

SAARC-A Hope of Rays in South Asia



SAARC TB and HIV/AIDS Centre

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v TB and its Cause

Tuberculosis commonly called TB is a communicable disease. TB is caused by the bacterium called Mycobacterium Tuberculosis or Tubercle Bacillus. This organism usually affects the lungs, when it is called Pulmonary TB. It can also affect other parts of the body.

Spreads of TB & HIV are not a result of curse or sin neither a hereditary disease.

When a person with Pulmonary TB through coughs, sneezes, or talks, droplets containing TB bacteria are released in to the air, when nearby person inhales these droplets, gets infection.

v Symptoms of (Pulmonary) TB

The main symptom of TB is Cough more than two weeks & others are:

- q Chest pain
- q Loss of appetite
- q Loss of Weight
- Fever
- g Blood in sputum
- **ü** TB patients need care and treatment not rejection.
- ü If we can cure one infectious TB patient we can prevent 10 to 15 community people from Infection.
- TB diagnosis and treatment are available free of cost at all nearby DOTS/Health Centers.

HIV is Preventable & Manageable chronic disease, TB is Preventable and Curable disease, Let's Join hand-to-hand to Control TB and Prevent HIV"

SOUTH ASIAN ASSOCIATION FOR REGIONAL COOPERATION (SAARC)

The South Asian Association for Regional Cooperation (SAARC) was established when its Charter was formally adopted on December 8, 1985 by the Heads of State or Government of Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.



SAARC is a manifestation of the determination of the people of South Asia to work together towards finding solutions to their common problems in a sprit of friendship, trust and understanding and to create an order based on mutual respect, equity and shared benefits.

The idea of regional cooperation in south Asia was first mooted in November 1980. The foreign Secretaries of the seven countries met in Colombo in April 1981, which was followed by a meeting of the committee of the whole. The committee identified five broad areas for regional cooperation.

The SAARC Secretariat is situated at Kathmandu, Nepal.

The SAARC SECRETARIAT

The SAARC Secretariat was established in Kathmandu on 16 January 1987. Its role is to coordinate and monitor the implementation of SAARC activities, serve the meetings of the Association and serve as the channel of communication between SAARC and other international organizations. The Secretariat has also been increasingly utilized as the venue for SAARC meetings.

Working Divisions

Agriculture and Rural Development Division

Environment and Science and Technology Division

Economic, Trade and Energy Division

Economic, Trade and Energy Division

Social Affairs Division

Human Resource Development, Tourism & Administration Division

Transport and Treaty Division

Information and Publications Division

SAARC SUMMIT (1985 to 2005)

Summits, which are the highest authority in SAARC, are held annually. The country hosting the Summit holds office as Chairperson of the Association until the next Summit.

0	First	Dhaka, Bangladesh	1985
0	Second	Bangalore, India	1986
0	Third	Kathmandu, Nepal	1987
0	Fourth	Islamabad, Pakistan	1988
0	Fifth	Male, Maldives	1990
0	Sixth	Colombo, Sri Lanka	1991
0	Seventh	Dhaka, Bangladesh	1993
0	Eighth	New Delhi, India	1995
0	Ninth	Male', Maldives	1997
0	Tenth	Colombo, Sri Lanka	1998
0	Eleventh	Kathmandu, Nepal	2002
0	Twelfth	Islamabad, Pakistan	2004
0	Thirteenth	Dhaka Bangladesh	2005



SAARC Apex & Recognized Bodies

APEX BODIES

- SAARC Chamber of Commerce & Industry (SCCI)
- 2. SAARCIAW
- 3. South Asian Federation of Accountants (SAFA)
- 4. South Asian Foundation (SAF)

RECONIZED BODY

- SAARC Federation of University Women (SAARCFUW)
- 2. Association of Management and Development Institutions in South Asia (AMDISA)
- 3. South Asian Association for Regional Cooperation of Architects (SAARCH)

- 4. SAARC Cardiac Society (SCS)
- 5. SAARC Association of Town Planners (SATP)
- Federation of State Insurance Organization of SAARC Countries (FSIO)
- 7. SAARC Diploma Engineers Forum (SDEF)
- 8. Radiological Society of SAARC Countries (RSSC)
- 9. SAARC Teachers Federation (STF)
- 10. SAARC Surgical Care Society (SSCS)
- Foundation of SAARC Writers and Literature (FSWL)
- 12. South Asian Regional Association of Dermatologists, Venereologists and Leprologist (SARAD)
- 13. South Asia Free Media Association (SAFMA)
- 14. SAARC Women's Association in Sri Lanka (SWA)

SAARC CHARTER DAY

Eighth December is the Charter Day of the South Asian Association for Regional Cooperation (SAARC). The day is a very special day for the SAARC. We are very fortunate to celebrate its Charter Day. The SAARC was established when its Charter was formally adopted on December 8, 1985 by the Heads of State or Government of Seven Countries.

CHARTER OF THE SAARC

- Desirous of promoting peace, stability, amity and progress in the region through strict adherence to the principles of the UNITED NATIONS CHARTER and NON-ALIGNMENT, particularly respect for the principles of sovereign equality, territorial integrity, national independence, non-use of force and non-interference in the internal affairs of other States and peaceful settlement of all disputes;
- Conscious that in an increasingly interdependent world, the objectives of peace, freedom, social justice and economic prosperity are best achieved in the SOUTH ASIAN region by fostering mutual understanding, good neighborly relations and meaningful cooperation among the Member States which are bound by ties of history and culture;
- Aware of the common problems, interests and aspirations of the peoples of SOUTH ASIA and the need for joint
 action and enhanced cooperation within their respective political and economic systems and cultural traditions;

- 4. Convinced that regional cooperation among the countries of SOUTH ASIA is mutually beneficial, desirable and necessary for promoting the welfare and improving the quality of life of the peoples of the region;
- 5. Convinced further that economic, social and technical cooperation among the countries of SOUTH ASIA would contribute significantly to national and collective self-reliance;
- 6. Recognizing that increased cooperation, contacts and exchanges among the countries of the region will contribute to the promotion of friendship and understanding among their peoples;
- 7. Recalling the DECLARATION signed by their Foreign Ministers in NEW DELHI on August 2, 1983 and noting the progress achieved in regional cooperation;
- 8. Reaffirming their determination to promote such cooperation within an institutional framework;

STC & SAARC Charter Day

The SAARC Tuberculosis & HIV/AIDS Centre (STC) celebrates SAARC Charter Day every year by organizing various activities in befitting manner like partnership programme with Media, School, Training for Trainers on TB Control Programme Management, etc. with an aim to create awareness on TB and HIV/AIDS thereby to achieve the mission of SAARC. The STC has organized ample of activities on this special day in Member States.

AREAS OF COOPERATION

At the inception of the Association, the Integrated Programme of Action (IPA) consisting of a number of Technical Committees (TCs) was identified as the core areas of cooperation. Over the period of years, the number of TCs were changed as per the requirement. The current areas of cooperation under the reconstituted Regional Integrated Programme of Action which is pursued through the Technical Committees cover:

- 1. Agriculture and Rural Development;
- 2. Health and Population Activities;
- 3. Women, Youth and Children;
- 4. Environment and Forestry;
- 5. Science and Technology and Meteorology;
- 6. Human Resources Development; and
- 7. Transport.

Memoranda of Understanding



- V United Nations Conference on Trade and Development UNCTAD 1993
- v United Nations Children's Fund, (UNICEF) 1993
- v United Nations Development Programme (UNDP) 1995
- United Nations Economic and Social Commission for Asia and Pacific (UNESCAP)
- United Nations Drug Control Programme (UNDCP) 1995



- International Telecommunications Union (ITU)
- Asia Pacific Tele-community (APT)
- World Health Organization (WHO) 2000
- Untied Nations Fund for Women (UNIFEM)
- Canadian International Development Agency (CIDA)
- European Commission (E-C) 1996
- German Metrology Institute (PTB) 2003
- World Bank (WB) 2004
- Asian Development Bank (ADB) 2004
- Joint United Nations Programme on HIV/AIDS (UNAIDS) 2004
- South Asia Cooperative Environment Programme (SACEP) 2004

Designated SAARC Years

- SAARC Year for combating Drug Abuse & 1989 Drug Trafficking
- SAARC Year for Girl Child 1990
- 1991 SAARC Year of Shelter
- 1992 SAARC Year of Fnvironment
- 1993 SAARC Year of Disabled Persons
- 1994 SAARC Year of the Youth
- 1995 SAARC Year of Poverty Eradication
- 1996 SAARC Year of Literacy
- SAARC Year of Participatory Governance 1997
- 1999 SAARC Year of Biodiversity
- 2002-03 SAARC Year of Contribution of Youth to **Environment**

2004 SAARC awareness Year for TB and HIV/AIDS

2006 South Asia Tourism Year

SAARC DECADES:

1991-2000 SAARC Decade of the Girl Child 2001-2010 SAARC Decade of the Rights of the Child

SAARC REGIONAL CENTRES

Established Centres

- 1. SAARC Agriculture Information Centre (SAIC), Dhaka-1988
- 2. SAARC Tuberculosis & HIV/AIDS Centre (STC), Kathmandu-1992
- 2. SAARC Documentation Centre (SDC), New Delhi-1994
- 3. SAARC Metrological Research Centre (SMRC), Dhaka-1995
- 4. SAARC Human Resource Development Centre (SHRC), Islamabad-1999

- 5. SAARC Coastal Zone Management Centre, Maldives-2004
- 6. SAARC Information Centre (SIC), Kathmandu-2004
- 7. SAARC Energy Centre, Islamabad-2004

Centres being established

- 8. SAARC Culture Centre, Sri Lanka
- 9. SAARC Forestry Centre, Bhutan
- 10. SAARC Centre for Disaster Management & Preparedness, India

SAARC Award

The Twelfth Summit (Islamabad, January 2004) approved the institution of the SAARC Award to honour and encourage outstanding individuals and organizations within the region.

The main objectives of the SAARC Award shall be to encourage individuals and organizations based in South Asia to undertake programmes and activities complementing the efforts of SAARC; & to encourage individuals and organizations in South Asia contributing to the improvement of the conditions of women and children; to honour outstanding contributions and achievements of individuals and organizations within the region in the fields of peace, development, poverty alleviation, environment protection and regional cooperation making the SAARC Award the most valuable prize in the region; and also to honour any other outstanding contributions and achievements, not covered above, of individuals and organizations in the region.

The SAARC Award comprises of a gold medal, a letter of citation and carries a purse of us \$ 25,000.00

SAARC Youth Awards Scheme

The SAARC Youth Awards Scheme was instituted in 1996 to provide recognition to extraordinary young talents and encourage the overall development of the youth in the region. The Scheme is also aims at encouraging the South Asian youth to excel in various fields and to realize and recognize their full potential & talent.

The SAARC Youth Awards Scheme is open to nationals of SAARC Member Countries, who are within the age group of 20-35 years at the time of nomination. The Award consists of a citation in English; a Gold Medal; and a cash prize of US\$ 1500.00.

The SAARC Youth Awards have so far been presented on the following themes:

1997 : First Award for "Outstanding Social Service in Community Welfare

1998 : Second Award for "New Inventions and Discoveries

2001 : Third Award for "Creative Photography: South Asian Diversity

2002 : Fourth Award for "Outstanding contribution to protect the Environment

2003 : Fifth Award for "Invention in the Field of Traditional Medicine

2004: Sixth Award for "Dedicated Community Services in the Field of TB and/or HIV/AIDS"

SAARC Regional Award for Young Scientists & Senior Scientists

A recommendation for instituting an Annual Regional Award for Young Scientists was made by the Working Group on Meteorology at its second meeting in New Delhi on December 1982. The Award includes a citation, a bronze medal and an amount equivalent to US\$ 500. Up to now, 14 Young Scientists have received the Award. The purpose of the Award is to encourage young scientists of the region working in the field of Meteorology.

SAARC also instituted a separate Award for Senior Scientists in 1997. The purpose of these awards is to encourage & enable excellence in research analysis and outstanding publications in the meteorological field.

SAARC Tuberculosis and HIV/AIDS Centre (STC)

Introduction:

SAARC Tuberculosis and HIV/AIDS Centre is one of the Regional Centres of SAARC working for prevention and control of TB and HIV/AIDS in the Region by coordinating the efforts of the National TB Control Programmes (NTPs) and National AIDS Control Programmes (NACPs) of Member Countries. The Centre is in function since 1992.



The Heads of State or Government of Member Countries of SAARC at their Fifth Summit held in Male from 22 to 23 November 1990 decided that SAARC Tuberculosis Centre would be set up in Nepal. In this way the SAARC TB Centre (STC) came into existence and started it functioning since 1992 as one of the Regional centres of SAARC.

The Thirty-first Session of Standing Committee of SAARC held in Dhaka on November 9-10, 2005 approved the renaming of the Centre as **SAARC Tuberculosis and HIV/AIDS Centre**.

Objectives of STC

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

The Governing Board

The Centre has a Governing Board consisting of 10 Members, as follows:

- One representative from each SAARC Member State
- Representative from SAARC Secretariat
- Representative from the Ministry of Foreign Affairs, His Majesty's Government of Nepal
- Member Secretary (Director of STC)



Functions of STC

To act as a Regional Co-ordination Centre for National Tuberculosis and HIV/AIDS Control Programmes in the Region.

- To promote and coordinate action for the prevention of TB/HIV co-infection in the Region
- To collect, collate, analyze and disseminate all relevant information regarding the latest development and findings in the field of Tuberculosis, HIV/AIDS and TB/HIV Co-infection in the Region and elsewhere.
- To establish a networking arrangement such as epidemiological network, laboratory network among the National Tuberculosis and HIV/AIDS Control Programmes of Member States.
- To initiate, undertake and coordinate the Research in Technical, operational and other aspects related to Tuberculosis, HIV/AIDS and TB/HIV Co infection in the Region.
- To assist Member States for harmonization of policies and strategies on TB, HIV/AIDS and TB/HIV co-infection and to develop Regional Strategies.
- To develop human resource capacity in the region by organizing Trainings etc.
- To assist National TB Reference Laboratories in the Region in Quality Assurance of Sputum Microscopy and standardization of Culture and Drug Sensitivity Testing and implementation of bio-safety measures.
- To carryout situation analysis and other important works identified by the Technical Committees and Governing Board.
- To organize and recognize advocacy, awareness and Partnership Programmes.

Facts about TB & HIV/AIDS

TB:

- Ø TB takes lives more youth and adults than any other curable infectious disease.
- Ø TB is a contagious disease but only people that are sick with pulmonary tuberculosis are infectious.
- Ø Poverty increases the risk of tuberculosis; impoverishes its victims.
- Ø DOTS restores health to young and adults in their most economically productive years.
- Ø More than 90% of TB cases and deaths occur in low and middle-income countries.
- Ø TB carries a direct cost to the health services (diagnosis, treatment and control)
- Ø DOTS can add two years of life to an HIV positive person and 25-30 years to an HIV negative person.
- Ø TB is the leading cause of death among people who are HIV positive.
- Late diagnosis, inadequate treatment, over crowding, poor ventilation and repeated prison transfer encourage the transmission of TB infection.
- Ø TB can be readily and inexpensively cured with DOTS.
- Ø DOTS prevents new infections and the development of MDR-TB.
- Ø From a public health prospective, poorly supervised, incomplete treatment of TB is worse than no treatment at all.
- \emptyset In some parts of the world, the stigma attached to TB leads to isolation, abandonment and divorce of women.

HIV/AIDS:

- Ø AIDS takes lives of more than 8000 people every day world wide.
- Ø More than 5000 people die from TB every day in the world.
- Ø TB is the leading killer of people infected with HIV.
- Ø TB causes at least 11% of AIDS deaths and possibly as many as 50%.
- Ø Up to 50% of people with HIV or AIDS may develop TB.
- Ø World wide, 14 Million people are co-infected with TB and HIV-70% of them are concentrated only in Africa.
- Ø Treatment of TB can prolong and improve the quality of life for HIV-positive people newly infected, 200 million will develop the disease, and 35 million will die of it.
- Ø More people are dying of TB today than ever before.
- Ø TB is the biggest curable infectious killer of young people and adults in the world today.
- Ø TB is an opportunistic disease that preys on weakened immune systems.