assured diagnosis and treatment, which translates to approximately 45 million people between 2023 and 2027 globally; at least 90 percent of people at high risk of developing tuberculosis are provided with preventive treatment, which translates to providing up to approximately 45 million people with TB preventive treatment globally; 100 percent of people with tuberculosis have access to a health and social benefits package, among other targets.

The tuberculosis unit of the WHO South-East (SE) Asia Regional office organizes NTP managers and stakeholders’ meetings to discuss the progress and challenges and share best practices for strengthening the national tuberculosis programmes (NTP) of the Member States. In 2024, the title of this meeting was “Translating global and regional political commitments towards ending TB into action in the South-East Asia Region” held in Bangkok, Thailand from 23-25 April 2024.

A total of 80 participants attended the meeting along with different stakeholders including the ministry representatives, donors, communities, and NGOs, WHO’s three-level staff, and independent experts.

The programme was structured around the following themes:

1. Political commitments and coverage targets for Member States
2. Technical support from partners
3. Updates on WHO technical guidelines & tools
4. Financial sustainability of TB programmes
5. Group works on
   I. Research and innovation
   II. Maintaining political momentum
   III. Social protection, including nutrition support
6. Integrated approaches to TB care
7. Strengthening collaboration between TB and HIV, Hepatitis, and STIs (HHS) programmes
The key objectives of the NTP Managers’ and Stakeholders’ meeting were the following:

- To review progress and share success stories towards ending TB in Member States.
- To discuss and agree on country-wise targets in alignment with the political commitments and the DG Flagship Initiative to End TB.
- To identify priority actions for:
  1. Multi-sectoral, multi-disciplinary platforms for monitoring and supporting TB programmes
  2. Addressing undernutrition in the Region to address TB
  3. Empowerment and engagement of communities
  4. Regional research roadmap
  5. Integrated approaches and sustainable financing for TB
  6. Coordination and collaboration with the HIV programme.

Key recommendations from the meeting and action points are summarized below:

**A. Research and innovation for achieving the UNHLM commitments**

- Multistakeholder consultation at the country and regional levels to identify community-aligned research priorities aligned with the Global Research Strategy
- TB research to be done in partnership with communities, including the affected communities, and have a wider scope of topics such as extrapulmonary (EP-) TB, paediatric TB, pregnant women, vulnerable & marginalized communities such as LGBTQIA++ persons, differently abled persons, and those with mental health issues.
- Establish mechanisms for quick translation of research to implementation benefitting the patients.
- No validation of WHO recommendations is required at the country level for moderate and strong recommendations.

**B. Maintaining political momentum through multisectoral platforms reporting to highest political level**

- Advocate for “Head-of-Government commitment”, with the engagement of key stakeholders such as the parliamentarians, communities, civil society, and technical partners.
- Set up or sustain a parliamentary caucus for political prioritization, awareness building, resource mobilization and to close gaps in access to care.
- Enable grassroots-level leadership (rural and urban) such as sub-national/village level governments, to address TB and its key determinants with engagement across sectors.
- Ensure TB is included in National Development Plans alongside national strategic plans to build ownership across sectors.
• Engage parliamentarians and local leaders in providing supportive supervision to TB programmes in their constituencies through regular meetings to discuss persisting challenges and address the challenges.

C. Social protection, including nutrition support for TB patients and marginalized populations

• Undertake inventory of social protection intervention, to understand where to plug in TB support leveraging for sustainability.
• Nutrition support/rehabilitation to be promoted as a key strategy alongside the biomedical interventions.
• Identify mechanisms for long-term sustainability including occupational rehabilitation of TB patients.

Recommendations from combined TB-HHS session group work

TPT among PLHIV

• Address barriers to TPT that could be people-centric, provider-centric, and programme centric.
• Make evidence on TPT effectiveness widely available.
• Advocacy with policymakers, clinicians, and communities for no need for testing for infection among people living with HIV (PLHIV) and increase the use of TPT.
• Long-term benefits of TPT need to be documented through research.
• Innovative funding mechanisms to be identified for increasing TPT coverage.
• Potential stigma associated with TPT needs to be addressed.

Integrated approaches for marginalized and vulnerable groups

• Develop and use common vulnerability and key populations definition for TB and HHS programme areas. Common approach to gender sensitivity should also be incorporated in the strategies
• Programmes need to work closely with migrants. One-stop service model, mobile service would be helpful for such populations.
• Below poverty line population specifically those living in slums, congregate settings need to be focused.
• Community engagement is important to address the challenges faced by such groups.

Multisectoral engagement

• Implement WHO Multistakeholder Accountability Framework after adaptation as per country needs.
• Prioritize key stakeholders following a detailed mapping of potential capacity and impact.
• Advocate and set up a multisectoral multi-disease platform, building on what exists at the country level, underpinned by a Head of State Commitment, Decree/Order.
• Apply for resources through joint TB-HHS proposals for integrated service delivery.

• WHO to facilitate UN interagency coordination, building on the requests of the UNHLM political declaration.

**Action points for WHO**

• In consultation with countries and partners, finalize the recommended targets for coverage in alignment with UNHLM Political Commitments.

• Finalize “How to” document. Cost estimation of coverage targets

• Finalize Regional Research Roadmap based on feedback from the group work.

• Wider dissemination of recent guidelines and updates. Promote the use of WHO Knowledge Sharing Platform and e-courses.

• Create a global repository of best practices in various areas for cross-learning and promote wider use of research repository.

• Guidance on early diagnosis and management of Bedaquiline-resistant TB.
1. Detailed Report

Day 1: 23 April 2024

Opening session

The three-day meeting was opened by Dr Suman Rijal, Director/Communicable Diseases/ WHO SEARO, Dr Tereza Kasaeva, Director/ WHO Global TB programme (GTB), Dr Mohammed Yassin, Senior Disease Advisor/ Global Fund and Ms Paran Sarmita Winarni, community representative and vice-chair SE Asia Regional Green Light Committee (rGLC).

Dr Suman Rijal, delivered his welcome address on behalf of the Regional Director, WHO SEARO. He highlighted the commitments of the Member States at regional and global forums in 2023, and efforts to reach the ambitious targets to end TB by 2030. He also mentioned that these global targets and commitments need to be translated at the country levels, which also demands establishing multisectoral coordination mechanisms in each country to monitor progress and reach the unreached. Referring to the importance of undernutrition, he cited that around one million or about 20% of the new patients in the region are attributable to undernutrition. Narrating the progress towards ending TB, the SEA region achieved only a 6.6% decline in TB incidence by 2022 against the milestone of 50% reduction by 2025, a 6.3% reduction in TB deaths by 2022 against 75% milestone by 2025, and 42% of TB-affected families still facing catastrophic costs which should be zero by 2025 as per WHO End TB Strategy.

He stated that this meeting would discuss various aspects of the UN HLM 2023 for TB, commitments and come out with actionable points to implement the commitments.

Dr Tereza Kasaeva articulated that this meeting allowed for the opportunity to listen to the national programmes, key stakeholders, and implementers who are the real drivers on the ground to implement the high-level meeting commitments and UNHLM targets and bring the commitments into real action. Referring to Dr Rijal's comments regarding the important figures of TB notification and achievements, she mentioned the concerning situation during the COVID-19 pandemic that hindered the
TB progress and increased the number of TB deaths. Reminding more than 500,000 excess deaths due to COVID-19 and disruptions caused by the COVID-19 pandemic, the situation of DR-TB also worsened. Better options for DR-TB treatment with the new shorter, fully oral regimens are available. There are 400,000 people with drug-resistant TB and only 2 in 5 have access to care. The same issue exists in the case of TPT. There has been some progress observed last year. According to the GTB report, 3.8 million people received TPT. But it's only 60% of the annual target.

Acknowledging the work of the implementers, she mentioned that for the first time, last year 7.4 million people reached access to diagnosis and treatment. This is the biggest number since 1995 and a continued positive trend is being observed. She highlighted the importance of more investment should come from domestic sources. Dr Tereza concluded her speech by expressing her expectation of reaching the ambitious targets of TB within the committed time.

Dr Mohammed Yassin commenced his speech by acknowledging the need for increased funding and announced the successful seventh replenishment of the Global Fund. He highlighted, that 18% of the fund has been allocated to TB from a total allocation of US$ 13,088 million globally from which 30% of the TB allocations are dedicated to 10 SEA countries. Expressing gratitude towards the WHO global, regional, and country offices, as well as various country teams and partners, he appreciated their support in developing funding proposals in line with the Global Fund's allocations. Dr. Yassin underscored the significance of partnership and collaboration with the Global Fund and other stakeholders during the implementation phase, noting that countries have begun this process.

He commended the countries in this region for their leadership in returning to the pre-COVID-19 level of TB notification and observing a surge in notifications and a rapid recovery from the COVID-19 impact, surpassing pre-pandemic notification levels. Dr. Yassin stressed the critical role of cross-cutting interventions and informed that the Global Fund is now focusing on the next phase of replenishment. To overcome the overall global financial constraints, advised to make a strong case and assured to continue advocating for more resources and domestic funding.

He also encouraged the introduction of new tools and the urgency to expedite the use of existing ones, aiming to achieve the UN high-level targets tailored to the specific contexts of different countries. On behalf of the global fund, expressed for a successful workshop, and we look forward to continuing working with all.
Ms Paran Sarmita Winarni, opened her speech by highlighting the critical role of community involvement in the fight against tuberculosis (TB). Her emphasis on multi-sectoral collaboration underscores the importance of integrating efforts from government departments, the private sector, and community groups, including TB survivors, to effectively address the TB epidemic.

She advocated for a comprehensive approach that not only involves the community but also strengthens its capacity. This includes creating platforms and systems to facilitate active participation and ensuring that health rights are upheld, providing people, particularly those affected by TB, with the best possible care options.

Ms. Winarni emphasized that communities can make significant contributions across various sectors, such as preventing drug stockouts, advocating for lower drug prices, and participating in the development of treatment guidelines. Moreover, communities play a vital role in providing nutrition to TB patients and their families and conducting house-to-house contact investigations to prevent the spread of the disease.

Her concluding remark that TB elimination is within reach, and not merely a slogan, is a call to action for all stakeholders to intensify their efforts and work collaboratively towards ending TB.

Objectives of the meeting

Dr Vineet Bhatia, Regional Adviser for TB (RA-TB), WHO SEARO, presented the objectives and explained the meeting’s structure for three days. He requested all the participants to fill out their expectation from the meeting and the requested topic for spotlight session. This was followed by a round of introductions from participants.

Technical sessions

1. Political commitments and coverage target as per the UN high-level meeting on TB
   a. Global commitments and targets – UNHLM political declaration:

In this session, the commitments made in UNHLM-TB 2023 political declaration and the corresponding targets for coverage were presented. The global coverage targets set out in the 2023 political declaration to be achieved by 2027 include: 90% of TB treatment coverage; 90% coverage of TPT; 100% coverage of rapid diagnostic testing for TB; 100% coverage of health and social benefits package for people with TB; US$ 22 billion annual funding for essential TB services; US$ 5 billion annual investment for TB research. It was emphasised that for translating the commitments to actions in countries, rapid uptake of WHO policies, guidelines, tools, and recommendations is must. To strengthen the high-level leadership in the countries, there is a need for high-level discussions and advocacy by involving the UN alliance of countries in the fight against TB.
b. Country progress and plans for improving coverage targets

Bangladesh

- **Progress and key achievement:** Bangladesh is among 30 high-burden countries for TB and MDR-TB in the world. The country has achieved and sustained high DS-TB treatment success rates of over 90% for the last 5 years, and the effective rollout of molecular WHO-recommended diagnostics (mWRD) to increase access to testing. There are provisions for nutritional support for DR-TB and TB-HIV co-infected patients in the country.

- **Challenges and way forward:** facing challenges in adopting universal access to mWRD, to new regimens, and funding gaps. There is a plan for rapid expansion of mWRD and universal DST for all diagnosed TB patients.

- **Innovative approaches:** Introduction of X-ray with computer-aided diagnosis (CAD), zero-day ambulatory treatment for DR-TB, and transition to electronic recording and reporting.

- **Possible areas for South-South collaboration:** Capacity building in research and innovation, along with experience sharing on good practices.

Bhutan

- **Progress and key achievement:** The country has achieved a high DR- and DS-TB TB treatment success rate of over 90% for the last 5 years and adopted shorter DS-TB and DR-TB treatment regimens.

- **Challenges and way forward:** The country couldn’t reach all household (HH) contacts for TB preventive treatment (TPT). There is a need to scale up TPT coverage.

- **Innovative approaches:** The country implemented active case finding using a mobile screening van equipped with a digital X-ray and GeneXpert system. There is a plan to introduce the new skin-based testing for infection (Cy-TB).

- **Possible areas for South-South collaboration:** Cross-border collaboration for TB control and management in information sharing, surveillance. Other areas include capacity building and learning from each other and sharing best practices.

India

- **Progress and key achievement:** In 2023, an increase in TB case notification significantly reduced the gap between notified and estimated persons with TB in the country (notified 25.5 million compared to that estimated 27.6 million). 29% of household contacts received TPT but aimed to increase the coverage with shorter regimen 3HP (H – Isoniazid; P – Rifapentine).

- The country made provision for direct benefit transfers, provision of food baskets to TB patients, decentralization of TB elimination at local self-government bodies, and transition to domestic financing under the key strategies in the national strategic plan (NSP). The programme is providing INR 500 per month to all tuberculosis patients directly to their account and direct benefit transfer equivalent to US$ 338 million disbursed since the inception of this scheme. It was informed that 98-99% of deserving TB patients were covered under the PM’s programme for supporting nutrition (*Nikshay Mitra*).
Translating Global and Regional Political Commitments Towards Ending TB into action in the South-East Asia Region

- **Challenges and way forward:** The success rate for drug-susceptible TB (DS-TB) is 88%, and for drug-resistant TB (DR-TB) is 73%. The country is on the way to transitioning to BPaL/M (B-bedaquiline, P-pretomanid, L-linezolid, M-moxifloxacin). There are challenges in adopting WHO guidelines for universal access to mWRD and ensuring access to new regimens.

- **Innovative approaches:** The national and sub-national level mathematical modelling is planned and tailoring strategies for different populations. The country gradually transitioning to domestic funding. The programmatic implementation research on adult BCG vaccination is underway. New vaccine trials are also in progress.

- **Possible areas for South-South collaboration:** Streamline the Screening for potential migrants for TB.

**Indonesia**

- **Progress and key achievement:** Indonesia committed to end TB as reflected in the Presidential Decree 2021. There are six key national strategies under the NSP of TB control 2020-2026. The key strategies under the NSP are: (1) multisectoral, multidisciplinary platforms for monitoring and supporting TB programmes (2) social protection including addressing undernutrition, (3) empowerment and engagement of communities, (4) universal access to TB prevention, diagnosis, treatment, and care (5) integrated service delivery, and (6) research and innovation priorities. The key achievements are provisions for Active Case Finding in household contacts and populations at risk such as Prisons, and a mentoring activity for health workers in the TB programme (clinicians, nurses, pharmacy, and lab technicians). The programmatic implementation of BPaL/M treatment started in 2024, a TB E-learning platform was launched, and a partnership forum for accelerating TB control was established.

- **Challenges and way forward:** The notification of TB patients significantly fell during the COVID-19 pandemic as routine health services were disrupted. Since then, there has been a recovery in DS-TB notifications, but DR-TB notifications remain low. Low treatment success rates both for DS-TB and DR-TB and low TPT coverage are the programmatic challenges. Specifically, TPT for children <5 years of age who are contacts of active TB, is only at about 5%, which is far below the target. To improve the diagnostic capacity and implementation of mWRD, the country has planned to scale up more Gene Xpert facilities. The country also planned to increase the engagement of other departments and institutions in providing social protection for TB-affected people.

- **Innovative approaches:** There is an e-learning platform, a full online training platform for healthcare workers. The country has planned to establish a partnership forum to accelerate TB control, ensure health worker’s welfare, prevent tuberculosis in the workplace and adopted a public-private mix approach.
Possible areas for South-South collaboration: To share the experience, good practices, and solutions, involve the policymakers and experts from the Global South. Recommended for establishing a supply chain that ensures that all underserved areas of the country are reached. Strengthening regional partnerships and networks to enable national-level capacity development on access and delivery and building the regulatory capacity of the country.

Maldives

Progress and key achievement: The presentation started with an introduction to the demographic information. A total of around 187 inhabited islands that are divided into 20 atolls and each atoll has 5 to 10 islands group. In the last 2 years, less than 200 cases were reported including those among the expatriate workers. There are no TB/HIV cases in the country. The speaker also briefly informed the key strategies under NSP which are quality-assured TB services, increase detection and treatment, improved diagnostics, increased coverage of social protection and social support, improved surveillance systems, engage multi-stakeholder collaboration and partnerships, engage with communities, and use of innovations, operation, and implementation research.

Challenges and way forward: There are issues with addressing TB among migrant workers, and specifically comorbidity management among such people. There are also some cases of substance abuse in such populations making TB management difficult. The country is facing challenges in adopting some of the updated WHO guidelines due to resource constraints. The health workforce turnover is very high. There is a plan for screening high-risk populations and offering treatment for active and latent TB.

Innovative approaches: Under the NSP, the key strategies adopted are to increase TB case finding and treatment through improved diagnostics. There are plans to increase coverage of social protection, improve surveillance systems, recording and reporting of TB data.

Possible areas for South-South collaboration: Collaboration in innovations, operation, and implementation research. The country also desires funding support for the TB-free initiative as an operational research initiative.

Myanmar

Progress and key achievement: There were no NTP representation from the country due to geopolitical issues. The presentation was delivered verbally by the WCO focal point. He highlighted the post-COVID-19 political crisis in Myanmar which has led to a decline in the case finding. In 2022, though the TB notification doubled, and treatment coverage improved but the increase couldn't be sustained due to an unfavourable ground situation. Around 100 million USD were mobilized by the Global Fund and USAID to implement various high-impact activities such as the BPaL/M regimens were rolled out throughout the country and Xpert/Ultra used in cross-border areas, scaled up active drug safety monitoring and management (aDSM) to protect from the DR-TB. The TPT coverage is scaled up among household contacts of TB patients who are above 5 years of age. The fund is mobilized from the Global Fund (GF) and USAID for the patient cost survey.
• **Challenges and way forward:** The country has a high TB, high MDR-TB, and high TB/HIV burden while the treatment coverage is only 43%. The country is facing challenges in expanding universal access to mWRD. About 50% of the area is not under the control of de-facto authorities where access to health services is poor. The number of internally displaced populations (IDP) is increasing. The NTP is not able to fully spend the allocated amount under various grants.

• **Innovative approaches:** Recently WHO Representative (WR) to Myanmar engaged in discussion with the three levels of WHO to raise the current challenges at the UN level keeping in mind the UNHLM political commitment.

• **Possible areas for South-South collaboration:** Collaboration in the area of DR-TB treatment and availability of mWRD tests.

**Nepal**

• **Progress and key achievement:** The country has shown a good treatment success rate of 90% among DS-TB patients initiated on treatment. All oral shorter regimens are being rolled out for DR-TB patients. The *TB-free Palika initiative* (TB response in a federal context) is being expanded to 125 local levels. The NTP has also initiated a referral system through the pharmacy. The TPT coverage has increased in 2023 and is provided to under-5-year contacts of pulmonary TB patients and PLHIV. The country could start a digitalized surveillance system that helps to record and report individual cases in the system.

• **Challenges and way forward:** There are a large gap in estimated and reported TB patients. In 2022-23, a total of 37,447 DS-TB were reported against the estimated incidence of 70,000, and 693 DR-TB reported against 2900 such patients. There were shortages of GeneXpert cartridges and problems in implementing universal access to the newer regimens in past year. The country has started BPaL/M regimen but facing challenges in the availability of the drug. The country’s priority is to expand TPT and improve social protection. There is a funding gap of 43% as per NSP.

• **Innovative approaches:** The country has adopted an approach for localized TB response at the federal level. NTP also emphasises community engagement and a pharmacy referral system.

• **Possible areas for South-South collaboration:** It would be beneficial to share the knowledge and develop the capacity-building platform. Similarly, the sharing of resources, support of testing, and innovative modalities would benefit all countries.

**Sri Lanka**

• **Progress and key achievement:** There were a decreased in TB notifications during the COVID-19 pandemic, but the number of notified patients started increasing from 2023. The treatment success rate is 78.1% and TPT coverage below 5 years of household contacts has increased to 88.9% from the total household contacts of pulmonary positive TB. The TPT coverage for HIV patients also increased in 2023. Out of a total of 559 screened patients, 444 were started on TPT. The TPT is also available for clinical risk groups, such as chronic kidney disease patients undergoing dialysis, and other
immunocompromised patients. The RR/MDR-TB treatment success rate increased to 62.5% in 2021 from 46.2% in 2020. The NTP has integrated screening and diagnoses under the routine prison health services and NCD health lifestyle clinics.

- **Challenges and way forward:** There are some supports available for addressing undernutrition, the allowance ranges from LKR 1,000 to LKR 5,000 per month decided by the Social Service Department in each Provincial Council. The community awareness programme started in Colombo municipal area. There is a funding gaps for programmatic activities because of economic crisis, and funding support for drugs, and other essential commodities are the important challenges.

- **Innovative approaches:** Research and innovation are priorities under the country NSP. TB inventory study for estimating disease burden has been piloted and planned to be completed following artificial intelligence-guided diagnosis of TB.

- **Possible areas for South-South collaboration:** Subnational estimates for TB incidence need to be done to assess the progress towards TB elimination.

**Thailand**

- **Progress and key achievement:** About 90% of the high-risk and vulnerable population are being reached, and 100% of public health facilities and 92% of private providers are engaged with the TB programme. There are provisions for chest X-rays for high-risk populations and universal DST and UHC packages are ensured for all persons with TB. The country has introduced integrated screening, diagnosis and service delivery in hospitals and clinics. The TPT coverage is 100% among child contacts under 5 of age.

- **Challenges and way forward:** The death rate among TB patients remains high as well as loss to follow-up among patients put on treatment. The TPT coverage for PLHIV and contacts over 5 years age, needs to be improved. There is a slow progress in adopting the updated WHO guidelines for TPT and MDR-TB. The issue of migrants and stigma in society poses another challenge. There are funding gaps and more domestic resource allocations are needed. The migrants and prisons come within the ambit of the programme. In the next 3 years, the country will provide living support for DR-TB and XDR-TB cases and arrange to provide nutritional support to people with TB. The local administration and other agencies also work to support the programs. Though inadequate molecular testing facility hindering expansion, the training on all oral shorter DR regimens will be conducted. The whole genome project for MDR and XDR TB. Integration of new national data centre hub of Thailand. A TB prevalence survey will be conducted next year.

- **Innovative approaches:** The country will introduce the provision for testing of TB infection (TBI) and TPT for household contacts of bacteriologically positive TB patients, PLHIV, and immunocompromised patients. The country adopted an integrated service delivery platform with noncommunicable diseases (NCDs) and the development of artificial intelligence (AI) for the diagnosis of TB. There has also been an increase in the Universal Health Coverage (UHC).
• **Possible areas for South-South collaboration:** South-south collaboration—joint research projects across borders and an interoperable and secure digital platform across borders for referral systems.

**Timor-Leste**

• **Progress and key achievement:** The treatment success rate for DS-TB is 94% and for DR-TB about 90% with increasing trends in the rates in the last five years. TPT coverage increased to 2,715 among the household contacts (2-14 years) in 2022 compared to 2021 which was only 375 but a slight decrease to 2,622 recorded in 2023. Rapid expansion of WHO-endorsed molecular diagnosis, including establishment of TB line probe assay for 1st and 2nd line drug susceptibility testing, and implementation of Artificial Intelligence (AI)-enabled portable X-ray community screening, including mobile TB van intervention and TB vulnerability assessment with an integrated service delivery model, to enhance early detection and accurate diagnosis of TB. As a result, DS TB and DR TB cases are showing an increasing trend.

• **Challenges and way forward:** The patient’s residences are far from the health facilities due to difficult geographical terrain, resulting in a delay in seeking healthcare. The traditional beliefs are strong in the community and refusal of treatment as well as TPT is seen among a few household members. There is a high attrition of trained staff. Manual data recording and reporting results in data errors. Only ~25% of the NSP budget is funded so far.

• **Innovative approaches:** Integrated Case Based Surveillance for TB, HIV, and Malaria in Timor-Leste (ICBS-TL) has been established to strengthen the indicator-based surveillance. ICBS-TL is an innovative approach to public health monitoring, aiming to enhance disease surveillance to case-based, comprehensive, and efficient systems across the entire life course of an individual, from identification of a case to treatment, prevention, and follow-up care for TB, HIV, and Malaria cases. To address the challenges, the programme is engaging with community leaders, churches, TB survivors, and community volunteers for referrals and sputum transport.

• **Possible areas for South-South collaboration:** It is important to promote learning and exposure visits and support in establishing telemedicine for specialized teleconsultation. Another area to engage is the implementation of subnational certification of progress toward ending TB for high-performing municipalities.

**Discussions:**

The participants appreciated the progress in TB programmes and coverage of services made in all countries including some progress in engaging communities in their TB programmes. Participants also commended that despite shortage of funding, countries are moving forward and looking for enhanced impact.

Participants requested details about the assumptions behind the increase in TB incidence estimates in high-burden countries during 2021 and 2022 such as India, Indonesia, and Myanmar. Member States such as Bangladesh also shared the reasons behind achieving high treatment success rates (which was also taken up during the spotlight session on Day 3). Some of the NTP respondents also informed that engagement of communities has been institutionalized.
through the establishment of national and sub-national community forums.
Identifying people who are interested in being trained. Communities are involved
in decision-making level at all levels.
Community representatives emphasized the need for equity-oriented and
human-rights based approach for TB services in all countries.

c. Regional progress and work on coverage targets:

During this presentation the participants were informed about the importance of
target setting at the individual country level based on UNHLM commitments. The
objective of target setting is to monitor the progress in TB notification which
could be used as identification of gaps in the activities, funding requirements,
and creation of demands for funding both at domestic and international levels.
The parameters taken into consideration while calculating targets during
mathematical modelling were described during the presentation.

The participants were reminded of the commitments from the “Gandhinagar
Declaration-2023” that were followed by expert group consultation, community
group consultation, and hosting a webinar on the occasion of World TB Day
2023 for discussing implementation. participants were informed the participants
about two publications on (landscape analysis) titled “BEYOND DIAGNOSIS
AND TREATMENT: The social protection landscape for people affected by TB in
the WHO South-East Asia Region” and “Ensuring sustainable TB financing for
enhanced efforts toward ending TB in SE Asia Region” from the regional office
as reference documents for the countries.

While presenting the projected numbers for coverage it was stated that the
mathematical modelling technique and its usefulness were also presented.

Key interventions modelled for coverage targets include – Public-private (PPM),
and upstream case finding that allow to reach 90% of TB patients. Interventions
such as TPT is considered if fully implemented among risk groups as per the
WHO guidelines, and nutrition rehabilitation support provided to at least 30% of
the population.

The impact of implementing the recommended interventions on annual incidence
and mortality was also presented. The overall message is that there is a need for
a comprehensive set of interventions to reach out to TB patients, implement
preventive therapy and provide nutrition support to meaningfully decrease the TB
incidence and mortality.

Discussions

Participants requested clarification on the increase in WHO estimated incidence
during the COVID-19 pandemic. It was stated that if notifications had dropped
significantly, undetected TB would have probably increased, and therefore
transmission increased, and that is what is driving the increases in incidence. TB
patients not being put on treatment would also lead to an increase in mortality.
So, countries with a more severe drops in notifications tend to see greater
increases in incidence and mortality.
d. Community contribution to achievement of UNHLM targets

It was emphasised that the ownership of the commitments by the respective Member States needs to be further strengthened where community organisations can play a lead role. A survey recently conducted by the Global Coalition of TB Advocates (GCTA) identified crucial areas such as involvement of youth in ending TB. The findings of the survey showed that the main factors slowing down the progress include lack of access to new tools and drugs, insufficient funding, and inadequate patient support measures. Limited community involvement creates hindrances in the progress against TB. There is a need for a change in mindset about what community engagement is. The communities understand global commitments where they are willing to complement and supplement the NTPs.

Discussions:

Participants commended WHO’s engagement with civil society in guidelines, policy, and strategy development. Further work was suggested with communities in adopting the guidelines into cultural context and local translation for easy acceptance by the communities. It was iterated that meaningful engagement of the communities could happen beyond conventional areas such as preventing and managing drug stockout, cross-learning from the countries, and readiness of the programme to accept the new technologies.

2. Technical support available from partners for reaching UNHLM commitments

a. Bill and Melinda Gates Foundation (BMGF)

The presenter compared the progress of TB compared to that of HIV. Much more needs to be done in the SE Asia region to speed up the progress of TB programmes. The speaker described the involvement of BMGF in the SE Asia Region. BMGF supports small research projects in countries and the focus countries of this initiative are India, Indonesia, Nepal, and Sri Lanka and the implementing partner is the Union. The support provided to India & Indonesia in PPM and development of low-cost molecular diagnostics and low-cost CAD assisted. X-rays are critical. Mention was also made of the “Comprehensive Strategy for Retention in TB Infection Cascade of Care” (CRITIC). It is a model that could help identify the enablers and barriers to TB care, and to figure out cost-effectiveness of the strategy.

b. Centres for Disease Control and Prevention (CDC), USA

A presentation was made on “customizing roadmap to ending TB” by analysing who gets TB, who else is impacted, where is the TB, and where to focus. The presenter described how this menu fits and can be adapted in the respective country context. This will help NTPs customize the menu of the roadmap towards ending TB, and who all will need to be engaged in it. The presenter cited an example from a case study from Mumbai Mission TB Control as a successful campaign where the city health officer engaged all sectors.
c. TB Alliance- (Online)

The presentation covered the recent treatment shift due to the introduction of pretomanid. Realizing the life-saving nature of BPaL and BPaLM treatment TB Alliance have introduced the knowledge hub named “PeerLINC (Peer-to-Peer Learning for Innovative Cures) Knowledge Hub”. The site supports peer-to-peer learning for innovative cures for TB and how this initiative can help countries to adopt the new guidelines and interventions at a faster rate. The countries will share their experiences on best practices in implementation, new treatments, decentralization of DR-TB treatments and in different aspects of TB management. The support provided to countries and the mode of support is adjusted as per country needs and assessments on capacity building. The project was launched in March and supported two countries.

d. Foundation for Innovative and Newer Diagnostics (FIND)

FIND has been working in Bangladesh, India, and Indonesia to support a sound laboratory system and the use of newer technologies for TB diagnosis. The area of work involves maintenance of lab equipment and calibration, and support areas such as improving access to mWRD, specimen collection and transportation, and quality management system. The laboratory information management system is another important area that provides details about who is being tested, where testing is done, and how many are tested. FIND also supports biosafety management at laboratories.

e. International Organization for Migration (IOM)

The presenter described that IOM is the principal recipient of multi-country grant from the Global Fund under a under catalytic funding mechanism and works in the areas of policy development for TB among migrants, a grouping of countries where migrants are moving, working with NTP for migration health assessment, refugee health assessment, cross-border referral system and treatment of TB, stigma, discrimination, and community rights. IOM is working at the country level to support community-based TB activities amongst migrants and mobility-impacted communities. The agency is also involved in community-based active case-finding down to the village level. The risk factors are often linked to the legal and social status of the migrants, which determine the level of access to health and social services. Support is provided in technical areas, operational research, and global teleradiology.

f. KNCV

KNCV is providing support packages for countries such as technical assistance (TA) in specialized areas, and TB in children & adolescents, and updated the benchmarking tools on political tools. The implementation of the operational research on BPaLM in Indonesia and Myanmar. Also, they are working on monitoring through mobile devices such as cardiac monitoring and using assessment tools for monitoring updated regimens.
g. PATH

In the South-East Asia region, PATH is present in 7 countries with active TB projects in 3 countries, India, Indonesia, and Myanmar focusing on strategy, TB data quality, and scale-up of youth volunteers. They are engaged in building integrated service delivery models at the primary healthcare level and deployment engagement approaches, especially private sector engagement. They demonstrate models for test and treat.

They are engaged in integrating TB in urban health settings in India and in the Indonesia-TB Warrior Campaign where 80,000 youths are involved. In Myanmar, CAD X-ray system is being supported by PATH.

h. The UNION

The UNION runs several technical courses and publishes open-access journals such as International Journal of TB and Lung Disease (IJTLD). The Union implements Axshya project focussed on screening for TB and providing TPT in India. There is a programme being run in Myanmar by a consortium for increased reach out to tuberculosis presumptives. This project is also supported by the Global Fund. The union is supporting the development and implementation of a modernized training system in National TB Elimination Programme (NTEP) in India. The activities include content management, training operations, and M & E of training activities. The other major intervention system is “The COE-Spoke model of clinical support system” to improve the DR-TB treatment cascade of care and to provide clinical advice, capacity building, and mentoring.

Another intervention is the “Corporate TB Pledge” where NTEP is helping to mobilize the corporate sectors to end TB. The activity focuses on looking into the input and processes, output will automatically come.
Day 2: 24 April 2024

3. Technical guidelines and tools

a. Update on WHO guidelines and Tools-WHO HQ

WHO HQ presented the updated guidance on targeted next generation sequencing and used for resistance to Rifampicin, the latest recommendations on TB/HIV. Information in the recent guidance handbooks, and information notes, such as coadministration of treatment for DR-TB and hepatitis C was provided. WHO published last year the roadmap towards ending TB in children and adolescents and, a policy brief on tuberculosis-associated disability. In 2024, WHO released guidance on conducting reviews of the TB programme, and on engagement of community and civil society to end TB.

An important update was given on the release of WHO consolidated guidelines on TPT, which is expected to contain a strong recommendation on the use of levofloxacin as a TB Preventive treatment for contacts exposed to MDR-TB. The guidance on conducting reviews of TB programs was developed to ensure alignment with global commitments, strategies, and approaches.

Participants were informed about the one-stop-shop such as the WHO knowledge-sharing platform, and the newly introduced e-course on TB and mental health.

Discussions:

Participants raised queries on early adoption of the WHO guidelines. It was informed that the purpose of disseminating rapid communication is to present the key upcoming recommendations so that the countries can be prepared. The publication of guidelines takes a long time as it follows some administrative processes. The rapid communication aimed to reduce the time between the guideline development and actual uptake at the country level.

On the question of shaping research, WHO is continuously coming up with a target product profile (TPP) to encourage research on new diagnostics, drugs, and regimens.

4. Financial sustainability and partner support for achieving UNHLM targets

a. Financing of TB programmes-global scenario and current challenges

Reference was made to the UNHLM commitments in 2018 where it was estimated that US$ 13 billion was required annually for prevention, diagnosis, and treatment for TB. The funding target as per UNHLM 2023 commitments increased to US$ 22 billion by 2027 and then US$ 35 billion by 2030. The global picture shows that domestic investment is more than international funding and is more evident among BRICS countries.

The funding provided in 2018 & 2019 was relatively stable, but the amount of funding has not increased much since 2020. The funding is far below the desired levels.

For planning resource needs, the Integrated Health Tools (IHT) holds relevance to mobilize increased resources/funding. It was mentioned that the importance of using the IHT tools developed by WHO GTB while updating the costed national strategic plan (NSP). This planning tool allows strategic planners at the country level to model different intervention scenarios, but also to cost them as well.
b. Regional landscape of domestic financing by ThinkWell (online)

The presenter informed the highlights of the work of the organization. He presented the challenges and opportunities for strengthening domestic financing. He mentioned the increase in allocation to US$ 1.4 billion in 2021, still 53% less than the estimated US$ 3 billion required to be reached as per the SE Asia Regional Strategic Plan towards ending TB, 2021-2025. In 2022, the expected funding fell short of 26%. Nearly half of the Member States in the South-East Asia Region have significant funding shortfalls. There is continuing role of external donor financing for TB control in the region. The quantitative analysis of WHO on financing in Member States in the region as of 2021, nearly 30% of TB allotments are not dispersed (availability gap), and 5% were not utilized (spending gap). WHO SEARO collaborated with Thinkwell in 2023 to undertake a landscape analysis of TB financing. The key findings include significant and potentially catastrophic out-of-pocket expenditures that persist among TB-affected patients. There is also a disproportionate underfinancing of TB control components aimed at patient support, specifically social protection. The financing fragmentation among different programme areas undermines strategic domestic financing. Fragmentation in service delivery compounds health system costs and misalignment with public financial management. Opportunities exist in the form of scaling up domestic revenue sources for TB, and exploring innovative financing models for TB e.g., corporate social responsibility, direct contributions, and other forms of fundraising.

c. Global Fund presentation

Global Fund highlighted the TB allocation under the recent three grants. Recognizing the country's contribution to increasing domestic funding, it was also informed that the Global Fund increased their funds during the same period. In the current cycle, the GF allocated US$ 729 million for TB in 10 SEAR countries, which is approximately 30% of the total TB grant of US$ 2,442. The speaker emphasized enhancing awareness and commitment in the countries in the political and financial sectors to reach the ambitious targets.

Member States in the Region have made efforts to increase TB notification and the momentum needs to be maintained capitalising on available opportunities. It was also suggested that the funding proposal to the GF should be developed according to data-driven and evidence-based prioritization.

d. United States Agency for International Development (USAID)

USAID is the largest bilateral donor for TB programmes supporting 24 countries with US$ 4.7 billion across the world. The focus countries in the SE Asia region are Bangladesh, India, Indonesia, and Myanmar. USAID's Global TB Strategies for 2023 to 2030, aim to reach every person with TB, cure those who need treatment, and prevent new infections. The strategy is having a Result Framework with components- 90% of individuals with TB are diagnosed and initiated on treatment, same for drug-resistant TB; 90% treatment success rate for both drug-susceptible and drug-resistant TB, and the prevention target of 30 million TPT initiations. There is an annual monitoring system at country levels which is fully aligned with the targets of UNHLM 2023.

The funding is directed through country UNHLM roadmaps. The roadmaps are structured around strategy and results framework which are aligned with the
The strategy has some impact measures aimed to reduce TB by 35% and mortality by 52% by 2030 in the priority countries.

The partnership with the GF, WHO’s three levels, and members of the civil society are important approaches of USAID. They also extend support in the development of the country’s NSP in alignment with the UNHLM targets and commitments.

e. Global Drug Facility (GDF)

GDF presented its strategy for the end-to-end TB product management lifecycle. The portfolio of the GDF catalogue covers the quality-assured TB products needed for the entire cascade of TB care and management. Priority countries in the region include Bangladesh, India, Indonesia, Myanmar, and Nepal. The work on price reduction is a collective effort and GDF is working with other stakeholders. Quantification and early warning systems are important tools of GDF. Capacity-building support is provided to countries in procurement and supply chain management. The governments also procure TB products and diagnostics through the GDF using domestic funding. It was stressed that the countries put importance on supply chain management.

f. World Food Programme (WFP)

On behalf of WFP, the presenter highlighted the importance of nutrition in the context of TB. Food security is important for reducing TB incidence and mortality. The targeted entry points of WFP are the households for the nutritional support of the household. An example cited from Madagascar on the activity of WFP on nutrition programming. They have food security and nutrition-sensitive social protection programming for households.

The WFP’s main roles are in the supply of food, cash transfer, and technical advice. WFP also provides fortified food to PLHIV & other vulnerable communities, under conditions that reduce stigma and discrimination while promoting healthy eating.

Discussions:

Participants urged donors need to think differently for communities working on the ground. A single big NGO might get supported by multiple donors such as the Global Fund, USAID, and/or the Stop TB partnership. However, there are community-based organizations working on ground in TB, that have no access to even a small percentage of the funding. So, some mechanisms have to be thought about and some coordination needs to happen, so that the people who are on the ground receive money.

There are some good examples from the HIV programme of how this mechanism has been established, so that communities working on the ground can receive direct funding without having any challenges.

It was also stressed that the funding agencies while allocating grants, to countries or organizations, should ensure budget for meaningful community engagement and look at it as a listed item in the budget. Without money, CSOs and CBOS can't be expected to put in effort.
5. Key areas to support target achievement (group work)

At the beginning of this session, the participants were asked to choose their topics from the given areas. Accordingly, the participants voluntarily divided themselves into three groups with the designated facilitator. The groups selected their rapporteur to present the group discussion.

The three topics for group discussions were:

a. Research and innovation for achieving the UNHLM targets
b. Maintaining political momentum through multisectoral platforms reporting to highest political level
c. Social protection, including nutrition support for TB patients and marginalized populations

Group work presentation in plenary is appended below:

a. Research and innovation for achieving the targets

This group discussed the importance of research to fulfil the UNHLM commitments and to achieve the end TB target, identify challenges and make recommendations for strengthening research and innovation. One of the key areas required for moving forward was multistakeholder consultation at the country and regional levels to identify community-aligned research priorities and the formation of a multi-country consortium/ research steering committee with representation from the affected communities. The need for accelerating translation of research into policy, practice, and final implementation and time-bound approaches to various research steps was highlighted. Dedicated funding support from the Governments, donors, and alternate sources to meet the research funding needs to be explored. Involvement of TB-affected communities as peer researchers/partners in research in partnership with affected communities and to be inclusive with a wider scope: EP-TB, Paediatric TB, Pregnant women, vulnerable & marginalized communities such as LGBTQIA++ persons, persons with disabilities was also recommended.

b. Maintaining political momentum through multisectoral platforms reporting to highest political level

The group presented a global overview of the work being done by various agencies and highlighted the progress in different countries. Among the top recommendations, the advocacy for a Head-of-Government commitment – with the engagement of key stakeholders such as parliamentarians, communities, and civil societies was highlighted. It is also said that the countries where the high-level from the government had declared/adopted decree/policy, need to be sustained. Also, the multisectoral platform is to be set up or sustained with the engagement of key stakeholders including local governments, communities, and civil society. The group recommended for setting-up of a parliamentary caucus for political prioritization, awareness building, resource mobilization, and closing gaps in access to care. The ownership should be transferred up to the lowest administrative and political level of the local government and ensure building ownership across sectors. The importance of establishing a community advisory board to provide insights and hold the government accountable with an institutionalized or standardized approach was also mentioned in the recommendation along with coordination among UN agencies led by WHO to implement UNHLM commitments.
c. Social protection, including nutrition support for TB patients and marginalized populations

This group highlighted different areas of social protection where a TB patient or their families could benefit. Recognizing the importance of social protection under pillar 2 of the End TB strategy, the recommendations were aligned and requested countries to undertake an inventory of SP intervention, and review to understand where to plug in TB support leveraging for sustainability. Nutrition support is an utmost need which could be primarily supported by the government in coordination with other ministries, departments, and donors. Among the corporate sectors, corporate responsibility for society could be focused on TB programme and this kind of support should be provided without increasing stigma.

Discussions:

Referring to the mechanisms for translating UN high-level meeting commitments into action, participants mentioned that there is a need for accountability measures at the national level. This can be established by specifying the indicators in national plans.

Example from India was provided for community wide approach where the TB programme is being transformed into “Jan Andolan” or people’s movement, which means everyone must be involved. To build a new synergy between all components of NTP elements and for a certain amount of institutional change, the necessity of a multisectoral framework was raised. Additionally, to ensure key community engagement, the importance of integrating the community and empowering and legalizing them at the local level was mentioned. The involvement of the “Parliamentary Committee on Health” was also highlighted to translate the highest level of political commitment into reality. Mainstreaming of social protection to address undernutrition was recommended in the discussion.

It was recommended to create political momentum for the commitment at the country level, bringing policy to the actions and social data maintenance which goes beyond social protection. There is a need to have some actionable points.

Special session for discussion on projections for coverage targets

The following points were further clarified during this special session. The key interventions modelled considering public-private mix (PPM), and adding upstream case finding, TPT, and nutritional support with PPM. PPM and upstream case finding are necessary to ensure that 90% of TB patients are treated in alignment the UNHLM targets. PPM includes all non-NTP care providers where effort is made to reach all patients in such sector. Upstream case finding would mean all interventions such as community awareness, use of newer technology that cuts the turnaround time for diagnosis, active case finding interventions including household contact screening, and other such measures that reduce barriers to access to care. This modelling could be used as an important advocacy tool. It is also informed that there are 11 country-wise versions of this modelling. The country colleagues were requested to provide feedback on the targets for their respective countries.
6. Integrated approaches to TB care for improving access

a. Landscape of integrated approaches

The presentation was based on a review conducted in 2023, which included an analysis of the policy landscape and the review of literature on Integrated Approaches for ending the key communicable diseases and on the benefits of integrated approaches to ending TB. He narrated the background information on TB in the South-East Asia Region specially highlighting the high-burden TB countries. He mentioned the catastrophic costs in some Member States in the region varying from country to country. The five important risk factors fuelling the TB epidemic are undernutrition, HIV infection, diabetes, smoking, and alcohol use. The maximum number of cases in the region are attributed to undernutrition.

So, there are opportunities for integration. The presenter mentioned the different study findings on integration and referred to the guidelines and strategies from many countries and the WHO.

He mentioned the reference documents where recommendations are available on bi-directional screening, diagnosis, and treatment management of persons with TB. He defined the integration of bringing together two or more health programs so that the health, and the health services, become people-centric and address both as integration offers many advantages, including cost-effectiveness.

The example cited from TB and HIV program integration is where there is a high burden on both diseases. He showed different models of integration for testing and treatment and explained the impact on TB/HIV programme. Also, highlighted the barriers and challenges in bi-directional screening such as the requirement of bigger space, and more human resources. He also mentioned the limitations in the implementation of integration such as lack of political will, lack of commitment, and non-availability of integrated national policies and guidelines. The way forward for this is to work together with other programs and need to coordinate with health sectors and other non-health sectors.

Discussions:

The role of nutrition has been emphasized in TB and other infectious diseases. The implementation of nutritional supplements in the treatment of TB and follow-up by NGO after cure was discussed. The issue of indoor air pollution and the use of biofuels in cooking and its role in increasing vulnerability to TB was also raised.

b. Impact of climate change on TB epidemiology

The presentation outlined the impact of climate change on health regardless of location and socioeconomic status. We need to identify steps to sustain the gains made in the recent decades in ending the TB epidemic. There is no strong and substantial evidence available in the study to the emerging issues contributing to worsening climate change. However, there is interesting information presented in the Global TB report on the impact of climate change. Some basic modelling has found a positive association between climate change and known risk factors for TB excluding indoor pollution and referring to overcrowding, poverty, and migration.
In the recent meetings between governments and all stakeholders to tackle climate change, health is recognized as one of the areas affected by climate change. Climate change leads to worsening of some social determinants such as poor living conditions, migration, loss of income, increase in food insecurity and undernutrition. Mention was also made of the “Notre Dame Global Adaptation Initiative index” and how this can help to identify the vulnerability of a country by looking at how food, water, health, ecosystem services, human habitat infrastructure could be affected by climate change. This index was applied to countries of the region, such as Bangladesh Bhutan and Maldives, that came high in terms of vulnerability. WHO is now working on modelling based on systematic reviews of impact of climate change. The modelling can help to identify the areas to strengthen the capacity of the system to respond to the challenges emerging from climate change.
Day 3: 25 April 2024

Opening session on combined TB- HHS meeting

The session was opened by Dr Suman Rijal, Dr Deyer Gopinath on behalf of WR, Thailand, Dr Niti Haetanurak, Deputy Director General, MOPH Thailand, Dr Tereza Kasaeva, Director GTB, and Dr Meg Doherty, Director, Global HIV/Hepatitis/STI (online).

Dr Rijal highlighted the areas of comorbidities, along with figures from the 2023 global report for coverage in TPT among PLHIV, PLHIV on ART, and progress challenges in STIs and hepatitis programmes. He mentioned the need to optimize the use of effective tools to improve health. He concluded by advising to discuss common challenges, revitalize TB/HIV collaboration, and include viral hepatitis in the TB programs as part of integrated services approaches and expecting updates on progress and best practices in TB and HIV collaboration.

Dr Deyer on behalf of WR, Thailand stated that the meeting is important as it would bring together the experience from national programs, and the experts of STAG-TB members, which will support the adaptation of WHO-updated guidelines and strategies in the national programmes. By appreciating the progress in universal health coverage in Thailand, he mentioned the importance of political ownership and the need to strengthen the surveillance system to address TB and HIV comorbidities, especially in vulnerable populations such as migrants, the elderly, and prisoners.

Dr Haetanurak expressed his satisfaction with the commitment of the Thai government in addressing TB, HIV, and STIs and handling the current challenges in the elimination efforts to achieve 2025 and 2030 SDG targets. Referring to the second speaker, agreed to bring synergies between the programmes to eliminate the targeted diseases. He briefed about the action taken by the Thai government based on the current situation and addressing viral hepatitis and syphilis for elimination by 2030. He mentioned the involvement of youth addressing STIs by creating awareness and involving the community to remove discrimination and create a stigma-free society.

Appreciating Thailand’s effort to move out from the list of high MDR-TB burden countries, and significant progress in addressing TB-HIV co-infection, experience learned from the COVID-19 pandemic, he expressed the use of modern technologies and adoption of guidelines for integrated people-centred service for TB.

Dr Kasaeva showcased the global progress in ending TB from the latest global TB report. She said that there are challenges as well as there are new opportunities. Her presentation showed the recovery in TB notification after the COVID-19 pandemic but an increase in deaths due to TB as one of the biggest infectious killers. Reminding everyone that tuberculosis is the leading cause of death of people with HIV and a major contributor to antimicrobial resistance-related death. She mentioned that TB preventive treatment among HIV has not only been achieved but the coverage has been doubled. She informed the high-level forums on TB, HIV, UHC, and NCDs already happened and will be planned in 2024.
She concluded by saying that alignment between the service delivery of diseases and addressing important social determinants of diseases is important. So, it is better to treat the people, not the diseases.

Dr Doherty informed that only six years left to reach the deadline for SDG which is by 2030 and these six years are critically important for defining strategies in intersecting infectious diseases. She also mentioned the global health sector strategy for 2022-2030 and the integrated Regional Action Plan discussed in the recent HHS meeting of the NAP managers. The partners have committed to ending these epidemics and WHO targeted together TB, HIV, hepatitis, and STIs, because of many commonalities, but having differing epidemiology. The disease elimination efforts are at different stages in their public health response but there is a need to speed up the response to reach the 2030 targets.

There is revolutionary progress in the public health approaches in access to life-saving anti-retroviral drugs, TB medicines, and TB preventative care. There is a long-standing, collaborative action between TB and HIV, and now the prevention and treatment services are delivered in the community and primary healthcare settings. Multi-sectoral policies and actions at the primary healthcare and person-centered services should be at the core and include vulnerable and key populations.

She mentioned the publication of the global hepatitis report 2024 WHO launched recently where it is reflected that the deaths due to viral hepatitis are increasing. She praised Thailand for validation of mother-to-child transmission of HIV and Syphilis and the plan for triple elimination.

Overview of regional progress on the TB-HIV situation

After the opening session, there were presentations on technical areas, the first one was an "overview of regional progress on TB-HIV situation" jointly presented by the TB and HHS unit, and the second presentation was on "update and innovation on TB-HIV screening, diagnosis, treatment and prevention, and TB/Hepatitis" presented by Nathan Paul Ford on behalf of WHO HQ TB and HHS units. In the first presentation, the TB and HIV situation was highlighted both at the global and regional level along with barriers in TPT coverage to reaching targets set by UNHLM.

SEAR contributes to almost 50% of the TB incidence globally, 15% of HIV+TB incidence and 15% of HIV+TB mortality. Globally, there is an 8.7% reduction in TB incidence rate by 2022 against 50% of the end TB target and only a 19% reduction in TB deaths in 2022 against 75% of the end target by 2025. About 49% of the people with TB still facing catastrophic against zero target. In SEAR, the TB incidence rate was reduced to only 6.6% and TB deaths to 6.3% with a catastrophic cost of 42% by 2022. The coverage of ART among HIV-positive TB patients is 80% and the percentage of HIV-positive people on ART started TPT is still very low in 2022.
Update and innovation on TB-HIV screening, diagnosis, treatment and prevention, and TB/Hepatitis

In the second presentation, the updates on the introduction of new screening tools, diagnostic algorithms in different settings, and the latest diagnostics including LF-LAM since 2012 was mentioned.

It also highlighted the non-respiratory samples, and new regimens for TB Prevention, TB Treatment, ART including Dolutegravir-based regimens, HIV testing in the family and among close contacts, the latest HIV algorithms, and strategies to expand HIV testing, including self-testing. The CD4 testing remains critical for diagnosing advanced HIV disease and the subsequent workup and management of patients with advanced HIV disease enabled for scaling up person-cantered TB-HIV services. Several activities include updating the operational manuals promoting and strengthening access to quality services, coordinating resource mobilization and implementing people-cantered services, and strengthening monitoring, evaluation, and implementation of science research. To reduce the burden of TB among people living with HIV, there are several recommendations, including symptom screening, C-reactive protein assessment, chest X-ray, and recommended molecular diagnostic tests. He mentioned all the latest recommendations in the guidelines of TB and HIV diagnosis, treatment, management, and care and highlighted the commitment of the UN General Assembly in 2023 to integrate within primary healthcare, systematic screening, prevention, treatment, and care of TB and related conditions such as HIV, viral hepatitis, undernutrition, mental health, and NCDs.

After these two presentations, the discussion and question-and-answer session was held, and the following points were discussed and answered.

Discussions

The Thailand example and challenges were cited in the discussion in adapting new technology. Regarding the cost-effectiveness of Rifapentine compared to that of INH in a low-income setting, TPT was found more cost-effective in the long run and ease of administration (weekly dose). Also, the challenges in implementing TPT both from recipient’s end and provider’s side was discussed.

The studies on TPT shows that if the risk populations are covered by 90% of the target with TPT in 3 years, there will be a decline in incidence rate.

It was pointed out that the word ‘patient’ in the context of TB isn’t discriminatory. It’s our attitudes because we use inpatient, outpatient, and hospitals. We don't say in person with the disease or out person with the disease. It makes perfect sense to say, the person living with HIV.

Best practices on TB-HIV-hepatitis collaboration

India presentation on integrated approaches-multi-diseases screening

The NTEP India presenter showed the association between TB and comorbidities where almost 2.7 million cases are there, and of these 30% are attributed to undernutrition. The second most common risk factor is HIV. Approx. 3% are attributed to HIV where almost 10% of the cases are attributed to alcoholism 4% of cases are attributed to smoking, and nearly 4% of cases are attributed to diabetes. A coordination committee for TB-HIV coordination and scope for multi-disease
screening for TB, HIV, and other diseases are available at the 3 levels: at the national level, the state headquarters level, and at the district program level. There are health and wellness centres. TB-HIV collaboration has a multi-pronged approach. There are strategies for intensified case finding, initiation of TB preventive treatment among the eligible PLHIV, and ensuring TB infection control practices are followed in the health facilities. There are provisions for co-located diagnostic and treatment services, and TB diagnostic services are provided to vulnerable populations. HIV testing in the private sector is also one of the key strategies. The training is held in the private sectors. There is an integration of monitoring for both TB and HIV programme and the pharmaco-vigilance. The performance of testing and counselling centres is being monitored for TB programmes.

The National AIDS Control Organization (NACO) India

NACO, India presented on the integrated service of STI, HIV, and hepatitis campaign recently conducted in India. The objective of this campaign was to expand HIV, STI, TB, and viral hepatitis health services for the incarcerated population, because, the prison population has a high prevalence of HIV, and high-risk behaviour was documented in the HSS.

One of the objectives was to start integrated STI, HIV, TB, and hepatitis service packages under the ISHT campaign including STI counselling, screening, and treatment, HIV counselling, screening, and referral for confirmatory testing. It was focused on the incarcerated population; the referral linkages were the main bottlenecks that existed even before this campaign had started. The campaign included general health check-ups for all the incarcerated populations. It involved coordination with the Department of Home Affairs, Department of Women and Child Development, Department of Social Welfare, The State AIDS Control Societies in all the States of India, and the State health missions. The target of ISHT campaign was to cover 2,798 institutions. The campaign covered almost 89% of the institutions. They organized almost 5,551 health camps and reached a population of around 415,000. The challenges faced in this campaign were mainly regarding the availability of screening kits and linked services.

Thailand presentation on addressing vulnerable populations, especially migrants and people in prisons

Thailand has challenges with Migrants and prisoners, with 3.3 million migrants this year. The number of migrants may be more as there is no exact information.

There are three or four countries from where the migrants are coming. The countries are Cambodia, with about 400,000 migrants, Myanmar with about 2 to 3 million, and Lao PDR with about 2500,000. Every year, 3000-4000 TB cases are notified among the migrants. Elderly and children got more TB. Treatment is the same for Thai and non-Thai – for both TB and HIV. For TB – compulsory health screening is being done. The loss to follow-up remains high. Through community organizations, ART is provided. There is a limited budget for the diagnosis and treatment of documented TB cases. Those who migrate illegally, and are not documented, are either taken care of by NGOs or self-paid.

For syphilis cases, there is a provision of compulsory tests once a year and if they get diseases, treatment is provided in case they buy health insurance.
Translating Global and Regional Political Commitments Towards Ending TB into action in the South-East Asia Region

Social security is the same for all, but for non-documentated migrants remains a challenge – these people will have to pay out-of-pocket. There are TB HIV cross-border referral system with Laos and Cambodia. For the prisoners in Thailand, a project named “good health, good heart” is run under donation from the King of Thailand. The goal is to treat the prisoners as similar citizen rights for health. In Thailand, equitable treatment for migrants and prisoners is ensured. For HIV in prisons, screening is done regularly, and free treatment is ensured under a universal corporate scheme. The prisoners were also screened for hepatitis and syphilis and if found positive, treatment was given.

**Indonesia presentation on optimizing resources and improving access through joint use of the molecular tests for TB, HIV, and hepatitis programmes**

In Indonesia, there is a high number of TB & HIV, and people living with HIV (PLHIV) are considered a priority group for TPT. In collaboration with the experts, Indonesia simplified the TPT algorithm for PLHIV. Ensuring an uninterrupted supply of TPT drugs and joint utilization of molecular tests (Xpert) for TB, HIV, and hepatitis, the programmes are trying to integrate CD4 testing with viral load at the testing sites. Also, the country is intensively monitoring in the field and resolving problems involving the community.

Though there are challenges of comorbidity and high death rates due to TB among the PLHIV, TB patients tested for HIV were approximately 46% in the last 7 years. There are problems with the recording and reporting system. The TPT coverage among PLHIV is only 9%.

The PLHIV is a priority target for TPT and 3 HP is very popular.

HIV & Hepatitis tests are done jointly. Through community engagement, the national programme is trying to implement a community outreach program to reduce stigma and ensure easy access.

TB and HIV – require health system strengthening and a one-stop service delivery concept. The country has been intensifying supply chain management.

**Discussion**

In India, adult hepatitis B vaccinations are provided to prisoners who test negative for the hepatitis B surface antigen (HBsAg) as part of the universal immunization program.

The National AIDS Control Organization (NACO) in India has expanded its coverage to include hepatitis C patients and considers all high-risk populations for vaccination.

The experience shared by the Thai presenter highlights the importance of involving civil society in dealing with prisoners and migrants. The WHO has also recognized the role of the TB community and has formed a “Civil Society Task Force” to involve community organizations in guideline development and research. The WHO has published guidance on community engagement to encourage the involvement of various community categories in health activities.

The GF has decided to close the multi-country grant to Thailand, suggesting that country plans and domestic budgets should support the continuation of services for migrants.
There has been a global increase in the uptake of TPT due to the availability of more treatment options, ranging from one month to six months, which are faster and more effective. Research on TPT implementation is crucial for integrating TB, HIV, and hepatitis responses at the ground level and ensuring community involvement.

The integration of efforts across TB, HIV, and hepatitis communities is essential for a synergized approach to disease management and prevention. The lessons learned from each group can help overcome bottlenecks in TPT implementation and lead to more effective health outcomes.

Group work

The summaries of group recommendations from day 3-TB/HHS session:

The group for TPT among PLHIV recognized that there is variable uptake of TPT across the member countries, some are doing better, and some have no burden of HIV. There are also different regimens of TPT, and hesitancy is observed in some countries due to the issue of pill burden and side effects. To address the barriers to TPT, the programme should be people-centric, provider-centric, and programme centric. Also, the evidence of the benefit of TPT to be made widely available. The communities working for TB, HIV, and Hepatitis to explore opportunities for collaboration. They recommended advocacy with policymakers, clinicians, and communities for no need for testing for infection among PLHIV and increased use of TPT. The research to be done to document the benefits of TPT though there are lack of funds for TPT. Innovative funding mechanisms are to be explored for increasing TPT coverage and addressing the stigma associated with TPT.

Group 2 on integrated approaches for marginalized and vulnerable groups emphasised identifying the vulnerable populations for TB-HIV (e., g. migrants, prisoners, young urban slum dwellers and aging rural populations, etc.) and finding out how to improve coverage in these groups. They recommended sorting out common vulnerabilities, defining key populations, and gender sensitivity. Address vulnerable groups through existing strategies in countries and mobilise domestic funding through mobilisation of corporate social responsibility (CSR). Establish a one-stop service model, mobile service through working closely with migrants and creating stigma-free access to services. Also, recommended to engage community volunteers which is important.

Group 3 on multisectoral engagement recommended to implement the WHO Multistakeholder Accountability Framework through adaptation at the national level. It is important to identify the key actors/stakeholders in the TB-HIV response and define the roles of engagement. It is important to undertake a national assessment and prioritize key stakeholders following a detailed mapping of potential capacity and impact. They advised advocating and setting up a multisectoral multi-disease platform building on what exists at the country level, underpinned by a Head of State Commitment, Decree/Order. The group recommended further to keep the spotlight on TB and HHS through high-level advocacy, engaging parliamentarians, and other leaders and ensure internal collaboration within MoH with respective departments.

WHO to facilitate UN agency coordination building on the requests of the UNHLM political declaration.
7. **Spotlight session**

The evening session was divided into three parts based on the requests from the participants. The first part was on the uptake of guidelines and specific examples from digital technologies in improving preventive treatment, case finding, and treatment adherence. The second request was to learn from Bangladesh's experience about their high treatment and success rates, and the third was to learn examples of community engagement.

The speaker from Bangladesh mentioned the reason for the high TB treatment success rate of more than 90% (95%-96%) for the last 3-4 years was to start the treatment for the diagnosed drug-sensitive TB patients involving the community. The government takes care of TB patient treatment and involves the community level through different NGOs.

BRAC is the principal recipient of the global fund with many NGOs as sub-recipients working through the community volunteers. The government is working through its Upazila (sub-district) level health complexes and more than 13000 community health clinics. The joint efforts between GO and NGOs are playing a vital role in sustaining a high treatment success rate. The strong collaboration between GO and NGOs allowed to track TB patients immediately and provide treatment through DOT providers. The patients were being followed up continuously through those DOT providers. The loss to follow-up is minimal in terms of drugs-sensitive tuberculosis thereby high treatment success rate.

There are activities done by the NTP and BRAC for community members such as orientations, training, and community engagement modalities. Also, NTP engages local-level leaders and cured TB patients for advocacy and sensitization. They are also trying to engage the community for drug-resistant TB cases.

**Use of Digital Technology- WHO HQ**

The presentation from WHO GTB was presented online on the progress in digital technology. WHO GTB has been working with different partners and countries to explore the uses of various digital technologies. The presenter showed the website links where all the implementation guidance documents are placed and are being continuously updated. The website has 4 platforms: person-cantered care, program management, surveys and monitoring, and e-learning. Some examples were provided from each of the ongoing areas. The presenter showed examples of monitoring treatment adherence through digital technologies in person-cantered care.

The different digital technologies and combinations are to assess how best they can be used. The use of telemedicine in the TB programme was mentioned from both healthcare workers' and clients' perspectives. The health workers were using different technologies electronic medication boxes and video-supported treatment.

Some examples from India, about the use of enablers were mentioned. One standard operating procedure from India for direct benefit transfers and the use of vouchers to help people to complete their treatment is mediated using digital technology.
Discussion

A country in the region has successfully used Gene Xpert technology nationwide to diagnose TB cases and has piloted mobile vans equipped with AI for interpreting X-ray reports. They have established a biosafety level 3 lab for testing first and second-line anti-TB drugs. The deployment of digital technology has aided health workers in recording and reporting, which was previously a slow process due to the manual workload. The country has adopted the Prevent TB application, tailored to local needs, which simplifies data capture through a mobile app, covering the entire outreach area. The pilot project is complete, and plans are underway for scaling up.

Digital technology has proven beneficial in resource-limited and conflict settings, aiding in the supervision and follow-up of migrants or internally displaced persons (IDPs) who cannot be traditionally monitored.

Thailand shared its experience with digital adaptation and is introducing a retina reader machine for migrants from Myanmar, focusing on TB diagnosis and treatment for documented migrants, with some budget constraints for undocumented ones.

Digital tools are also useful in countries such as Bangladesh, Nepal, and Sri Lanka, and even in Myanmar, where daily patient reach is challenging. Mobile phones help monitor medication side effects and reduce the need for extensive human resources.

However, the vast amount of information collected by digital technology can be challenging to manage, necessitating continuous updates and training for users, which may not be feasible for every country.

In essence, while digital technology has significantly improved TB management and patient monitoring, it also presents challenges in data management, software updates, and user training.

As per the request from participations, an overview of BRAC engagement with TB programme was shared: The journey of BRAC from the beginning in 1972 and its involvement in the TB programme engaging community was presented. The village volunteers are identified from the village group, and they are mainly playing the role of DOT provider for TB persons. The linkage for pregnant women with the government health facility is done by these volunteers. These volunteers are provided very little incentive. BRAC has been providing food security rather than nutrition support through an economic livelihood programme.

8. Wrap-up and recommendations

The meeting was closed after the presentation of the summary of recommendations (already appended above) and the following action points were agreed. The participants were requested to provide their feedback on the recommendations and action points through Google Drive.

Action points for WHO

- In consultation with countries and partners, finalize the recommended targets for coverage in alignment with UNHLM Political Commitments. Demand-based country-specific calls.
- Finalize “How to” document –
  o Adopting country-level coverage targets in alignment for prevention, diagnosis, and treatment
  o Indicative terms of reference for multisectoral platforms reporting to the highest political level
  o Adopting primary/universal health care approaches for improving access to TB services
  o Strengthening community engagement in the Region
  o Mainstreaming Social protection and nutrition support
  o Innovative financing mechanisms for sustained TB programmes
- Cost estimation of coverage targets.
- Finalise Regional Research Roadmap based on feedback from the group work.
- Wider dissemination of recent guidelines and updates. Promote the use of the WHO Knowledge Sharing Platform and e-courses.
- Create a global repository of best practices in various areas for cross-learning and promote wider use of research repositories.
- Guidance on early diagnosis and management of Bedaquiline-resistant TB.
- Disseminate Regional landscape again on social protection and financing.
- Support activities of WHO CCs – individual discussions with RO
Annex 1: Agenda

Translating global and regional political commitments towards ending TB into action in the South-East Asia Region
Bangkok, Thailand, 23 to 25 April 2024

(1) Opening Session: including welcome address, addresses by guests speakers, community perspective, objectives, agenda, introductions and logistics

Technical Sessions

(2) Session 1: Political commitments and coverage targets as per the UN HLM-TB:
   - Global commitments and targets – UNHLM political declaration
   - Country progress and plans for improving coverage targets (as per template)
   - Regional progress and work on coverage targets
   - Community contribution to achievement of UNHLM targets
   - Discussions

(3) Session 2: Technical support available from partners for reaching UNHLM commitments
   - BMGF
   - CDC
   - FIND
   - IOM
   - KNCV
   - PATH
   - TB Alliance
   - The Union
   - Discussions

(4) Session 3: Technical guidelines

Presentations on guidelines – recent and upcoming updates
   - Paediatric TB
   - Diagnostics
   - Treatment guidelines updates
   - TPT
   - Discussions
(5) **Session 4: Financial sustainability and Partner support for achieving UNHLM targets**

- Financing of TB programmes - global scenario and current challenges
- Regional landscape of domestic financing
- ADB
- Global Fund
- USAID
- GDF
- WFP
- Discussions

(6) **Session 5: Key areas to support target achievement (group work)**

a. Research and innovation for achieving the targets:
   i. Global research and innovation priorities
   ii. BMGF support for research in the region
   iii. WHO CC support and collaboration in research
   iv. NTP priorities for research and innovation
   v. Regional research roadmap

b. Maintaining political momentum through multisectoral platforms reporting to highest political level.
   - GCAT
   - GHS
   - TB Caucus secretariat
   - Community role in maintaining political momentum

c. Social protection, including nutrition support for TB patients and marginalized populations
   - Guidance on social protection and guidelines on TB and nutrition – Ernesto Jaramillo
   - Social protection landscape and SEAR Nutrition modelling work
   - WFP support in the Region
   - Community engagement
   - Group work presentation in plenary

(7) **Session 6: Integrated approaches to TB care for Improving access**

- Landscape of integrated approaches
- Viewpoints on impact of climate change on TB epidemiology
Combined TB- HHS session on 25 April 2024 – first half

1. Opening Session: Welcome and opening remarks, Keynote address by MoH Thailand.

2. Sessions 1: Conduct of the session supported by: WCO Bangladesh, WCO Myanmar and WCO Sri Lanka
   a. Overview of regional progress on TB-HIV situation
   b. Update and innovation on TB-HIV screening, diagnosis, treatment and prevention, and TB/Hepatitis
   c. Discussions
   d. Best practices on TB-HIV-hepatitis collaboration
      i. India: integrated approaches-multi-diseases screening
      ii. Thailand: addressing vulnerable populations, especially migrants and people in prisons
      iii. Indonesia: optimizing resources and improving access through joint use of the molecular tests for TB, HIV, and hepatitis programmes
      iv. Thailand: addressing vulnerable populations, especially migrants and people in prisons
      v. Indonesia: optimizing resources and improving access through joint use of the molecular tests for TB, HIV, and hepatitis programmes
   e. Discussions
   f. Group works
      1. Group 1: Tuberculosis Preventive Therapy among PLHIV
      2. Group 2: Integrated approach to support diagnosis and treatment of TB/HIV/hepatitis among vulnerable populations such as migrants, prisoners, young urban slum dwellers, aging rural populations, etc.
      3. Group 3: Multisectoral engagement (with corporate sectors, private sectors, other ministries/departments, NGOs, CSOs) for TB/HIV/hepatitis collaboration at national and subnational levels
   g. Group presentations with specific recommendations on joint action plan for TB/HIV/hepatitis collaboration

3. Spotlight Session: Conduct of the session supported by: RA-TB
   a. Discussions on unique/innovative interventions by one or two countries selected by the participants

4. Wrap-up and recommendations

5. Summary of recommendation

6. Closing remarks
Annex 2

List of participants

**Bangladesh**

Dr Muhammad Abdul Hadi Khan  
Deputy Programme Manager  
Directorate General of Health Services  
Health Service Division  
Ministry of Health and Family Welfare  
Dhaka, Bangladesh

Dr Pronab Kumar Modak  
Deputy Programme Manager (Training) and NTP focal point for DR-TB  
Directorate General of Health Services Mohakhali  
Dhaka, Bangladesh

Dr Rajib Dey  
Medical Officer and focal point for PPM and Multisectoral Engagement  
National TB Control Programme  
Directorate General of Health Services  
Health Service Division  
Ministry of Health and Family Welfare

**Indonesia**

Dr Tiffany Tiara Pakasi  
Head, Tuberculosis Working Team  
Directorate General of Diseases Prevention and Control  
Ministry of Health  
Republic of Indonesia  
Jakarta, Indonesia

Dr Indri Astuti Utami  
Team Leader  
Directorate of Referral Health Services  
Ministry of Health, Republic of Indonesia  
Jakarta, Indonesia

**Bhutan**

Ms Rada Dupka  
Deputy Chief Program Officer  
Communicable Disease Division  
Department of Public Health  
Ministry of Health  
Royal Government of Bhutan  
Thimphu, Bhutan

Dr Yeshi Ohm Tshering  
Chest Physician  
Lungtenphu Military Hospital  
Royal Bhutan Army  
Thimphu, Bhutan

**Maldives**

Dr Mohamed Ismail  
Senior Consultant in Respiratory Medicine  
Indira Gandhi Memorial Hospital  
Malé, Maldives

Mr Shuaib Ismail  
Community Health Officer  
Faafu Nilandhoo Hospital  
Malé, Maldives

**India**

Dr Rajendra P Joshi  
Deputy Director General-TB  
Ministry of Health and Family Welfare  
Nirman Bhavan  
New Delhi, India

Dr Alok Mathur  
Additional Deputy Director General (TB)  
Ministry of Health and Family Welfare  
Nirman Bhavan  
New Delhi, India

Dr Sanjay Kumar Mattoo  
Additional Deputy Director General-TB  
Ministry of Health and Family Welfare  
Nirman Bhavan  
New Delhi, India

**Nepal**

Dr Laxmi Narayan Yadav  
Senior Consultant Physician  
Koshi Hospital, Biratnagar  
Nepal

Ms Thuma Pun  
Nursing Officer  
National Tuberculosis Control Centre (NTCC)  
Ministry of Health and Population  
Government of Nepal  
Kathmandu  
Nepal

Mr Shankar Prasad Kandel  
Public Health Inspector  
National Tuberculosis Control Centre  
Kathmandu, Nepal
Translating Global and Regional Political Commitments Towards Ending TB into action in the South-East Asia Region

Sri Lanka

Dr R. Pramitha Shanthithatha
Director
National Programme Tuberculosis Control
Chest Diseases
Ministry of Health
4th Floor Public Health Complex
Elvitigala Mawatha, Narahenpi
Colombo, Sri Lanka

Dr Devika Wijethunga
District TB Control Officer
Director General of Health Services
Ampara District
Ministry of Health
Colombo, Sri Lanka

Dr Sangeeta Sharma
Director
WHO Collaborating Center in Tuberculosis Training
National Institute of Tuberculosis and Respiratory Diseases
Sri Aurobindo Marg, Near Qutub Minar
New Delhi-110016, India

Thailand

Dr Kraisorn Tohtubtiang
Director
Division of Tuberculosis
Department of Disease Control
Ministry of Public Health
Tivanond Road, Nonthaburi 11000
Thailand

Ms Wilawan Somsong
Public Health Technical Officer
Senior Professional Level
Division of Tuberculosis
Department of Disease Control
Ministry of Public Health
Tivanond Road, Nonthaburi 11000
Thailand

Ms Usanee Ungcharoen
Pharmacists
Professional Level
Division of Tuberculosis
Department of Disease Control
Ministry of Public Health
Tivanond Road, Nonthaburi 11000
Thailand

STAG Members

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

Ms Ashna Ashesh (virtual)
Lawyer
Public Health Professional
Patna, Bihar
India

Dr Asif Muhammad
Technical Advisor
National TB Control Program
Myanmar

Ms Paran Sarimita Winarni
Monitoring and Evaluation staff
SSR POP TB
Jakarta, Republic of Indonesia

Special Invitees

Dr Lalit Kant (virtual)
Independent Public Health Consultant
B 95 Gulmohar Park
New Delhi 110-049
India

WHO Collaborating Centres

Dr Neeraj Nischal
Additional Professor
Department of Medicine
WHO Collaborating Centre
All India Institute of Medical Sciences
New Delhi
India
Translating Global and Regional Political Commitments Towards Ending TB into action in the South-East Asia Region

Ms Blessina Kumar  
Chief Executive Officer  
Global Coalition of TB Activists  
Vasant Kunj  
New Delhi  
India

Dr Srinath Satyanarayana  
Independent Expert  
79, Chowdeshwari Nivasa  
5th Cross, Amruthanagar  
B-Sector, Bangalore  
India

Dr Anooj Pattnaik (Virtual)  
Deputy Director for Monitoring, Evaluation, & Learning (MEL)  
Regus, Nations Business Centre, 6th floor  
Rue du Pré-de-la-Bichette 1  
Geneva  
Switzerland

Dr Gemini Apostol, (Virtual)  
Technical Lead  
Private Sector Specialist  
Think well Global  
Regus, Nations Business Centre, 6th floor  
Rue du Pré-de-la-Bichette 1  
Geneva  
Switzerland

FIND  
Dr Tarak Shah  
Medical Officer  
FIND, India  
Flat No. 8, 9th Floor, Vijaya Building  
17 Barakhamba Road  
New Delhi-11000, India

Global Coalition Against TB  
Dr Dalbir Singh  
President  
Global Coalition Against TB  
A-13, Neeti Bagh  
New Delhi, India

Global Drug Facility and Stop TB Partnership  
Dr Zaza Muñez  
Regional Technical Advisor  
Global Drug Facility  
Stop TB Partnership  
UNOPS  
Geneva, Switzerland

Dr Maria Ochigbo  
Regional Technical Advisor  
Global Drug Facility Team  
Stop TB Partnership, UNOPS  
Geneva, Switzerland

Global Fund  
Dr Mohamed Yassin  
Senior Disease Advisor, TB  
Technical Advise and Partnerships Department  
The Global Fund  
Geneva, Switzerland

Dr Qi Cui  
Senior Fund Portfolio Manager  
The Global Fund  
Geneva, Switzerland

Dr Jamhoih Tonsing  
Senior Disease Advisor  
Technical Advice and Partnerships Department  
The Global Fund  
Geneva, Switzerland

Dr Yira Tavarez Villaman  
Senior Specialist, Public Health and Monitoring and Evaluation  
AELAC  
Grant Management  
The Global Fund  
Geneva, Switzerland

Partner agencies

BMGF  
Dr Yogan Pillay  
Director, HIV and TB Delivery  
The Bill and Melinda Gates Foundation  
44 Metrose Boulevard  
Melrose Arch  
5th floor, Office G Birnam  
South Africa

BRAC  
Dr Saifur Reja  
Programme Manager TB  
Communicable Diseases Programme  
Bangladesh Rural Advancement Committee (BRAC) Health Programme  
BRAC Centre, 75 Mohakhali, Dhaka  
Bangladesh

Dr Shayla Islam  
Programme Head  
Bangladesh Rural Advancement Committee (BRAC) Health Programme  
BRAC Centre  
Mohakhali, Dhaka  
Bangladesh
Translating Global and Regional Political Commitments Towards Ending TB into action in the South-East Asia Region

Dr Nicolas Farcy
Country Portfolio Manager
The Global Fund
Indonesia

US CDC

Dr Christine Ho
Medical Epidemiologist/DHGT
US Centers for Disease Control and Prevention
CDC Atlanta
USA

Dr Hardeep Sandhu
TB Adviser
US Centers for Disease Control and Prevention
CDC
New Delhi
India

PATH

Dr Deepak Balasubramanian
Deputy Director- TB, South Asia
PATH
Gopal Das Bhawan, 28-Barakhamba Road
New Delhi, India

Dr Khin Zarli Aye
Director- Infectious Diseases
PATH Yangon
Myanmar

International Organization for Migration

Dr Patrick Duigan
Regional Migration Health Advisor
International Organization for Migration
10 Dean Farrar St, London

Dr Shin Asato
International Organization for Migration
18th Floor, Rajanakarn Building, 3 South Sathon Road,
Bangkok, Thailand

World Food Programme

Mr Shaibu M. Osman
Nutritionist
World Food Programme
L7, 7-02, Wave Place, 55 Wireless Road
Lumpini, Pathumwan
Bangkok, Thailand

USAID

Ms Meaghan Peterson Glenn
TB Monitoring and Evaluation Advisor
Tuberculosis Division
Office of Infectious Disease, Bureau for Global Health
500 D Street SW, Washington, DC

Global Health Strategies

Dr Hubiba Mir
Senior Associate
Global Health Strategies
Shaheed Bhawan
Aruna Asaf Ali Marg, New Delhi
India

Global TB Caucus

Dr Snehal Bhagat
Asia Pacific Regional Manager
Global TB Caucus
Unit 1.41, Citybase, Millbank Tower, 21-24 Millbank,
London

KNCV

Dr Mansa Mbenga
Senior PMDT Consultant Treatment and
Care Team Lead
KNCV Tuberculosis Foundation
Maanweg, The Hague, The Netherlands

Dr Vijayashree Yellappa
Senior TB Consultant
Division of TB Elimination and Health System Innovations
KNCV Tuberculosis Foundation
Maanweg, The Hague, The Netherlands

The UNION

Dr Rakesh P.S.
Public Health Intervention Specialist
and lung disease
The UNION South-East Asia Office
C-6, Qutub Institutional Area
New Delhi
India

Observers

Dr Barsha Thapa
Team Assistance for TB
WCO Nepal

WHO Headquarters

Dr Tereza Kasaeva
Director, Global TB Programme
WHO HQ

Dr Nimalan Arinaminpathy
Team Lead, TB Monitoring Eval. & SI
WHO, HQ

Ms Monica Hannah Dias
Cross-Cutting Lead
WHO HQ
Translating Global and Regional Political Commitments Towards Ending TB into action in the South-East Asia Region

Dr Karina Halle
Cross-Cutting Specialist
WHO HQ

WHO Country Offices - TB focal points

Dr Anupama Hazarika
Medical Officer-CDS
WCO Bangladesh

Dr Nazis Arefin Saki
National Professional Officer-TB
WCO Bangladesh

Mr Sonam Wangdi
National Professional Officer-CDC
WCO Bhutan

Dr Ranjani Ramachandran
National Professional Officer-Labs.
WCO, India

Dr Setiawan Jati Laksono
National Professional Officer-TB
WCO Indonesia

Dr Sushil Dev Pant
Medical Officer-TB
WHO, Country Office, Myanmar

Dr Sarah Jamal
National Professional Officer-CD & Env.
WHO Country Office, Maldives

Dr Rabin Gautam
National Professional Officer-TB
WCO Nepal

Dr Thiraj Dhakshitha Haputhanthri
National Consultant
WCO Sri Lanka

Dr Gopinath Deyer
Programme Officer-CD
WCO Thailand

Dr Debashish Kundu
Technical Office-CD
WCO Timor-Leste

WHO/SEARO

Dr Suman Rijal
Director, CDS

Dr Vineet Bhatia
Regional Advisor-TB

Dr Md. Kamar Rezwan
Medical Officer -TB

Mr Ankur Tanwar
Executive Associate

Ms Shweta Verma
Executive Assistant - TB