



Vision

*on Control of TB and HIV/AIDS in
the SAARC Region*

SAARC Tuberculosis and HIV/AIDS Centre (STAC)



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the SAARC Region*

SAARC Tuberculosis and HIV/AIDS Centre (STAC)
Thimi, Bhaktapur, Nepal
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Preface

The Heads of State or Government of Member Countries of SAARC at their Fifth Summit held in Male from 22-23 November 1990 decided to establish SAARC Tuberculosis Centre in Nepal. The Centre was established in 1992 to work for control and prevention of Tuberculosis in the Region. Considering the role played by the Centre through its activities, the Centre was renamed as SAARC Tuberculosis and HIV/AIDS Centre by the Thirty-first Session of Standing Committee of SAARC held in Dhaka on November 9-10, 2005 (during the Thirteen SAARC Summit) to work for prevention and control of TB and HIV/AIDS in the Region by coordination the efforts of the National Tuberculosis Control Programme and National AIDS Control Programme of Member Countries.

The Eighteenth Meeting of the Governing Board of SAARC Tuberculosis and HIV/AIDS Centre (STAC) recommended for preparation of a long term Vision document which was proposed to be used as a guiding principle. The Nineteenth Meeting of Governing Board of STAC reviewed, approved and recommended for the approval of Standing Committee. The same was approved by the Thirty-seventh Session of Standing Committee and endorsed by Thirty-second Session of Council of Ministers (Thimphu, 27th April 2010).

I would like to express my heartfelt thanks to the Governing Board Members, Programme Managers, National TB and HIV/AIDS Control Programmes, Line Ministries, Ministries of Foreign/External Affairs, Member States of SAARC, SAARC Secretariat and different partners for their support, coordination & contribution for the Centre. I am confident that more support and cooperation will be continued in future to meet the vision of STAC.

Dr. Kashi Kant Jha,
Director
SAARC TB and HIV/AIDS

Abbreviations and Acronyms

| | | |
|--------|---|---|
| ACSM | : | Advocacy, Communication and Social Mobilization |
| AIDS | : | Acquired Immune Deficiency Syndrome |
| DST | : | Drug Susceptibility Testing |
| EQA | : | External Quality Assessment |
| HIV | : | Human Immunodeficiency Virus |
| HR | : | Human Resources |
| HRD | : | Human Resource Development |
| MARPs | : | Most At Risk Populations |
| MDGs | : | Millennium Development Goals |
| M & E | : | Monitoring and Evaluation |
| NRLs | : | National TB Reference Laboratories |
| NTP | : | National TB Control Programme |
| PLHA | : | People Living with HIV/AIDS |
| SAARC | : | South Asian Association for Regional Cooperation |
| SRL | : | Supranational Reference Laboratory |
| STAC | : | SAARC Tuberculosis and HIV/AIDS Centre |
| STRL | : | STAC TB Reference Laboratory |
| TB | : | Tuberculosis |
| TRC | : | Tuberculosis Research Centre |
| UNGASS | : | United Nations General Assembly on Special Session on HIV/AIDS |
| WHO | : | World Health Organization |

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Introduction

SAARC Tuberculosis Centre (STC) was established in 1992. The Centre started its functioning as SAARC TB Centre in 1994. The Centre had been supporting the National TB Control Programmes of the SAARC Member States. The Thirty-first session of Standing Committee of SAARC held in Dhaka on November 09th – 10th 2005, appreciating the efforts of the centre on TB/HIV Co-infection and other works related to HIV/AIDS discipline and approved the renaming of the Centre as **SAARC Tuberculosis and HIV/AIDS Centre (STAC)**. The Centre, with its efforts and its effective networking has been recognized by the Member States as a Centre contributing significantly for TB and HIV/AIDS control. The eighteenth meeting of the Governing Board recommended to develop a long term vision document which will not only help STAC to formulate its strategy but also help in planning its activities for the coming years to achieve its objectives by coordinating with National TB and HIV/AIDS Control Programmes of the Member States.

Accordingly, the Centre has developed its Vision Document for the next ten years. Based on the Vision Document, demands of the Member States, disease burden in the Member States and in the regional level, STAC shall plan its activities for the next five years. In addition to that, the STAC Vision Document will support the Member States in achieving the Millennium Development Goals (MDGs) and achieving the time bound pledges of the United Nations General Assembly on Special Session on HIV/AIDS (UNGASS) and beyond. After five years, STAC shall again review its vision document, make amendments and revisions, if required, and again plan its activities for the next five years.

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Vision, Mission, Goal & Objective

Vision

SAARC TB AND HIV/AIDS CENTRE (STAC) BE THE LEADING INSTITUTE TO SUPPORT AND GUIDE SAARC MEMBER STATES TO MAKE THE REGION FREE OF TB AND HIV/AIDS.

Mission

The Mission of the SAARC TB and HIV/AIDS Centre is to support the efforts of National TB and HIV/AIDS Control Programmes through evidence based policy guidance, coordination and technical support.

Goal

The goal of the SAARC TB and HIV/AIDS Centre is to minimize the mortality and morbidity due to TB and HIV/AIDS in the

region and to minimize the transmission of both infections until TB and HIV/AIDS cease to be major public health problems in the SAARC Region.

Objective

To work for prevention and control of TB and HIV/AIDS in the Region by coordinating the efforts of the National TB Programmes and National HIV/AIDS Control Programmes of the SAARC Member States.

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Strategies

1. Political and Administrative Commitment:

SAARC Member states are highly committed to tackle the major public health problems including Tuberculosis & HIV/AIDS. The commitment is both at the National & Regional level. The epidemiology of Tuberculosis & HIV/AIDS is such that sustained effort is required for a long time in order to control these problems. Hence, it becomes mandatory to sustain the political and administrative commitment so that these diseases cease to exist as major public health problems.

Political and Administrative Commitment has been recognized as a crucial element for the successful prevention and control of infectious diseases like TB and HIV/AIDS. Lack of political commitment will hamper both the development of important policies and the implementation of policies in relation to the prevention

and control of TB and HIV/AIDS at the regional as well as at national level. Therefore the highest possible political and administrative commitment is the top most priority for the SAARC Tuberculosis and HIV/AIDS Centre to make its' vision a reality.

Hence STAC shall make efforts to build up/consolidate the existing level of Political & Administrative Commitment to ensure adequate and sustainable funding and required support for the National Programmes through internal & external funding sources.

In addition to the funding, STAC and SAARC Secretariat shall make efforts to ensure the committed participation of all the Member States in all its' activities

2. Advocacy, Communication and Social Mobilization (ACSM):

All the SAARC Member States are implementing their ACSM Strategy under National TB & HIV/AIDS Control programmes with varied intensity depending upon the availability of resources and the situation of the TB & HIV/AIDS disease in their countries. Both the diseases are influenced by associated Stigma & Discrimination which hamper the implementation of National programmes to yield optimal results. In spite of the continued efforts of the National Programmes, the awareness amongst masses about Tuberculosis & HIV/AIDS is largely limited which

influences the utilization of available services. The myths and misconceptions about the two diseases also cause roadblocks in the success of the National programmes. The social structure and cultural beliefs in the SAARC region are largely similar in all the SAARC Member States. Hence, it makes sense to formulate a standardized Regional ACSM Strategy which can be taken up by the Member States as per their resources, needs and the country context. This will not only contribute for the uniformity of the ACSM efforts by the Member States but will also be beneficial in the border areas where there is a mixing of the cultures of two Member States sharing borders.

STAC with the consultation of Member States shall formulate a Regional Advocacy, Communication and Social Mobilization Strategy. Virtually in all regions of the globe, HIV disproportionately affects the Most At Risk Populations (MARPs), such as injecting drug users, men who have sex with men and commercial sex workers. MARPs are the driving force of HIV epidemic across the globe. Hence, STAC shall ensure to take specific measures and include them in formulating the ACSM Strategy for the SAARC Region in order to minimize the vulnerability of MARPs getting infected with HIV/AIDS. The Strategy document shall be endorsed by the Member States for its adoption according to the disease burden, availability of resources, social & cultural beliefs and the country context. STAC shall organize important events/activities and formulate important messages and disseminate in various forms to

the Member States either directly or through the Centre's resource centre.

STAC has organized two successful Conferences on TB, HIV/AIDS and Respiratory Diseases in the years 2004 & 2008 which were attended by more than 800 delegates from SAARC Region & abroad and appreciated by all. The Regional Conference is a good platform for Advocacy, Networking, Sharing of latest research and updating the delegates on the latest policy and guidelines. Hence, SAARC Regional Conferences on Tuberculosis, HIV/AIDS & Respiratory Diseases will be organized every 3 years for the benefit of people of the region.

Implementation of STAC ACSM Strategy shall be monitored regularly for the activities to be conducted at the Regional level by STAC and at National level by the Member States.

3. STAC Supranational Reference Laboratory:

SAARC TB Reference Laboratory (STRL) has been established under STAC, which already has a good networking for Quality Assurance of Sputum Microscopy with the Ten National TB Reference Laboratories (NRLs) of the Member States under NTP. STRL has been supporting NRLs in the area of quality assurance of microscopy network. Standardization of culture and drug susceptibility testing (DST) and the implementation of international Bio-safety measures are the other challenges. Panel

Testing is one of the three components for external quality assessment (EQA) or proficiency testing. STRL conducted first round of proficiency testing in Member States in 2003. Since then STRL has been conducting the annual rounds of Proficiency Testing on its own. STRL has completed the eighth round of proficiency testing in 2011. The performance shown by all the Ten NRLs throughout the five rounds of proficiency testing are highly appreciable. The sixth round of proficiency testing is being conducted by SAARC TB Reference Laboratory in 2009. In addition, STRL also provides training to different category of laboratory personnel and also conducts operational research to develop new effective methods for early diagnosis of tuberculosis and early detection of drug resistant tuberculosis. The SAARC Region currently has one and only Supranational Reference Laboratory i.e. Tuberculosis Research Centre (TRC) in Chennai, India. Considering the geographical size, population and burden of TB and TB/HIV co-infection, there is an urgent need of establishing at-least one more SRL in the Region. For this, upgraded and accredited SAARC TB Reference Laboratory will fulfill the requirement of additional Supranational TB Reference Laboratory.

The capacity of STRL shall be upgraded with inputs in terms of Human Resources (HR), infrastructure, essential laboratory equipment and trainings etc. Consequently, STRL shall be accredited as SRL for the SAARC Region. The STRL hence, in future, shall support the NRLs for

EQA of sputum microscopy, culture and DST, training and surveillance. STRL after fulfilling all the criteria of SRL shall become one of the Members of WHO recognized SRL network.

The STRL shall also be upgraded to serve as a SAARC Regional Reference Laboratory for HIV/AIDS. Hence, in future, STRL shall be developed into a Centre of Excellence (scientific researches, trainings, quality assurance and organism bank) for TB and HIV/AIDS.

The STRL shall also be upgraded to include the latest Molecular Biological Techniques. Simultaneously, STRL shall serve as a Regional Bank for maintenance of the prevalent Genetic strains of *Mycobacterium tuberculosis* and human immune deficiency virus.

4. Dealing with cross-border issues in TB and HIV/AIDS:

Tuberculosis (TB) is the leading infectious killer of People Living with HIV/AIDS (PLHA) and accounts for the death of an estimated 200,000 PLHA in each year. Since most TB deaths are among adults of productive age group and prevalence of HIV is also highest in the same group, they are major constraints to economic and social development.

Most of the Member States of the SAARC Region are reported as having low HIV prevalence. However, all the Member States are possessing high level of high risk

factors to fuel the HIV epidemic in the SAARC Region. Migration across the international borders within the SAARC Region is one of the identified major risk factors. The cross-border issues pose a challenge to effective HIV/AIDS and TB control in the SAARC Member States.

Cross-border problems in health such as HIV/AIDS and TB have emerged as major public health concerns along the international borders due to migration and different strategies for controlling and prevention implemented by the bordering countries. A large number of migrant workers, truck drivers and trafficked women cross the porous borders, thus increasing the vulnerability to HIV, TB and MDR-TB in the border areas of the neighbouring countries.

Problems specific for controlling TB and HIV/AIDS in the border areas are due to :

- i. Constant and large scale migration making difficulties in both case-finding and adherence to prescribed treatment.
- ii. Lack of clear guidelines to extend health services to migrants leading to lack of access to services in host countries.
- iii. Absence of mechanism for cross referral and lack of coordinated activities between border countries impose difficulties in transferring patients across the borders to ensure the adherence to treatment.

- iv. Poverty and lack of basic facilities expose them to adopt risk behaviours and put them at increased risk for acquiring and transmitting HIV/AIDS and TB.

Therefore, STAC shall support establishment of a mechanism to deal with cross-border issues in relation to TB and HIV/AIDS with coordination and collaboration of National TB and National HIV/AIDS Programmes of all the Member States. In accordance with the SAARC Regional Strategy on HIV/AIDS for 2006 – 2010, the STAC shall make special efforts in establishing the mechanism to minimize the HIV/AIDS and TB disease burden of the cross-border migrants. STAC shall work and scale up its efforts in the following areas:

- i. Acceptance and provision of care and treatment for the infected deportees and returning migrants.
- ii. Establishing networking of National TB and HIV/AIDS Control Programmes of Member States with community based organizations working with migrant workers.
- iii. Raising awareness on dangers of human trafficking especially for girls and women and developing/ updating the guidelines for action to combat human trafficking and facilitating the implementation of guidelines.

5. Human Resource Development

Human Resource Development (HRD) in health will continue to remain vibrant and responsive to the changing needs of the region. The overall aim of the HRD for health is, to plan realistically, train effectively, deploy efficiently and utilize optimally to meet the needs of the health systems in the Member States of the SAARC Region. Capacity building of the Human Resources for effective implementation of the National TB & HIV/AIDS Programmes is one the main activities by which STAC is extending support to the Member States. STAC shall sharpen this role for providing trainings to the National level Human Resources of the SAARC Member States in a need based and quality assured structure of the trainings which STAC provides. The quality of the trainings shall be continuously monitored, evaluated and improved. The STAC shall scale up the capacity building in relation to the prevention, treatment, care and support of the TB and HIV/AIDS fields. Research, essential and novel aspects of TB and HIV/AIDS control, Laboratory services, Data Management, Leadership & Management Training and Surveillance are some of the areas on which STAC will concentrate its capacity building activities.

A) Human Resource Development of National TB and HIV/AIDS Control Programme staff of Member States

The STAC shall prepare a strategy to improve the capacity of Health Care personnel working for TB and HIV/AIDS in

the Member States of SAARC Region. The HRD shall be accomplished through well prepared good quality training on important aspects, in relation to service delivery on prevention, care and support of TB and HIV/AIDS. The conduction of training programmes will be decided by considering the unmet needs and demands of the Member States on TB and HIV/AIDS Control Programmes.

The STAC shall expand the pool of experts on TB and HIV/AIDS who will be utilized for the training and capacity building programmes for the SAARC Region.

By the end of next decade, STAC shall establish itself as a Centre of Excellence for TB and HIV/AIDS related trainings and research for supporting the Member States.

B) Human Resource Development of the staff of the STAC

The vision for the next decade is to have adequate numbers of competent staff to be available at all times at Professional staff level as well as General Services staff level of the STAC, who shall have the knowledge, positive attitudes and skills necessary to plan and implement the activities necessary to achieve the goal of the STAC.

The STAC shall have a Human Resource Development plan, of which updating their knowledge and the skills would be the core component in order to maintain an adequate and competent manpower to carry out regional activities with the best possible level of proficiency and efficiency.

6. Regional Resource Centre

The STAC shall upgrade its Regional Resource Centre. The capacity of the existing resource Centre shall be increased through staff training, expanding the availability of relevant text materials, journals, newsletters, archiving periodicals, online search engines such as “Medline” etc.

In addition to the above, the STAC shall upgrade the epidemiological section of the STAC by innovating a mechanism to obtain updated data on TB, HIV/AIDS and TB/HIV Co-infection at the earliest possible from the Member States.

The STAC shall upgrade the quality of the peer-reviewed journal issued biannually to an indexed journal at least by the end of next two years. This journal shall be distributed to the recognized academic institutions in all eight Member States in order to attract researchers to publish their articles. The journal will be distributed to National Programmes, National Level Institutes, relevant authorities of Member States, National Archives of all eight Member Countries and as per request.

The STAC shall generate the Resource Materials on TB, HIV/AIDS, TB/HIV Co-infection and on related subjects in order to serve the Member States in combating TB and HIV/AIDS epidemics. The Resource Materials will be widely distributed to the relevant institutes and individuals as per request for the benefit of the region.

The quality of the publications produced and disseminated by STAC shall be upgraded and used as a medium to disseminate updated, good quality, reliable data to the Member States.

STAC shall provide online limited access to important designated persons of the Member States working for the National Programmes. Online limited access may also be provided to the voluntary organizations working for control of TB & HIV/AIDS in the region and beyond.

STAC shall establish an Audio-Visual Section in order to support the National TB and HIV/AIDS Control Programmes of the Member States in teaching and training the technical staff as well as in making the vulnerable populations and general population aware on the important and relevant aspects of TB and HIV/AIDS.

STAC shall update its website in such a way to support the Member States to extract the important information on TB and HIV/AIDS efficiently. The STAC shall make its website more dynamic, user friendly and interactive.

7. Research

Research should be regarded as a critical tool in developing an evidence based and effective health response to meet the needs of the TB control, HIV/AIDS control and TB/HIV collaboration of the Member States of the SAARC Region.

The STAC shall upgrade its Research Unit at the STAC for collecting better evidence and best practices for prevention, treatment and care and support aspects of TB, TB/HIV Co-infection and HIV/AIDS.

The STAC shall improve both the quality and the number of research studies done in the region. The STAC shall enhance the capacity of the research section by recruiting qualified staff and by training them appropriately. The STAC shall interact closely with two control programmes of the Member States in order to identify prioritized research areas on various aspects of TB, TB/HIV Co-infection and HIV/AIDS.

The STAC shall encourage operational research conducted by both control programmes as well as medical colleges in all Member States for the continuous improvement of the services delivered.

The Research unit shall have its Ethical Committee and Monitoring and Evaluation Board. Independent members will be included in both the committees. All the research protocols shall be submitted to Ethical Committee for

its clearance. The Research Monitoring & Evaluation Board shall monitor all the research activities through monitoring of the interim reports and give its suggestions and recommendations on the continuation of research according to safety & usefulness/effectiveness profile.

The STAC shall be responsible to make adequate funding for the research studies planned, developing protocols and abide by the guidelines on each and every aspect strictly in order to obtain the best quality data to arrive at realistic conclusions. Medical journals, publications, newsletters and STAC website shall be used to disseminate findings of research studies in a timely manner and make them available for all the Member States.

8. Monitoring and Evaluation

Monitoring and evaluation play a specific and crucial role in providing information to measure programme impact and achievement of immediate and long term objectives. It is particularly important for the programme implementers in making adjustments and taking programmatic and technical decisions.

The vision of the STAC is to have a routine constructive systematic monitoring and evaluation of its activities. The STAC shall appoint a M&E committee for regular internal reviews using input and output indicators and process evaluation shall be conducted to observe the process of

implementation of the planned activities. These internal reviews will be used to rectify any significant shortcomings then and there. For the external reviews, the STAC shall appoint an expert panel selected from the Member States and get their recommendations in order to improve the quality of the activities provided by the STAC once in three years.

9. STAC as a WHO Collaborating Centre

STAC is recognized as a WHO collaborating centre for Tuberculosis & HIV/AIDS. STAC shall strengthen its association with WHO and also include more of HIV/AIDS activities as a WHO collaborating centre.

It is envisioned that STAC shall, in future, will become a Centre of Excellence to support SAARC Member States for control of TB & HIV/AIDS in areas, which are necessitated by its regional mandate.

10. Miscellaneous

STAC has been conducting its activities based on the Regional requirements, felt needs and recommendations of the National TB & HIV/AIDS Control Programmes of the SAARC Member States. The strategies for control of Tuberculosis & HIV/AIDS are continuously evolving and changing based on the new research findings, increased availability of evidence in the Era of Evidence- Based

Medicine and the changing requirements and demands of the National Programmes of the SAARC Member States. Therefore, STAC shall keep its Strategic Vision and Plan slightly dynamic to be amenable to change based on the availability of more & better evidence, change in International recommendations and requirements of the National Programmes of SAARC Member States.

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