WHO SEARO- Regional Committee- 75th Session, Paro, Bhutan, 5th - 9th Sep 2022

Agenda Item 8.4 – WHO- South East Asia regional progress towards the 2023 UN High-Level Meeting targets and 2025 milestones towards ending TB – challenges and opportunities

Médecins Sans Frontières (MSF) would like to make the following comments on the above agenda item:

1. Prevention:
   - Countries must rapidly scale up shorter, lesser toxic TB preventive therapy regimens that promote better adherence and treatment completion of TB infection among all high-risk populations.

2. Find the missing numbers:
   - The political declaration of the UN High-Level Meeting on TB recognized that public health reporting systems miss 40% of newly affected people with TB. The COVID pandemic decreased the number of people newly diagnosed with TB globally, with an 18% decline compared to 2019 and even worse forecasts for 2021 and 2022. Adequate resources must be allocated for better contact tracing, screening, and follow-up with treatment/TPT.
   - Recognizing the health-seeking behaviour in the region and collaborations with the private sector should be prioritized to increase their capacity to diagnose and treat TB rationally while ensuring that they adequately report the cases to national TB programmes.

3. Close the gap - diagnosis, treatment, and prevention
   - Countries must utilize diagnostic resources, including PCR platforms procured for the COVID-19 pandemic, to improve access to TB diagnostics at the community level.
   - Provide guidance on the regulatory pathway and thereby roll out critical diagnostic tools such as TB LAM for screening and early detection of TB among high-risk groups such as People Living with HIV.
   - Countries must adopt WHO-recommended newer diagnostics tools such as stool CB-NAAT for children, CB-NAAT XDR cartridges to diagnose resistance to fluoroquinolone and other second-line drugs, and other improvements in CB-NAAT to diagnose TB and DR-TB to address diagnostic challenges around paediatric TB and instances of resistance to a broader range of DRTB drugs.
   - Countries must also promptly adopt the new WHO guidelines on treating DR-TB and DS-TB, particularly oral regimens for fluoroquinolone (FQ)-sensitive MDR-TB and FQ-resistant MDR-TB for all ages, as well as shorter regimens for DS-TB for children.

4. Promote access to affordable drugs, including generics –
   - Countries should address any intellectual property barrier and ensure timely registration of affordable generics of new TB drugs, thereby rapidly scaling up treatment for DR-TB with all oral, lesser toxic drugs.

5. Integrated care services-
Member states must make substantial efforts towards strengthening their public health systems to provide people-centered care and promote a comprehensive delivery of quality services, including screening, diagnosis, treatment, nutrition, psychosocial support, and inpatient care, tailored according to the multidimensional needs of populations, including high-risk groups, delivered by a coordinated multidisciplinary team of health care workers working across settings and levels of care.

6. **Resource allocation for R&D and innovation on TB:**

- In 2021 and 2022, TB research delivered promising results on diagnosing, preventing, and treating people affected by TB more quickly and effectively.
- Member states should collaborate and dedicate resources in the public sector towards increasing the capacity to implement operational research and clinical trials to identify efficient and effective new preventive, diagnostic, and treatment modalities to address the disproportionally high burden of TB and DR-TB in the region.