



SAARC Tuberculosis and HIV/AIDS Centre Kathmandu, Nepal



ANNUAL REPORT 2024

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Preface

The Annual Report of SAARC TB and HIV/AIDS Centre (STAC) is being presented indicating the programme activities and achievement of the year 2024. The report also includes the Centre's introduction, goals, objectives, vision, mission and its achievements. STAC has completed most of the activities recommended by the 31 st Governing Board and approved by the 59 th session of the Programming Committee for the year 2024 with the support from National Tuberculosis and HIV/AIDS Control Programmes, concerned Ministries of SAARC Member States, SAARC Secretariat, Governing Board Members of STAC and collaborative partners.



Dr. Anuj Bhattachan, Director STAC

Taking this opportunity, I would like to pay my sincere thanks to the Governments of SAARC Member States for their cooperation and support for organizing these activities. I wish to express my sincere gratitude to the dignitaries of Ministries of Foreign/External Affairs, Ministries of Health of the SAARC Member States and respected Members of the Governing Board of STAC. I would also like to offer my special thanks to H. E. the Secretary General, Director, Social Affairs Division and Director Admin/ESC, SAARC Secretariat for their continued support and guidance in implementation of the programmes.

We are committed and happy to provide support to SAARC Member States according to the mandate, goal and objectives of STAC for achieving national targets set by National TB and HIV/AIDS Control Programmes by the Members States. The Centre continues to look forward to receive valuable suggestions and guidance for better performance of Centre and impactful support to the National Programmes.

Director, STAC

Executive Summary

SAARC Tuberculosis and HIV/AIDS Centre (STAC) was established in 1992, as a SAARC Tuberculosis Centre and started its functioning since 1994. The Centre was renamed as SAARC TB and HIV/AIDS Centre in November 2005 working to eliminate TB and end HIV/AIDS epidemic in the region by coordinating the efforts of the National Tuberculosis Control (NTPs) and National HIV/AIDS Programmes (NAPs) of the SAARC Member States. The Centre coordinates for the activities related to control of TB and prevention of HIV/AIDS among the Member States, in research, training, workshop, technical, bio-medical and operational aspects to support Member States.

In the year 2024, STAC carried out majority of its regular activities. The pertinent ones are World TB day, SAARC Chartered Day, HIV AIDS day along with two Regional programmes of the Centre in Maldives and Sri Lanka. Furthermore, virtual meeting was also held to discussed about the Cross Border and migration issues among the Member States. The Centre also participated in the virtual discussion on WHO Collaborating Centre with WHO SEARO Office New Delhi. Efforts were put in to strengthen ties with different National programmes of the Member States along with Ministry of Foreign affairs and SAARC Secretariat Office. Initiation was also made to start SAARC Supra National Reference Laboratory.

This annual Report summarizes the key activities conducted by the Centre in 2024. STAC would like to thank all the National Programmes of TB and HIV/AIDS of the Member States in bringing out these important documents.

South Asian Association for Regional Cooperation (SAARC)

South Asian Association for Regional Corporation (SAARC) is an organization located in the South Asian region. There are eight countries in the region namely Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. This is an economic and geopolitical organization, established to promote socio-economic development, stability, welfare economics, and collective self-reliance within the Region. The first summit of SAARC was held in Dhaka, Bangladesh on 7–8 December 1985 and was attended by the Government Representatives from Bangladesh, Bhutan, India, Nepal, Maldives, Pakistan and Sri Lanka. The dignitaries signed the SAARC Charter on 8th December 1985, thereby establishing the regional association and to carry out different important activities required for the development of the Region. The summit also agreed to establish a SAARC Secretariat in Kathmandu, Nepal and adopted an official SAARC emblem. Due to rapid expansion within the region, Afghanistan received full-member status and some countries are considered as observers. SAARC respects the principles of sovereign equality, territorial integrity, and national independence as it strives to attain sustainable economic growth.

SAARC provides a platform for the people of South Asia to work together in a spirit of friendship, trust and understanding. It aims to promote the welfare of the people of South Asia and to improve their quality of life through accelerated economic growth, social progress and cultural development in the region.

SAARC Tuberculosis and HIV/AIDS Centre (STAC)

The Centre was established in 1992 as SAARC Tuberculosis Centre (STC) and started its functioning from 1994. The Centre had been supporting the National Tuberculosis Control Programmes of the SAARC Member States. The Thirty-first session of Standing Committee of SAARC held in Dhaka on November 9 – 10th 2005,



(Office Building of SAARC TB and HIV/AIDS Centre at Thimi, Bhaktapur, Nepal)

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) with additional mandate to support SAARC Member States for prevention of HIV/AIDS. Since then with its efforts and effective networking in the Member States the Centre is contributing significantly for control of both TB and HIV/AIDS.

Vision, Mission, Goal and Objective of STAC

Vison: The vision of the Centre is to 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 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 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: The objective of the Centre is to work for prevention and control of TB HIV/AIDS in the Region by coordinating the efforts of the National TB Programmes and National HIV/AIDS Programmes of the SAARC Member Countries.

Functions of STAC

- To act as a Regional Co-ordination Centre for NTPs and NACPs 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 TB and HIV/AIDS in the Region and elsewhere.
- To establish a networking arrangement among the NTPs and NACPs of Member States and to conduct surveys, researches etc.
- To initiate, undertake and coordinate the Research and Training in Technical Bio-medical, operational and other aspects related to control of Tuberculosis and prevention of HIV/AIDS in the Region.
- To monitor epidemiological trends of TB, HIV/AIDS and MDR-TB in the Region.
- To assist Member States for harmonization of policies and strategies on TB, HIV/AIDS and TB/HIV co-infection.

- 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 carry-out other important works identified by the Programming Committees/Governing Board.

Thirty First Meeting of Governing Board of STAC

Thirty-first Meeting of the Governing Board of STAC was held on 21-22 January, 2024 in Kathmandu, Nepal. The Governing Board Members from the Governments of Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka along with representatives of SAARC Secretariat and Ministry of Foreign Affairs, Government of Nepal, participated in the meeting. Dr. R. P. Joshi, Government of India, opened the Meeting as Chairperson of the Board. Dr. Manisha Rawal, Director, STAC while delivering his opening remarks thanked the Member States and SAARC Secretariat for support and cooperation for all the activities. Ms. Shaiya Manik, Director, Social Affairs, SAARC Secretariat delivered her remarks and conveyed the best wishes of His Excellency the Secretary-General of SAARC for successful organization of the meeting and fruitful deliberations.

The Board reviewed the activities carried out by the Centre Since December 2020 to December 2023 and recommended the programmes & budget (Institutional and Programme Cost) for 2024 to Programming Committee of SAARC for approval.

List of activities of the Centre for the year 2024

1. SAARC Meeting on Guidelines and SOP's for Health Response on Natural and Epidemic Disaster in SAARC Region- **Bangladesh**
2. SAARC Regional Training of Trainers (ToT) on Latent TB Infection. - **Bhutan**
3. SAARC Regional Management Development Programme (MDP) on Monitoring and Evaluation of TB and HIV/AIDS in the region. - **India**
4. SAARC Regional 5th Meeting of Heads/Chief of Identified National TB Laboratories –**India**
5. Workshop on PLHIV network in India and Nepal borders for the continuation of treatment (**India/Nepal**)

6. SAARC Regional Training of Trainers on Management of ART, TB/HIV and other opportunistic infections- **Maldives**
7. The SAARC Meeting of Programme Manager of National TB and HIV/AIDS Control Programmes- **Nepal**
8. SAARC Regional Training on Viral Load Testing for Laboratory Personnel Working in HIV/AIDS Laboratories in the SAARC Region- **Nepal**
9. SAARC Exposure visit to observe the best practices on HIV/AIDS in Kathmandu, **Nepal**
10. SAARC Training (ToT) to health professionals of SAARC Member States on use of Artificial Intelligence for Early Diagnosis of Tuberculosis and timely referral- **Pakistan**
11. SAARC Regional Training on Diagnosis Treatment and Programmatic Management of Pediatric TB- **Sri Lanka**
12. SAARC Regional Consultation on TB/HIV co-infection and migration health issue (Virtual)- **STAC**
13. 15th Round of External Proficiency Testing of Sputum Smear Microscopy (SSM) for National Reference Laboratories of SAARC Region
14. Appraisal/Monitoring on TB and HIV/AIDS in the SAARC Region
15. Proposal to call for EoI from Member States for small scale research grants (**Research**)
16. Piloting of Active case finding in most risk populated (province) of Nepal to Trace the missing TB case by STAC (**Research**)
17. Financial obligations needed for settlement of dues of past research carried forward from the year 2021.
 - SAARC-CoV-2 and TB co-infection among current TB patients in Chennai, India carried forward from 2021
 - Morbidity and mortality related to COVID-19 among HIV infected individuals in selected ART sites of Kathmandu valley carried forward from 2021
 - Assessment of nutritional status of pulmonary TB patients who have received Nikshay Poshan Yojana scheme residing in Ramanagara District, India by using N-TB mobile application- A cross-sectional Study carried forward from 2021
 - The impact of Covid- 19 pandemic on Directly Observed Treatment Short Course DOTS program for TB in Nepal
18. Technical assistance support to the STAC/NTP/NACP by providing/hiring short term

consultancy, utilizing the expertise from the region without financial liabilities to respected programmes

Regular Activities

19. Participation in International Conference (TB and HIV) by Director, STAC
20. Participation in the Review of activities of NTPs and NACPs in the SAARC Member States by Director/Professional STAC
21. Participation in Meeting of Collaborating Institutions for Strengthening of Networking WHO/UNAIDS/UNFPA & Other Collaboration Institutes by Director STAC
22. Commemoration of World/SAARC TB Day- 2024
23. Commemoration of World AIDS Day- 2024
24. SAARC Charter Day-2024
25. Skill Development of GSS by attending field related Trainings/Workshops/Conference/Meeting etc.
26. Purchasing/Renewal of Journals, Books Software for Library, Digitalization of Resource (Developing online journal system)
27. Review of Articles for SAARC journals of TB Lung Disease and HIV/AIDS
28. Printing of STAC publications (STAC at Glance, SAARC Journal, Calendar 2025 etc.)
29. Regular Works/Activities in SAARC Supra-National Reference Laboratory for TB and HIV/AIDS and Procurement of Laboratory Consumables for STAC Laboratory
30. E-circulation/Distribution of STAC's other publications (TB and HIV/AIDS epidemiological report)
31. Desk/ Correspondence (Production and binding of SAARC Epidemiological Report on TB -2024 and Production and binding of SAARC Epidemiological Report on HIV/AIDS 2024 & E-circulation)

Thirty Second Meeting of Governing Board of STAC

Thirty-second Meeting of the Governing Board of STAC was held on 28-29 October 2024 in Kathmandu, Nepal. The Governing Board Members from the Governments of Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka along with representatives of SAARC Secretariat and Ministry of Foreign Affairs, Government of Nepal, participated in the meeting. Dr. R. P. Joshi,

Government of India, opened the Meeting as Chairperson of the Board. Dr. Anuj Bhattachan, Director, STAC while delivering his opening remarks thanked the Member States and SAARC Secretariat for support and cooperation for all the activities. Ms. Shaiya Ali Manik, Director, Social Affairs, SAARC Secretariat delivered her remarks and conveyed the best wishes of His Excellency the Secretary-General of SAARC for successful organization of the meeting and fruitful deliberations.



The Governing Board (GB) Member of 32nd GB Meeting of STAC (Virtual)

The Board reviewed the activities carried out by the Centre in 2024 and recommended the programmes & budget (Institutional and Programme Cost) for 2025 to Programming Committee of SAARC for approval, which are as follows:

Recommended Program/activities of the Centre for the year 2025:

1. SAARC Regional Training on implementation of shorter oral regimen for MDR-TB (BPAL-M)- **Bangladesh**
2. SAARC Regional Training on Data Management on TB and HIV/AIDS- **Bhutan**
3. The SAARC Meeting of Programme Manager of National TB and HIV/AIDS Control Programmes- **India**

4. Workshop on Cross Border and Migration issues related with TB and HIV/AIDS in SAARC Member States – **India**
5. SAARC Regional Management Development Programme (MDP) on Monitoring and Evaluation of HIV/AIDS in the Region- **Maldives**
6. SAARC Regional Training on Biosafety and Biosecurity for TB/HIV Laboratory personnel- **Nepal**
7. SAARC Regional Workshop for establishing data sharing platform for TB and HIV/AIDS in Member States – **Nepal**
8. SAARC Regional Workshop on Multi-Sectoral Accountability Framework for TB and HIV/AIDS Program in SAARC Member States- **Pakistan**
9. SAARC Regional Training on Capacity Building of Health Professionals on TB Preventive Therapy- **Sri Lanka**
10. Proposal to call for EoI from Member States for small scale Research Grants (**Research**)
11. Piloting of Active case finding in most risk populated (province) of Nepal to Trace the missing TB case by STAC (**Research**)
12. To evaluate and compare the efficacy of Active Case finding (ACF) with X-ray and with symptoms screening as a means of identifying tuberculosis cases at risk population of Nepal. (Reprogram Research in the 31st Governing Board of STAC). Previous Title: Estimating Tuberculosis cases and their additional economic cost incurred by TB patient and their families for TB diagnosis and treatment 2020 (Nepal and Sri Lanka) (**Research**)
13. Contact Tracing of contacts of active PTB and confirmed MDR TB cases, Bhutan (Reprogram Research in the 32nd Governing Board of STAC). Previous Title : Study tracing the possible source of multidrug resistant tuberculosis (MDR-TB) into Bhutan – 2018-20 Cohort Study (**Research**)
14. Financial obligations needed for settlement of dues of past research carried forward from the year 2021
 - i. Impact of COVID in DOTS Centre (Dhulikhel Hospital) carried forward from 2021
15. Updating SAARC Regional Strategies (2025-2030)
 - SAARC Regional Strategy for Elimination of Tuberculosis 2025-2030
 - SAARC Regional Strategy on Cross Border, Migration and Health 2025-2030

- SAARC Regional Strategy on Advocacy, Communication and Social Mobilization (ACSM) for TB and HIV/AIDS 2025-2030
- SAARC Regional Strategy on HIV/AIDS 2025-2030

16. Technical Assistant support to the NTP/NACP of Member States and STAC by providing/hiring short term consultancy, utilizing the Expertise from the region without financial liability to respective programmes of Member States

Regular Activities:

17. Presentation & Dissemination of Research findings on TB & HIV/AIDS through participation in International Conferences (TB and HIV) by Director/ Professional
18. Participation in the Review of activities NTPs and NACPs/ in the SAARC Member States by Director/Professional
19. Participation in meeting of collaboration institutions for strengthening of networking WHO/UNAIDS/UNFPA & other collaborating institutes
20. Commemoration of World/SAARC TB Day- 2025
21. Commemoration of World AIDS Day- 2025
22. Celebration of SAARC Charter Day-2025
23. Skill Development/Capacity Building of GSS
24. Purchasing/Renewal of Journals, Books Software for Library, Digitalization of Resource (Developing online journal system)
25. Review of Article for SAARC Journals of TB Lung Disease and HIV/AIDS
26. Printing of STAC Publications (Wall Calendar -2026, STAC Journal and other promotional material of STAC)
27. Regular works/Activities in SAARC Supra-national Reference Laboratories for TB and HIV/AIDS and Procurement of Laboratory consumables for STAC Laboratory
28. Distribution of STAC Publications, related documents and other materials and electronic circulation

Summary of the GB Report 2024 :

STAC hosted its Thirty Second Governing Board (GB) Meeting from 28-29 October 2024 at Hilton Hotel, Kathmandu, Nepal. The meeting was organized under the Chairmanship of Dr. Rajendra P. Joshi, Additional Medical Superintendent, Lady Hardinge Medical College, Government of India.

Governing Board Members of SAARC Member States participated in person and virtually. The distinguished Board Members from the People's Republic of Bangladesh, Royal Government of Bhutan, Republic of India, Republic of Maldives, Islamic Republic of Pakistan, Democratic Socialist Republic of Sri Lanka participated virtually, while the Board Members from host Country Nepal and Director Social Affairs from the SAARC Secretariat attended the meeting in person.

The meeting concluded successfully with useful, constructive observations and recommendations from all the GB Members. These recommendations from the GB Members are aimed to strengthen the Centre's performance and ensure the effective implementation of its programs in the fiscal year 2025.

The Board also thanked STAC for excellent arrangement and well-prepared presentations during the course of the two-day GB Meeting and further wished for the successful achievement and conducting of its proposed programmes for the Year 2025, which aimed to keep the South Asian region free from Tuberculosis and HIV/AIDS and to achieve the targets set by the Member States.

Report on Activities
Carried Out by the SAARC TB and HIV/AIDS Centre in 2024

1. SAARC Regional Consultation on TB/HIV Co-infection and Migration Health Issue (Virtual)



1. Introduction:

STAC in association with the National TB Control Programme and National AIDS Control Programme of the Member States conducted a meeting on “SAARC Regional Consultation on TB/HIV Co-infection and Migration Health Issue” virtually on 15 May, 2024. Participants from Bangladesh, Bhutan, Maldives, Nepal, Pakistan and Sri Lanka participated in the virtual meeting.

2. Objectives:

- To provide a platform for knowledge exchange of best practices among SAARC Member States in addressing TB/HIV co-infection and migration health issues
- To identify facilitators and barriers to effective prevention, diagnosis, and treatment of TB/HIV co-infection among migrant populations
- To explore innovative strategies and design contextual interventions for improving access to healthcare services and promoting the rights and well-being of migrant populations affected by TB/HIV co-infection
- To foster regional cooperation and collaboration among SAARC Member States and other stakeholders in addressing TB/HIV co-infection and migration health issues
- To identified the programmatic constraints in migrant health issues in the region and conducts operational research to fill those gaps

3.Participants

The meeting was attended by 12 participants from SAARC Member countries.

4.Opening of the virtual meeting:

The meeting was opened with the welcome address from Dr. Manisha Rawal, Director, STAC. She thanked all the participants for attending the virtual meeting in spite of their busy time schedule. She also expressed her special thanks to WHO Country Office, Nepal. She informed that this virtual meeting was an important part of the STAC calendar of activities for 2024 as it had been approved by 31st Meeting of the Governing Board and 59th Session of the Programming Committee held in Kathmandu.

Dr. Manisha Rawal, Director, STAC invited all the participants to give self-introduction. She also gave a short presentation on STAC and its activities. She highlighted the importance of the virtual meeting on TB/HIV Co-infection and Migration Health Issue in SAARC Member States.

5. Technical session:

Dr. Prajjwal Pyakurel, Research Officer, STAC gave his presentation on Regional Strategies Plan on TB/HIV Co-infection and Migration issue. He shared some information on displacement tracking matrix operation development by International Organization of Migration (IOM). He also informed about the challenges faced by migrant patient in the SAARC region. He highlighted on the high mobility, social and cultural, porous border, unofficial transit points, illegal migration and migration at vulnerable age. He briefed on the “Regional strategy plan on cross border, migration health (2018-2023). He informed on the risk of HIV infection migrant labor focusing on female migrants with unskilled jobs and without legal status and had little or no access to the health services available in migrated country.

Dr. Pyakurel also presented on strategic direction goals on fostering political commitment of the Member States through advocacy and dialogues, public surveillance and events/intervention along the international borders, establishing referral linkages across the border for continuum of

care, partnership development and collaboration with key sectors, developing strategic information for evidence based public health programming and result based management of cross border activities, promotion of equity and empowerment of migrants for accessing basic health care services across border, financing and resource mobilization, monitoring and evaluation.

Dr. Rabin Gautam, National Professional Officer, WHO Country office Nepal gave a presentation on global situation on TB- HIV co-infection and migrant issues in Nepal. He informed about the TB-HIV co-infection and migration health issue globally and at regional level. He briefed on the technical aspect on the data on TB/HIV/AIDS in the region.

Dr. Khin Pa Pa Naing, Team Lead, WHO Country office Nepal also gave her presentation on the global situation on TB-HIV co-infection and migration health issues. She informed that Nepalese migrating to India is unrecorded as per the National Survey Report (2017/2018).

Dr. Pronab Kumar Modak, Deputy Program Manager, National TB Control Program, Bangladesh enquired about the facilities available between Nepal and India for the migrants on TB and HIV/AIDS so that it could be replicable by Bangladesh and the other Member States. He also emphasized on strengthening reference laboratory and ensures quality control. Furthermore, he also suggested for more investment in developing new technologies. He highlighted on the challenges on the orientation of the health workers on the ground level.

Ms. Rada Dukpa, National TB Control Program, Communicable Disease Division, Department of Public Health, Ministry of Health, Bhutan gave her presentation on TB HIV and its co-infection status in Bhutan. She informed about the success of TB Preventive Therapy (TPT) in Bhutan and the migrants are screened for TB, HIV at point of entry and further systematic screening was done after three months again for the migrant worker. She informed about the major challenges faced by Bhutan is on cross referral of TB and HIV/AIDS patients and information sharing and surveillance which needed to be strengthened in the border of the Member States.

Dr. Gulrahim (HIV Specialist), Dr. M. Siddique National Director and Dr. Sahim HIV Adviser, Common Management Unit for AIDS, TB and Malaria, Ministry of National Health Services, Government of Pakistan were also present in the virtual meeting. Dr. Gulrahim (HIV Specialist)

gave his presentation on the epidemiological profile of TB and HIV/AIDS in Pakistan. He informed that Pakistan had initiated screening for people age above 15 years for TB and HIV/AIDS. He highlighted the major challenges faced was lost to follow up of a patient with TB HIV/AIDS in Afghanistan and Pakistan border. He further reiterated that the deportation from Gulf countries was another major challenge in cross border migration health issues. He emphasized on strengthening the data sharing, working in close coordination as a team and notifying the focal person on the status of TB HIV/AIDS in the Member States. He requested for training and capacity building to professional health worker working in the border areas.

Dr. Mizaya Cadar, Consultant, Community Physician, Planning Monitoring and Evaluation Unit, National Program for Tuberculosis Control and Chest Diseases, Ministry of Health, Sri-Lanka, presented the overview of TB and HIV/AIDS and its co-infections in Sri-Lanka. She discussed on issues of TB Preventive Therapy (TPT) for Latent Tuberculosis infections. She briefed on the policies endorsed by Sri-Lanka to those migrant who have received VISA for more than six months to work in the country were screened for TB/HIV/AIDS, Malaria, and Lymphatic filariasis. She also informed about the challenges faced on tracking the migrant workers who had visa for less than 6 months. She emphasized on the strategic decision and policy initiative to be taken to solve the migrant health issues in the SAARC Region.

6. Discussion

After the presentation from the respective participants the floor was opened for discussion. Dr. Prajjwal Pyakurel, RO, STAC put up his queries to the respective participants of Bhutan and Pakistan. He inquired to the Bhutanese participants on the cross borders referral system that they have practiced in their country. Ms. Rada Dukpa replied that those migrant workers who have been diagnosed for TB/HIV/AIDS and were given treatment and receiving medicine should be facilitated with a special card which could be used for continued medical support when the migrant worker returned back to their home country. But as for now, no such provision was available and its high time Member States should focus on this important matter in migrant health issues.

Similarly, Dr. Pyakurel put up his inquiry on the cross border referral situation in Pakistan and Afghanistan border. In response to his query, Dr. Gulrahim said that the patients receiving treatment of TB/HIV/AIDS related diseases were not continuing their treatment which may

later on lead more difficult situation in the treatment of these diseases with the patients in Afghanistan and Pakistan border area.

7. Closing

After the completing of the discussion on the given agenda, Dr. Manisha Rawal, Director thanked again all the participants for the virtual meeting. She thanked the National Programs of the Members States and hope to meet in the activities proposed by STAC in the coming days.

8. Outcomes:

- Information sharing and interactive discussion on TB/HIV/AIDS and its co-infection and migrant health issue.
- Enhanced understanding of the distribution and determination of TB/HIV co-infection among migrant population in the Member States.
- Identification of key facilitators and the barriers to accessing healthcare services among the migrants affected by TB/HIV or its co-infection.

2. SAARC Regional Training on Diagnosis, Treatment and Programmatic Management of Pediatric TB- Hybrid Mode- Sri Lanka



SAARC Regional Training on Diagnosis Treatment and Programmatic Management of Pediatric TB, 07-08 October 2024, Sri Lanka

Introduction:

The urgency of the problem of tuberculosis (TB) in children, whose full scope is still not fully known because of lack of child-friendly diagnostic tools and inadequate surveillance and reporting. This has resulted in the underestimation of the problem of childhood TB cases; however, the problem cannot be underestimated. If not controlled now it will have a huge impact in coming decade or so.

Most public health programs have limited capacity to meet the demand for care and high-quality services for childhood TB. Despite policy guidelines, the implementation of isoniazid preventive therapy (IPT) to young and HIV-infected children has been found to be less in all of the SAARC member states. Furthermore, TB care for children is not consistently integrated into HIV, maternal and child health programs. Compounding this difficulty, children with TB often come from

families that are poor in economic background, lack knowledge about the disease and live in communities with limited access to health services. The goal of reaching zero TB deaths among children worldwide could be achieved if sustained advocacy, greater commitment, mobilization of resources and a joint effort by all stake holders can be put in.

TB is an important cause of morbidity and mortality in children in TB endemic countries. These figures underestimate the burden of childhood TB worldwide. TB in children has been a “hidden epidemic” for many years. Childhood tuberculosis (TB) is common in the developing world, where over 90% of global TB cases occur, and has increased in human immunodeficiency virus (HIV) endemic regions.

Epidemiology of TB in Children:

Global: Worldwide, it is estimated that 1.2 million TB cases occur each year in children less than 15 years of age. The World Health Organization (WHO) estimates that childhood TB accounts for 6% to 10% of all TB cases worldwide each year. In countries with a high rate of TB disease, children account for as much as 40% of all new TB cases. In 2022, there were an estimated 10.6 million new TB cases and 1.3 million deaths due to TB.

SAARC Region: In 2022, there were an estimated 3.9 million incident cases of TB, equivalent to 207 cases per 100000 populations and estimated deaths due to TB was 0.4 million. This carries 36% of the global burden of TB incidence. Published data about the epidemiology of TB in children is perturbing in SAARC region.

Objectives:

- To enhance the capacity of healthcare professionals in the SAARC region to effectively diagnose, treat, manage and prevent Pediatric TB
- To strengthen participants capacity in the clinical management of Pediatric TB
- To discuss and share experiences of clinical management of Pediatric TB

Methodology:

The training was conducted online through zoom platform. Participants from 6 member states Bangladesh, Bhutan, Nepal, Maldives, Pakistan and Srilanka participated in the training (Annexure I). Additionally, five resource person from Srilanka conducted the training in online mode (Annexure II). Different topics related to Management of Diagnosis Treatment and Programmatic Management of Pediatric were covered. (Annexure III). The delivery mode consisted of lectures, discussions and sharing of best practices in different member states. The training lasted for 2 days.

Day I Inaugural Session:

Dr. Anuj Bhattachan, Director, SAARC TB and HIV/AIDS Centre (STAC) was welcomed by Dr. R. Pramitha Shanthilatha, Director, National Programme for Tuberculosis Control and Chest Disease (NPTCCD) in the conference hall of MaRadha Hotel, St Kilda's Lane, Marine Drive, Colombo 3 with garland. Master of Ceremony of the program Dr. Arunardha Wijesinghe, welcomed all the dignitary of NPTCCD, Srilanka and STAC, Nepal. He also welcomed participants present physically from Srilanka and virtually from different member states. Welcome remarks were given by Dr. R. Pramitha Shanthilatha, Director NPTCCD, Srilanka and Dr. Anuj Bhattachan, Director, STAC. Dr. Pramitha highlighted on the need of training activities in the member states focused on different aspects of Tuberculosis. She thanked STAC team and NPTCCD team for their joint collaborative effort to conduct this program. Dr. Anuj highlighted on the need of regional cooperation of the member states to tackle against tuberculosis. He reiterated for the joint collaborative effort of the SAARC countries and find out innovative solutions and design contextual intervention to fight against tuberculosis. He also focused on regional policy strategies to address tuberculosis in the region. The inauguration ceremony ended with the lightening of lamp ceremony by all the dignitaries and the organizers of the training followed by morning tea.

Day I Technical Session:

Day 1 Technical Session begun with the overview of Tuberculosis in Children by Dr. Mizaya Carder, Consultant Community Physician at NPTCCD. She gave brief overview of Pediatric TB where she highlighted on both underdiagnosed and over diagnosed pediatric TB cases. She

reiterated that the clinical and radiological manifestation are less specific in children compared to adults and are often confused with bacterial pneumonia.

Dr. Mizaya highlighted that Global TB target was off track in 2019-20 and TB notification in age group below 5 years dropped by 28% between 2019 and 2020. She said that 96% of death occurred in children who didn't access treatment. Estimated treatment coverage (out of estimated 30,000 per year) is lowest in children and young adolescent with MDR/RR TB and over 80% are not diagnosed and started on treatment. Missing cases were highest in the age group of 0-4 years with 58% case missing. Only 37% of the 1.56 million eligible child contacts under 5 years are on TB Preventive Therapy (TPT) coverage.

She further stressed that the major risk factor for TB in the SAARC region is due to undernutrition. She also highlighted the country situation of Sri Lanka where Western Province carries 46% of National burden of TB. She reiterated that case notification rate has gone up for Gamphala and Colombo and it has increased from 2015 to 2023.

Dr. Mizaya also talked about the figures of UN High Level meeting where only 71% of the target was achieved to provide treatment to 3.5 million children and young adults compared to 84% of the 40 million targets for all ages. She highlighted the renewed commitment of UN High Level meeting to provide 90% TPT coverage, 100% coverage of rapid diagnostic and 100% social protection.

The first technical session was followed by the morning tea where participants, resource person and the country delegates share their ideas and challenges of TB in the region.

The second technical session of the day was on Diagnosis of Pediatric Tuberculosis – Diagnostic Tool by Dr. Wathsala Galagedara – Consultant Microbiologist at National Tuberculosis Reference Laboratory (NTRL), Welisara. She talked on Conventional Diagnostic Tests for the diagnosis of TB, WHO recommended rapid diagnostics – WRDs/ mWRDs and test to detect additional drug resistance. She also highlighted on the newer, rapid and sensitive molecular tests recommended for the initial detection of mycobacterium tuberculosis complex which include 1. Xpert MTF/RIF

Ultra and Xpert MTB/RIF, 2. Truenat MTB, MTB Plus and MTB RIF Diagnosis Test, 3. Loop-mediated isothermal amplification. In adults and children with signs and symptoms of pulmonary TB, the Truenat MTB or MTB Plus may be used as an initial diagnostic test for TB rather than smear microscopy/culture. In the case of children, there were no data available to assess the accuracy of the test in different specimens and not enough indirect evidence to extrapolate for specimens other than sputum. This recommendation is extrapolated to children for sputum, although the tests are expected to be less sensitive in children.

There was discussion on Urine LF-LAM (biomarker based lateral flow lipoarabinomannan assay (LF-LAM test) an immunocapture assay based on the detection of the mycobacterial LAM antigen in urine. It lacks sensitivity but it can be used as a fast, bedside rule in test for HIV positive individuals (including children) especially in urgent cases where a rapid TB diagnosis is critical for the patient's survival. LF-LAM should be used as an add on to clinical judgment in combination with other tests. It should not be used as a replacement or triage test.

Dr. Wathsala also talked about the Solid Culture, Liquid Culture, Genotypic and Phenotypic DST. Furthermore, she discussed about the Classes of TB Diagnostic Technologies used in Latent Tuberculosis Bacterial Infection (LTBI). Tuberculin Skin tests, Interferon-Gamma Release Assays (IGRAs) and Newer MTB antigen-based skin tests (TBSTs) were also discussed.

Lunch followed the second technical session where participants interacted with each other and discussed about various management of pediatric TB.

The third technical session was on Treatment Protocols for Pediatric TB where Dr. Channa de Silva – Consultant Pediatric Pulmonologist from Lady Ridgeway Hospital for Children (LRH) highlighted on the historical aspect of Tuberculosis on Paleopathological lesion on Neolithic infant bones and molecular analysis of skeleton of ancient Egyptian Population. There was also discussion on the “White Plague”, Red Cross Christmas Seal Campaign. Isolation, collapsing lungs and spitting bans: three ways to treat TB were also discussed.

Dr. Channa then further discussed on the objectives of TB Treatment which were as follows: 1. To cure individual patients, 2. To prevent death from active TB or its late effects, 3. To prevent relapse

of TB by eliminating the dormant bacilli, 4. To reduce transmission and prevent the development of drug resistance. In the sub-title treatment of pediatric TB, he highlighted on infant and toddler different pharmacokinetics and touched on the crushed pills and non-standard suspension and its efficacy. Principle of Anti-TB chemotherapy was also highlighted. He then discussed on the various tuberculocidal and tuberculostatic drugs and its toxicity effect. Different Fixed Dose Combination Drug used in the context of Srilanka was also highlighted. There was also discussion on the correct combination for pediatric doses and the use of drugs in the intensive and continuous phase of the treatment. New recommended shorter regimen for pediatric TB was also discussed along with Treatment for Minimal Tuberculosis in Children. Role of steroid with Anti-tuberculosis Therapy (ATT) were also highlighted. Adverse effect of ATT which include drug induced hepatotoxicity, peripheral neuropathy, optic neuropathy, was also highlighted by Dr. Channa along with monitoring aspect of TB drugs and Tuberculosis Preventive therapy.

The Day 1 ended with the evening tea followed by field visit to National Hospital for Respiratory Disease. In the National Hospital for Respiratory disease the Director of STAC was welcomed by the Hospital Director of the Centre. This was followed by observation of hospital and the way TB patient are managed. STAC team also visited the procurement supply chain center for TB drugs and the National Tuberculosis Reference Laboratory, Welisara and discussed about the various issues and challenges faced by them for management of TB patient.

Day II Technical Session :

Day 2 began with the review of Day 1 by Dr. Prajjwal Pyakurel, Research Officer, STAC. He summarized briefly on the various technical session conducted by different speaker in Day 1. The first technical session on Day 2 was conducted by Dr. Channa de Silva- Consultant Pediatric Pulmonologist at LRH where he discussed 15 different case scenarios on Pediatric TB. He started with the Challenges for diagnosis of Pediatric TB, microbiological challenges, its variable presentation, extrapulmonary manifestation and TB meningitis. Natural history of Tuberculosis was also discussed. The case scenario ranged from diagnosed lesion of histiocytosis to recurrent respiratory infection. He further suggested that unexplained cough, unexplained pneumonia, unexplained chest opacities, undiagnosed lung collapse, undiagnosed lymphadenopathy,

undiagnosed chest infiltration, unexplained weight loss, poor weight gain should be suspected as a Pediatric TB.

The first technical session was followed by morning tea where participants and the facilitators interacted on various aspects of Pediatric TB.

The second technical session was on Overview of field work done in a high burden district in Srilanka by Dr. Erandi Kolonne who is the District Tuberculosis Control Officer (DTCO) at Kaluthara District, Srilanka. Dr. Erandi gave the district demography and TB situation in Kaluwatra district, Srilanka. The commonest ethnicity in this district was Shingles followed by Tamil and Muslim. She gave the brief overview of Pediatric TB situation in Kauwatra district, Srilanka. She shared that there were 17 Pediatric TB cases in Srilanka. More Extrapulmonary TB cases was found in Srilanka. Cases are scattered all over district. She also shared the organization structure of District Chest Clinic (DDC). Furthermore, she highlighted on the functional unit of DCC Kaluthara, Srilanka. She further reiterated on the services available which range from diagnostic to other services. The diagnostic services consisted of X-ray, USG, Smear microscopy, TB PCR, TB Culture, Pyogenic Culture, Montoux, FBC, ESR and CRP. The curative service include treatment and follow up through DCC. The preventive service consists of providing BCG Vaccination, Contact tracing, LTBI Screening and Treatment. Field activities consisted of active and passive case findings. Other services include record keeping, social support, financial support, leave for TB patient etc.

Dr. Lakshmi C. Somatunga, Additional Secretary (Public Health Services), Srilanka joined the session and greeted Director, STAC. She gave her remarks and interacted with the participants. She stressed on importance of regional cooperation and development to strengthen TB and HIV program. She highlighted those deficiencies in the area of TB in Srilanka is well known and it needs to be strengthened further. She stressed on funds to conduct surveys. She appreciated the initiative taken by SAARC TB and HIV/AIDS center for conducting the regional program.

Dr. Erandi also highlighted on the flow of management of TB patient from diagnosis to cure. She shared the screening activities conducted in 2023-2024 which include a) Estate Screening Program, b) Prison Screening and Awareness Program, c) Program for substance abuse, d) Elderly Home Screening Program, e) Targeted Screening Program, f) GP training program g) Pediatric TB

training program, h) Ayurvedic Doctor Training Program, i) Training Program for Field Health Officer etc. She also shared the district and national picture of TB Incidence, to success rate and the outcome. She also summarized the Challenges and the probable reason along with the future initiative they have planned for TB patient which include a. Long Stay Unit for TB patient, b. Screening program in a targeted manner, c. Increase utilization of TB PCR with the utilization of Truenat machine, d. Increase awareness and interest among OPD doctors etc.

The session was followed by lunch break where participants interacted and learned about various aspect of Tuberculosis screening to management.

The third technical session after lunch was taken by Dr. Neranjan Dissanayake-Consultant Respiratory Physician at TH Kaluthara and President Srilanka College of Pulmonologist on the topic titled “Futuristic diagnostic in Pediatric Tuberculosis”. Dr. Dissanayake, talked about the Cascade of care in children. He also shared about the regional burden of disease. He explained the epidemiological importance of subclinical tuberculosis along with the importance of diagnosis tuberculosis early in children. He further reiterated on Pediatric TB category and the importance of X-ray for diagnosis TB. He further highlighted that Nuclear Amplification test sensitivity and specificity is low in children. He talked about the SMART PCR and the Lipoarabinomanon test. Technological innovation in diagnosis of Pediatric TB was emphasized by Dr. Dissanayake. He explained the role of advancement in LAM based diagnostic kit for TB detection in HIV-negative patient. He talked about the role of Transcripts and role it can play to predict the risk of TB. Understanding TB pathology and immunological equilibrium role was also highlighted by Dr. Dissanayake.

The last session of the day was taken by Dr. Mizaya Carder, Consultant Community Physician at National Program for Tuberculosis Control and Chest Diseases (NPTCCD), Sri Lanka. She said that less attention has been given for meeting burden of Pediatric TB and Surveillance was not optimum. She discussed about the effort in finding TB cases through active and passive case finding, early and accurate diagnosis and treatment initiation, adherence and optimization of the outcome. She also emphasized on systematic screening and children living with HIV should be screened.

She focused her presentation on nutritional issues and highlighted for its effective solution to prevent tuberculosis. Presumptive TB register should be available in nutritional clinic. She talked about the importance of quality assured drug, managing comorbidities, managing adverse drug reaction, counselling for TB Preventive Therapy, rehabilitation and palliative care. She further reiterated that human resource is a big issue and it should be effectively tackled to prevent TB infection and diseases. Algorithm was shared a. Symptom screening, b. Chest-Xray Screening, c. Parallel Screening, d. Sequential Positive Serial Screening, e. Negative Serial Screening.

Dr. Mizaya further spoke on the Key action to overcome challenges of Pediatric TB Prevention and Care which include 1. Increase funding in TB Prevention and Care (Domestic Funding should be prioritized), 2. National and Sub-National Leadership, 3. Implement Social Protection Program, 4. Advocacy, 5. Capacity Building, 6. Scale up intervention for TB prevention, 7. Increase access to optimum care, 8. Strengthening community, people centered care, 9. Improve data collection, 10. Support Research and Development. She also highlighted on the TB Surveillance and Monitoring System.

After completion of all technical session, Dr. Prajjwal Pyakurel, Research Officer, STAC summarized the technical session of Day 1 and Day 2. Feedback was taken from both the virtual and physical participants.

Outcome of the Program:

1. Enhanced knowledge and skills of the participants
2. Networking among TB program experts of different member countries
3. Networking among Resource person and the STAC team
4. Strengthen ties between NPTCCD and STD/AIDS Control Program, Sri Lanka
5. Strengthen ties with Ministry of Health, Sri Lanka

Recommendations of the Program:

1. There was a suggestion to develop regional advisory board for Management and Prevention of TB cases in the region to bring uniformity in TB disease management and prevention

2. It was recommended to organize the training physically
3. Multi country survey was proposed especially in the field of diagnostic for TB

Closing Session of the Program:

The day ended with the closing remarks by Director, NPTCCD and Director STAC and certificate distribution by both the Directors to all the physical participants from Sri Lanka. Both the Director highlighted on strengthening ties of the South East Asia Regional Corporation for elimination of TB in the region.

3. SAARC Regional Training of Trainers on Management of ART, TB/HIV and other Opportunistic Infections- Hybrid Mode, Maldives



SAARC Regional Training of Trainers on Management of ART, TB/HIV and other Opportunistic Infections- Hybrid Mode, 21-22 October 2024, Maldives

Introduction:

The global Human Immunodeficiency Virus (HIV) epidemic has emerged as a formidable challenge to public health, development and human rights. In high burden of HIV countries, it has drastically reduced life expectancy even by more than 20 years. HIV remains a major global public health issue, having claimed an estimated 42.3 million lives to date. Transmission is ongoing in all countries globally. HIV/AIDS continues to be a major public health problem in the SAARC Region. All eight Member States of the SAARC region are designated as low prevalence countries. These deaths mean an incalculable loss of human potential and each individual death is associated with trauma for the community as well as for the families. Thus

HIV/AIDS causes significant and quantifiable emotional and psychological costs at individual and community levels.

In 2023, an estimated 630 000 people died from HIV-related causes and an estimated 1.3 million people acquired HIV. There was an estimated 39.9 million people living with HIV at the end of 2023. There is no cure for HIV infection. However, with access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives.

In 2023, of all people living with HIV, 86% knew their status, 77% were receiving antiretroviral therapy and 72% had suppressed viral loads. By 2025, 95% of all people living with HIV should have a diagnosis, 95% of whom should be taking lifesaving antiretroviral treatment, and 95% of people living with HIV on treatment should achieve a suppressed viral load for the benefit of the person's health and for reducing onward HIV transmission. In 2023, these percentages were 86%, 89%, and 93% respectively. WHO, the Global Fund and UNAIDS all have global HIV strategies that are aligned with the SDG target 3.3 of ending the HIV epidemic by 2030 (Source: UNAIDS).

HIV epidemic in the SAARC region is also a collection of diverse epidemics and the SAARC region are designated as low prevalence countries. It has an estimated 2.67 million People Living with HIV and India alone bear an estimated 2.4 million of that number in 2021. There were 66 280 new HIV infections and 52 110 AIDS related deaths in year 2021. Three countries, namely India, Nepal and Pakistan account for majority of the regional burden. The first HIV infected persons were diagnosed in 1986 in India and Pakistan. By 1993, all SAARC Member States had reported the existence of HIV infection in their countries. (Source: STAC epidemiological report 2022)

95-95-95: Strategy to end the HIV Pandemic by 2030

The 95-95-95 target defines 95% of people living with HIV should know their HIV status, 95% of people diagnosed with HIV should receive antiretroviral therapy (ART) and 95% of people on ART should have suppressed viral loads. It has been observed that in the SAARC region the Member States stills lags behind the target of 95-95-95 as per the global fast track treatment target. It has only achieved 74-84-79 and needs to revamp its strategy to achieve the targeted goal of 95-95-95 by 2030.

Opportunistic Infections in people with HIV

Opportunistic infections (OIs) in people with HIV are caused by a variety of germs (viruses, bacteria, fungi, and parasites). These germs spread in different ways, such as in the air, in body fluids, or in contaminated food or water. They can cause health problems when a person's immune system is weakened by HIV disease. People with HIV are at greatest risk for OIs when the count of their infection-fighting CD4 cells falls below 200. However, some OIs can occur when a person's CD4 count is below 500. That's because weakened immune system makes it harder for the body to fight off HIV-related OIs.

Some of the most common OIs in people with HIV are:

- Herpes simplex virus 1 (HSV-1) infection: a viral infection that can cause eye inflammation, mouth and throat disease, genital herpes, and brain infections. It can also affect the prostate of men who have sex with men (MSM)
- Salmonella infection: a bacterial infection that affects the intestines
- Candidiasis (thrush): a fungal infection of the mouth, bronchi, trachea, lungs, sophagus, or vagina
- Toxoplasmosis: a parasitic infection that can affect the brain
- Pneumocystis pneumonia (PCP): a lung infection caused by a fungus (Pneumocystitis jirovecii)

Human resource development is essential to scale up HIV/AIDS control activities in the SAARC Member States. For the development of human resources, STAC has been organizing different trainings for Health Workers working for prevention and control of TB and HIV/AIDS. The Thirty first Governing Board Meeting of STAC held on 22- 23 January 2024, had recommended to organize the training in Maldives. This training focuses on the biomedical facts on the care for the people with HIV/AIDS in a comprehensive public health approach, taking into account the preparedness for the delivery of ART treatment, implementation and the management of TB/HIV and other Opportunistic Infections.

Objectives:

- To train the health workers on management of ART, TB/HIV and other opportunistic infection
- To strengthen the capacity of the participants in implementation and monitoring HIV/AIDS programme in their respective countries

Methodology:

The training was conducted online through zoom platform. Participants from 6 member states Bangladesh, Bhutan, Nepal, Maldives, Pakistan and Srilanka participated in the training (Annexure I). Additionally, five resource person from India, Srilanka, Nepal conducted the training in online mode (Annexure II). Different topics related to Management of ART; TB/HIV co-infection were covered. (Annexure III). The delivery mode consisted of lectures, discussions and sharing of best practices in different member states. The training lasted for 2 days.

Day I Inaugural Session:

Dr. Anuj Bhattachan, Director, SAARC TB and HIV/AIDS Centre (STAC) was welcomed by Dr. Sana Saleem, Director, Communicable Diseases, Health Protection Agency and Dr. Abdul Hameed, Senior Public Health Program Officer, TB and HIV at Health Protection Agency, Maldives and his team in the conference hall of Mariott Suits Hotel in Maldives. Dr. Sana welcomed all the resource person and physical and virtual participants for the 2 days training program.

Welcome remarks was given by Dr. Anuj Bhattachan, Director, STAC. He thanked Government of Republic of Maldives for hosting the training program. He reiterated that there is excellent line of experts and it is opportunity to all the participants to learn more about ART, TB/HIV and other Opportunistic Infections. He also highlighted that these 2 days training event will empower participants and refresh them to manage HIV patients in a better manner. Dr. Bhattachan also highlighted that there will be country presentation to get acquainted about the HIV status of every member states. Opening remarks was followed by Introduction of the Resource Person and the Physical and Virtual Participants.

Inauguration session was followed by morning tea where participants interacted on clinical and public health area related to TB and HIV/AIDS

Day 1 Technical session:

Day 1 Technical session began with the Introduction of STAC, Objectives and Methodology of the Training by Director, STAC. He talked about the importance of South Asian Association for Regional Co-operation and the role of SAARC Secretariat. He gave brief overview of Governing Board of SAARC, SAARC Regional Centres and brief history of establishment of STAC. Furthermore, he talked about the objectives of the center, budgetary program, function of STAC, Policies and Strategies, Human Resource Development, SAARC Goodwill Ambassadors of HIV/AIDS, SAARC Annual Epidemiological Report and all the published documents of the center. He also briefed about the SAARC Reference Laboratory for TB and HIV/AIDS. He elaborated on the objectives of the training program and its methodology to all the participants.

The second technical session was taken by Dr. Prajjwal Pyakurel, Research Officer at SAARC TB and HIV/AIDS Centre, Thimi, Bhaktapur, Nepal. He gave the global situation of HIV/ AIDS in the region, the data of people living with HIV, trend diagram of people living with HIV from 2000 to 2022, new HIV infection, new HIV infection of all ages (2000-2022), AIDS related death, line diagram of AIDS related death all ages from 2000-2022, people living with HIV accessing antiretroviral therapy, testing and treatment target etc. Furthermore, estimated number of PLHIV, New HIV, New HIV infection, AIDS Death and Prevalence and Incident Rate in SAARC region was also highlighted. He further talked on the HIV Treatment Cascade and Progress towards 95-95-95 target in the SAARC region 2022. Number of ART sites, Number of Adults and Children receiving ART, People living with HIV receiving ART (%) and Death Averted Due to ART -2022 was also highlighted. He also shared information on estimated size of key population in the SAARC member states and its prevalence. Additionally, punitive and discriminatory laws along with HIV/TB co-infection data was also highlighted along with SAARC regional Strategy on HIV/AIDS 2018-2023.

The third technical session focused on country presentation on Overview of ART program. The presentation was done on the following sequence:

1. Country Epidemiological Profile of HIV/AIDS
2. 90-90-90 cascade
3. TB/HIV co-infection and opportunistic infection
4. Health care seeking reaching and receiving care
5. Opportunities, Facilitators, Barriers and Challenges of ART program

All the country participants presented the country profile except Pakistan who couldn't present due to illness. However, the slide was scanned. Question and answer was raised and extensive discussion was held.

The third technical session was followed by Lunch where participants interacted and shared country experiences.

The fourth technical session was on HIV Epidemiology, Clinical Profile, Signs and Symptoms, Diagnosis and Manifestation. **Dr. Sabin Thapaliya (Resource person for the training)**. Dr. Sabin Thapaliya is an Assistant Professor, Department of Internal Medicine (Infectious Disease), Maharagunj Medical Campus/ Tribhuvan University Teaching Hospital, Institute of Medicine (Infectious Disease). His talk was focused on Global, South Asian scenario of HIV/AIDS, 95-95-95 target on HIV/AIDS, HIV transmission rate, Key risk factors, Newer challenges in HIV, clinical manifestation, acute HIV infection, the asymptomatic stage, symptomatic disease, AIDS, Advanced HIV Disease, Signs and Symptoms, case scenario, innovative approaches for HIV testing, pre-test information and post-test counseling, Window and eclipse period, WHO HIV testing Strategy, Algorithm for Early Infant Diagnosis (EID) and Pre-test Information and Post-test counseling. Few questions were raised by the participants.

The fifth technical session was taken by **Dr. Reshu Agrawal (Resource person for the training)** who is a public health professional with significant experience in policy and strategy planning, management of public health programs at national and international level and currently serving as a technical lead for HIV, Hepatitis and STI (C & T), World Health Organization, India country office. Her talk was focused on “**Approaches for HIV case finding, treatment and viral load suppression to meet the ending AIDS target**”. She talked about Global Commitment to End HIV, Hepatitis and STI as a public threat by 2030. Furthermore, 95-95-95 cascade status in the region was also discussed. Status neutral approach to HIV prevention was also highlighted.

The presentation was divided into three parts:

1. Reaching first 95: Case Finding

Gaps in different Key population were elaborated. She further explained the importance of HIV Testing Services (HTS) to treatment and prevention where 5Cs was highlighted which include a. Consent, b. Confidentiality, c. Counselling, d. Correct and e. Connection.

Dr. Reshu further explained on Demand Creating for HIV testing services, HTS: Service Delivery Approach, Index testing services, HTS service delivery approaches and testing quality.

2. Reaching second 95: Linkage to ART and retention

In the second 95 Dr. Reshu talked about different stage of linkage to care, patient flow dynamics, challenges and barriers, patient centric differentiated package and advanced disease differentiated package

3. Reaching third 95: Retention, Viral load coverage and suppression

In the third 95 she highlighted on principles of viral load suppression, further technical consideration, equity, accessibility and impact and clear celebratory messaging for people living with HIV.

The 5th technical session was followed by tea break where participants interacted and discussed about the various issues and challenges regarding programmatic and clinical management of HIV/AIDS.

The final technical session was on ART Treatment, Adherence and Treatment Delivering Preparedness in Member states where 6 participants from Bangladesh, Bhutan, Nepal, Maldives, Pakistan and SriLanka gave their presentation. The presentation was based on following sequence by member country participants.

1. Prescribed Regimen (Adults and Children)
2. Pre-exposure and Post-exposure Prophylaxis
3. Treatment Adherence rate, Dropout rate and Treatment Failure rate

4. Drug Supply chain, Storage and Logistic Management
5. Opportunities, Facilitators, Barriers, Challenges of Treatment Management for HIV/AIDS patient

Day II Technical Session:

Day 2 began with the review of Day 1 by Dr. Prajjwal Pyakurel, Research Officer, STAC. He summarized briefly on the various technical session conducted by different speaker in Day 1. The first technical session on Day 2 was conducted by **GS Shreenivas (Resource person for the training)** who is a team lead for a CDC/PEPFAR funded project at PATH India. His talk was focused on “**Community Led HIV Testing (CLHT)**”. In his talk he highlighted on understanding testing services, purpose of Community Led testing and shared experience of community-based screening in India where he highlighted on Virtual Community Friendly ICTC, Flexi Clinic. Furthermore, challenges and strategies of community led screening was also highlighted.

The second technical session was on “**Respiratory manifestation of HIV/TB and HIV/TB Co-infection**” by Dr. BB Rewari (**Resource person for the training**). Dr. Rewari is a Visiting Professor at Institute of Biliary Sciences, Delhi and formal regional advisor (Hepatitis/HIV/STI, World Health Organization, Regional Office for South- East Asia). He highlighted on the Associations between OIs and CD4 count, respiratory symptom involved in HIV, about Mycobacterium Tuberculosis, HIV TB coinfection, HIV and TB interaction in human host, manifestation of TB in relation to immunosuppression, 4 symptom screening at ART center, recommended approach to TB diagnosis, management of active TB disease, early ART initiation and different aspects of TB preventive therapy.

The second technical session was followed by tea break where participants interacted on various aspects of HIV/AIDS management to prevention.

The third technical session after tea was taken by **Dr. Sabin Thapaliya (Resource person for the training)**. Dr. Sabin Thapaliya is an Assistant Professor, Department of Internal Medicine (Infectious Disease), Maharagunj Medical Campus/Tribhuvan University Teaching Hospital, Institute of Medicine (Infectious Disease). His talk was focused on “**TB, HIV/AIDS, Hepatitis and other Opportunistic infection, Pre and Post Exposure Prophylaxis and Comprehensive care**”. He spoke on TB in HIV, TB symptom screening in HIV, TB management in HIV, TB

Preventive Therapy, Hepatitis in HIV, Hepatitis C and its treatment, Monitoring of Therapy, HBV/HIV coinfection, interpretation of Hepatitis B test, opportunistic infection. Furthermore, he also shared the important insight on cryptococcal meningitis and its treatment. Additionally, he explained about *Pneumocystis jirovecii* Pneumonia, its treatment, CNS Toxoplasmosis, Visceral Leishmaniasis, pre-exposure prophylaxis, post exposure prophylaxis and its recommendation. He ended his presentation by giving a brief overview of Comprehensive care for HIV and sharing on Package of 13 preventive interventions.

The fourth technical session of the day was taken by Dr. Leelani Rajapaksa (**Resource person for the training**) on topic titled **“Overview of ART Recording, Reporting and Logistic Management”**. She is the former Director at National STD and AIDS Control Program, Srilanka. In her presentation she highlighted on objectives of antiretroviral drug therapy, standardized data collection and reporting tool, important data collection and reporting tool, patient record, ART register, important indicators, cross sectoral and cohort reports, HIV drug resistance. Furthermore, she also highlighted on patient monitoring data for pharmacovigilance, periodic review of the HIV monitoring system, logistic management information system, about quantification and forecasting, key consideration and successful quantification, quantification methods, procurement, prequalification, inventory management, verifying and auditing, quality assurance and quality control. Few questions were asked by the participants.

The fourth technical session was followed by Lunch where participants interacted on various areas of collaboration in the field of HIV/AIDS.

The final technical session after lunch was on Sharing of Best Practices (Country Experience) by participants from 6 member states namely Bangladesh, Bhutan, Nepal, Maldives, Pakistan and Srilanka. The best practices session was focused on what each country did for HIV/AIDS and the innovation they are using in their context.

Outcome of the Program:

1. Enhanced knowledge and skills of the participants
2. Networking among HIV program experts of different member countries
3. Networking among Resource person and the STAC team
4. Strengthen ties between STAC and Health Protection Agencies, Republic of Maldives
5. Strengthen ties between STAC and Ministry of Health, Republic of Maldives

Recommendations of the Program:

1. There was a suggestion to propose cross border migration issues in regard to HIV/AIDS prevention
2. It was recommended to organize the training physically

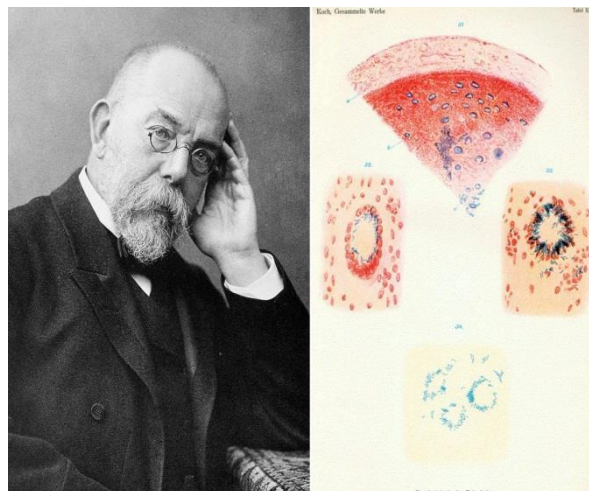
Closing Session of the Program:

The day ended with the closing remarks by Health Secretary, Republic of Maldives and Director STAC and certificate distribution by Health Secretary, Republic of Maldives to all the physical participants from Maldives. Both the Director highlighted on strengthening ties of the South East Asia Regional Corporation for elimination of HIV/AIDS in the region.

4. Commemoration of World TB/SAARC TB Day 2024

World TB Day and SAARC TB Day:

Dr. Robert Koch announced the discovery of Mycobacterium Tuberculosis as causative bacteria to cause Tuberculosis on 24 March, 1882 which opened the way towards diagnosing and curing this deadly disease. The World TB Day and SAARC TB Day is commemorated on 24 March to educate the public and raise awareness about the impact of TB in global, regional and national level and the day which brings all the stakeholders together to fight against this deadly disease.



OBJECTIVES:

- To advocate, communicate and create social awareness on tuberculosis
- To disseminate information on tuberculosis
- To sensitize the public in the effort towards elimination of tuberculosis

STAC has been commemorating the World TB Day and SAARC TB Day every year by organizing different level of advocacy and awareness activities in close collaboration with concerned National Program, Government of Nepal and development partners. The Centre has commemorated the World TB Day and SAARC TB Day-2024 by conducting the following events:

ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION ACTIVITIES ON WORLD TB DAY AND SAARC TB DAY 2024

Message by H.E. The Secretary-General, SAARC

His Excellency Mr. Md. Golam Sarwar, the Secretary General, SAARC issued a message on the occasion of World TB Day and SAARC TB Day 2024, which was circulated to all the Member States for media coverage and wider dissemination.



ii. Publication of an article on the National Daily Newspaper “The Rising Nepal” :

An article titled ‘Challenges of Multi-Drug Resistant Tuberculosis (MDR-TB)’ jointly written by Dr. Manisha Rawal, Director and Dr. Prajwal Pyakurel, Research Officer was published in National Daily Newspaper ‘The Rising Nepal’ on 23 March on the eve of World TB Day and SAARC TB Day 2024. The article highlighted on constant advocacy, social mobilization, partnership, update of the latest guideline, adoption of innovation and intersectoral efforts to work towards preventions of MDR-TB.

Challenges Of Multi-Drug Resistant Tuberculosis

Dr. Manisha
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Tuberculosis (TB) is a contagious infection disease that primarily affects the lung. It can also spread to other parts of the body like brain and spine principally through hematogenous route and is called Extrapulmonary TB. Sometimes infection directly extends from an adjacent organ. A patient when diagnosed with TB are kept on anti-tubercular drugs for different duration of time for different TB conditions. The commonly used first line drugs for TB are Isoniazid, Rifampicin, Ethambutol, Pyrazinamide and Streptomycin.

Multi-drug resistant TB (MDR-TB) is caused by an organism that is resistant to at least Isoniazid and Rifampicin, the two most potent TB drugs. Resistance occurs when these drugs are misused or mismanaged through provider or from the seeker perspective. Examples of such misuse includes patient unable to complete full course of treatment, when health-care providers prescribe the wrong treatment, the wrong dose or length of time for taking the drugs, when the supply of drugs is not always available or when drugs are of poor quality.

When TB medicine in past, come from area where drug resistance TB is common, have spent time with somebody known to have drug-resistant TB. These transmissions are superimposed especially in the crowded setting such as in the prison and in the hospitals. Additionally, MDR-TB patients transmitting the bacteria through person-to-person route may also be the potential source of infection.

Globally, there were an estimated 43,800 new cases of MDR-TB in 2021 up from 3.1 percent from 47000 in 2020. The main reason for increase is estimated to have occurred as a result of the impact of COVID-19 pandemic on TB detection. An estimated 191,800 death occur due to MDR-TB in 2021. In SAARC region in the year 2022, there were 57,196 MDR-TB laboratory confirmed cases. However, 54,975 MDR-TB patients were started on treatment. There exists a gap of 3031 MDR-TB patients who were devoid of treatment, leading to further spread of disease. Hence, identifying the cause of the missing cases and designing the programme addressing the cause is critical to put patient on treatment and stop further transmission of the disease in the community.

In some nations management of

Constant advocacy, social mobilisation, partnership, update of the latest guideline, adoption of innovation and intersectoral efforts should be prioritised to prevent further escalation of the disease.

prescribed by the health care provider following the recommended guidelines. If clarity of doses should be maintained, treatment should not be discontinued, travel plan or travelling from long distance they should talk with their healthcare provider to ensure they have enough funds to last while they are away. On the health care provider perspective, they can prevent MDR-TB by diagnosing the disease early following recommended treatment guidelines, monitor patient response treatment and ensuring that therapy completed on time.

Contextual intervention

Another way of preventing get MDR-TB is to avoid exposure to known MDR-TB patients in closed or crowded places such as hospitals, prisons or homeless shelters. Furthermore, respiratory protective devices can be used to prevent the spread of infections along with infection and control measures. Ensure the appropriate use of second line anti-tubercular drug is critical for further development of resistance.

Challenges of managing MDR-TB numerous. However, constant advocacy, social mobilisation, partnership, update of the latest guideline, adoption of innovation and intersectoral efforts should be prioritised to prevent further escalation of the disease. Furthermore, investment and innovative operational research in local context is critical to design contextual intervention. Yes, we can end MDR-TB.

Article published in the National Daily Newspaper “The Rising Nepal” on 23 March 2024 on the commemoration of World TB Day and SAARC TB Day

iii. Printing of Bulletin on TB epidemiology:

A bulletin on TB epidemiology 2024 was prepared and printed on the occasion of World TB Day and SAARC TB Day. The bulletin consisted information on Global vs. SAARC TB indicators, Estimates of TB incidence, Estimates of the TB mortality, Estimates of TB burden in children by age and sex, TB case notification and treatment success rate, Drug resistant TB case, TB/HIV in new and relapse TB patients and Estimate proportion of TB case with MDR/RR-TB in the SAARC region in 2023.



TB Epidemiology

Burden of TB (Global vs SAARC)

Globally, there are 30 high burden countries which account for 87% of world's TB cases in 2022. There are 3 countries in the SAARC region, namely India, Pakistan and Bangladesh which feature amongst these thirty countries and account for 35.8% of the Global TB Burden.

Globally, an estimated 10.6 million people fell ill with TB (133 cases per 100 000 Population) in 2022. The reported global number of people newly diagnosed with TB was 7.5 million in 2022 which means there was a gap of 3.1 million (29%) between incident and notified cases. For the cases notified in 2021, the treatment success rate was 87 % which is considered as a good achievement.

There were an estimated 1.1 million (range, 1.0–1.2

million) deaths from TB among HIV-negative people in 2022 and an additional 167 000 (range, 139 000–198 000) deaths from TB among HIV positive people. TB is the second leading infectious killer after COVID-19 (above HIV/AIDS) worldwide.

Overall globally, there were an estimated 410 000 (range, 370 000–450 000) incident cases (number of cases that occurred in a year) of MDR/RR-TB.

Globally, 428 196 cases of TB among people living with HIV were notified in 2022. Among them 89% of these patients were started on Anti-Retroviral Treatment.

In the SAARC region, an estimated 3.9 million people fell ill with TB (207 cases per 100 000 Population). In 2022, 3.1 million TB cases were notified, which means there was a gap of 0.8 million (20%) between incident and notified cases. For the cases notified in 2021 in the SAARC region, the treatment success rate was 89%.

In the SAARC region, there were an estimated 136 758 (range, 101 621–181 795) incident cases of MDR/RR-TB in 2022. In the SAARC region, 38854 cases of TB among people living with HIV was notified in 2022, among them 98% of these patients were started on ART.

Table 01: Global vs. SAARC on TB Indicators-2022

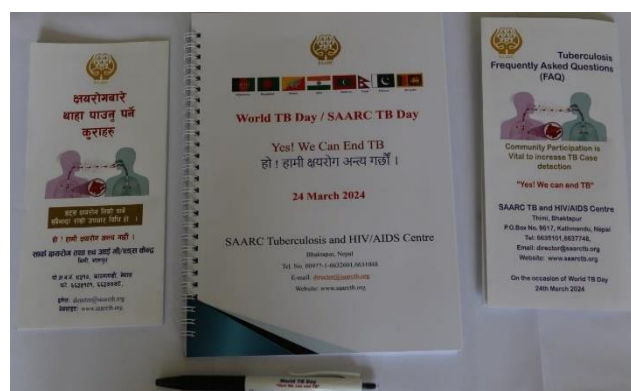
TB Control Indicators	Global	SAARC	% of Global
Estimated Population	7946 million	1919 million	24
Estimated Incidence	10.6 million	3.9 million	37
	(133 cases/100 000)	(207 cases/100 000)	
Estimated Deaths Due to TB	1.3 million	0.4 million	36
	(14 cases/100 000)	(23 cases/100 000)	
Total cases notified	7.7 million	3.1 million	40
New and relapse notified cases	7.4 million	3.0 million	40
Treatment Success Rate (2021 cohort)	87%	89%	–
Patients with Known HIV Status who are HIV Positive	0.42 million	0.039 million	9
Patients with Known HIV Status who are HIV Positive on ART	X	0.038 million (98%)	10

Source: www.who.int/dtb/data/tb-country-regional-and-global-profiles

Publication of SAARC Tuberculosis and HIV/AIDS Centre (STAC)

iv. Publication of advocacy materials:

The Centre published some advocacy materials such as TB brochure (English/Nepali). These materials were distributed to the students participating in the orientation program organized by the Centre and also to the dignitaries and participants on World TB Day program organized by National Tuberculosis Control Centre on 22 March 2024.



Display of Flex banner at Tribhuvan International Airport (TIA), Kathmandu:

Flex banner related to Awareness and prevention of TB was placed in Tribhuvan International Airport on the occasion of World TB 2024. The Director, STAC thanked the General Manager of TIA, Kathmandu for his facilitation to put the banners on the premises of TIA which greatly supported the Global and National campaign to End TB in the region.



Display of flex/banner at Tribhuvan International Airport on 24 March 2024

vi. Display on hoarding board, flex banner & digital display board:

Advocacy information on tuberculosis was displayed on the Hoarding Board and Digital Display Board beside the main entrance gate of the Centre on the occasion of World TB Day and SAARC TB Day. Flex banner were also displayed in the programme organized by National TB Control Centre on 22 March 2024.



**ORIENTATION PROGRAMME WITH THE STUDENTS FROM
CHANAKYA COLLEGE OF
MANAGEMENT ON 20 MARCH 2024**



Students from Chanakya College of Management participating in the orientation program in STAC.

SAARC TB and HIV/AIDS Centre (STAC) organized an Orientation Programme with the students from Chanakya College of Management on 20 March 2024 on the commemoration of World TB Day and SAARC TB Day 2024 at the Centre Hall II. The Centre invited teachers and students from Chanakya College for the Orientation Program in the Centre. The main objective of the orientation program was to sensitize the students about the catastrophic effect of tuberculosis around the world and in our neighborhoods. The students were updated on the theme **“Yes! We Can End TB, हो हमी क्षयरोग अन्त्य गछौ.”** for the year 2024. The orientation program was chaired by Dr. Manisha Rawal, Director, STAC and the following guests and participants were present in the program:

- Dr. Manisha Rawal, Director, STAC
- Dr. Prajwal Shrestha, Director, National Tuberculosis Control Centre (NTCC)
- Dr. Khin Pa Pa Naing, WHO Infectious Diseases Lead, Nepal
- Mr. Basuki Regmi, Principal, Chanakya College of Management, Thimi
- Dr. Prajwal Pyakurel, Research Officer, STAC
- Officials from National Tuberculosis Control Centre (NTCC)

- Teachers and Students, Chanakya College of Management, Thimi
- Staff of STAC

Dr. Manisha Rawal, Director, (STAC) delivered the welcome address by extending a warm welcome to the teachers and students from Chanakya College of Management, Thimi, Bhaktapur. She thanked Dr. Prajwal Shrestha Director, National TB Control Centre (NTCC) and his teams for participating in spite of their busy schedule. She also thanked Dr. Khin Pa Pa, WHO Infectious Diseases Lead, Nepal for accepting the invitation and attending the programme. She expressed her happiness to welcome Mr. Basuki Regmi, Principal, staff and students from Chanakya College of Management. She thanked the staff and student of Chanakya College for accepting the invitation and participating in orientation programme to commemorate World TB Day and SAARC TB Day.

She highlighted a brief scenario on Tuberculosis as major public health problem. She informed that TB is considered as one of main cause of morbidity and mortality and risk factors such as malnutrition, diabetes, air pollution, alcohol, HIV/AIDS and tobacco smoke was the reasons that escalated the susceptibility to the infection. She said that more investment on resources and strong collaboration among the concerned International, Regional and National agencies would be the key success to bring desirable outcomes in the mission to End TB and the theme “Yes! We can end TB” will help us to focus more on the uses of new treatment regimens, new diagnostics, vaccines and use of artificial and digital technology. Her speech is in Annex- I.

Dr. Prajwal Shrestha, Director, National Tuberculosis Control Centre (NTCC) also highlighted the present scenario of tuberculosis in the context of Nepal. He informed that as TB was contagious airborne disease and remained a significant public health concern in Nepal. It is among the top ten causes of death around the world. Dr. Shrestha also informed about the global burden of drug resistant TB in the country. He said that the treatment success rate was 82% better than global success rate and death rate was only 9%. Dr. Shrestha informed that TB treatment coverage was 53% and the catastrophic cost due to TB in Nepal was unknown till date. He informed that Nepal is among 30 high TB burden countries.

Dr. Khin Pa Pa Naing, WHO Infectious Diseases Lead, Nepal, delivered her remarks by acknowledging the STAC for inviting WHO in such an important program on the occasion of World

TB Day 2024. She informed about the global impact of tuberculosis around the world and why the Asian countries need to work more in the field of tuberculosis as it is a big burden in the developing countries. She informed that TB still remained the world second leading cause of death from a single infectious agent in 2022 after COVID-19. She also informed that the global target set at the first UN high level meeting has not been achieved and Ending the TB epidemic required translating the global commitment done in the UN high level meeting 2023.

Mr. Basuki Regmi, Principal, Chanakya College of Management, delivered his remarks on behalf of Chanakya College of Management, Thimi. He expressed his appreciation and thanked Dr. Manish Rawal, Director, STAC for providing the opportunity for the students of the Chanakya College of Management in the orientation program on the context of World TB Day and SAARC TB Day 2024. He emphasized that such types of activities will help to advocate and sensitize them as the member of society in the elimination of TB in the community. He informed about the tuberculosis and the social stigma in the society which was still a big challenge in the society. He wished that the students would do their best and visualize the theme of World TB Day into reality so that a wider audience in the society could understand the impact of the disease. He said that as this disease is curable, every effort should be made by the new generation to transfer this message in the society.

Dr. Prajjwal Pyakurel, Research Officer, STAC made a presentation on the general information on TB control programme. He presented a vivid picture of how this disease was spread in the society. He explained about its catastrophic effect. He also presented some information on when the disease was discovered, general picture of TB around the world and its historical background. He also informed about the treatment of the disease, prevention methods and the diagnosis of the disease.

Dr. Rabin Gautam, NPO, WHO made a presentation on the global scenario of TB control. He presented some facts and figure of TB in the global setting. He informed about the challenges faced in the control of the disease as drug resistant TB remained a major public health issue. He explained about the global END TB Strategy consisting of integrated patient centered care and prevention, bold political supportive system and intensified research and innovation.

Mr. Deepak Dahal, Officer, NTCC also made a presentation on TB and its control strategy in Nepal. He explained the vision, mission and goal of the National TB Centre in the control of the disease. He explained in brief about the distribution pattern of TB in the country as per the region and most risk region of TB was found to be region no. 2. He briefed about the campaign raised against to make Nepal free from tuberculosis. He also informed about some district in Nepal that were free from this disease.

The students from Chanakya College of Management took active participation in the discussion session. Some of the students expressed their experience about tuberculosis in their community, family and friends. Dr. Prajwal Pyakurel, RO led the interaction session with questionnaire with the students. The students enthusiastically responded to the queries. Dr. Prajwal Shrestha, Director, NTCC also facilitated in the queries put up by the student. He said that this disease was curable; drug and the diagnosis are freely available in most of the hospitals in the country.

In the program, Dr. Manisha Rawal, Director, STAC handed over a certificate of appreciation to Mr. Basuki Regmi, Principal, Chanakya College of Management as an honour from STAC for their participation in the program. On the same occasion Mr. Hari Krishna Maharjan, Computer Assistant was also honored with Best Staff Award in recognition of his sincerity, honesty and long service in the Centre. Dr. Prajwal Shrestha, Director, NTCC and Dr. Manisha Rawal, Director, STAC handed over the certificate of outstanding staff award and the cash prize to Mr. Hari Krishna Maharjan.



Dr. Manisha Rawal, Director, STAC presenting the Certificate of Appreciation to Mr. Basuki Regmi, Principal, Chanakya College of Management, Thimi



Dr. Prajwal Shrestha, Director, NTCC and Dr. Manisha Rawal, Director, STAC presenting the Best Staff Award to Mr. Hari Krishna Maharjan, STAC

PARTICIPATING IN THE PROGRAM ORGANIZED BY NATIONAL TB CONTROL CENTRE, NTCC ON THE COMMEMORATION OF WORLD TB DAY AND SAARC TB DAY ON 22 MARCH 2024



Dr. Manisha Rawal, Director, STAC convey H.E. the Secretary General messages in the program organized by NTCC

STAC participated on the commemoration of the World TB Day 2024 organized by NTCC Nepal with different stakeholders on 22 March 2024. The Program was chaired by Dr. Roshan Pokhrel, Secretary, Ministry of Health and Population, Special Guest, Dr. Sangeeta Kausal Mishra, Dr. Prajwal Shrestha, Director, National Tuberculosis Control Centre, Dr. Manisha Rawal, Director, SAARC TB and HIV/AIDS Centre, (STAC) and Mr. Ramesh Budathoki, Chief of the Municipality- Hariwan, along with senior officials from Ministry of Health and Population, Director General of Health Services, previous NTCC Directors, distinguished guests from National and International organizations.

Dr. Manisha Rawal, Director, SAARC TB and HIV/AIDS Centre, (STAC), conveyed the message issued by H.E. Mr. Golam Sarwar, Secretary General, SAARC Secretariat, Kathmandu in the program. She also delivered her remarks about the global and regional epidemiological profile of tuberculosis. She emphasized that more investment of resources, collaboration is needed among the concerned International, Regional and National stakeholders to End TB.

Report on Impact Assessment of SAARC Tuberculosis and HIV/AIDS Centre (STAC)

Impact Assessment of SAARC TB and. HIV/AIDS Centre (STAC)

As per the suggestion of Joint Audit Team and the recommendation of 31st Governing Board of STAC and approval of 59th Programming Committee of STAC an impact assessment of STAC was conducted in year 2024 by hiring an independent consultant. Impact assessment was divided in different section which include Introduction, Methodology, Results, Discussion, Way forward for future actions and Conclusion. A mixed method approach was deployed to conduct the assessment. The major objective of the assessment was:

- To evaluate programs and initiatives of STAC regarding TB and HIV/AIDS since 2013
- To assess the political and administrative commitment for elimination of TB and HIV/AIDS strategies
- To analyze the gap and recommend in dealing with cross-border issues in TB and HIV/AIDS and SAARC Supranational Reference Laboratory
- To perform SWOT analysis of STAC's performance
- To provide recommendations for future development plan for STAC

Expert interview and Group Discussion were done based on 3 themes: Historical Context and Political Commitment, Challenges and Existing Gaps and Strategic Recommendations. SWOT Analysis was conducted to understand the organizational matrix. Recommendation was made in regard to advocacy efforts, enhanced regional collaboration and updated policies aligned with current needs along with stability in leadership, improving decision-making processes, and ensuring robust resource management.

5. Skill Development Training of GSS of STAC, 22-24 November 2024, Dhulikhel, Kavre



Skill Development Training Programme of GSS of STAC, 22-24 November 2024

A group training programme for General Services Staff (GSS) of STAC was conducted from 22-24 November 2024 in Dhulikhel, Kavre, Nepal with the objectives to strengthen the knowledge, enhance the skills of GSS in their respective fields and motivate them for their work.

The training was conducted by resource person from Nepal Administrative Staff College (NASC). All staff member (GSS I to III) were trained about office management, leadership skill, conflict resolution , Hospitality Protocol and Dining Etiquette, Managing Inter-personal Relationships.

6. Participant in the Union Conference on Lung Health 2024 in Bali, Indonesia



Technical report

Event:	The Union World Conference on Lung Health 2024
Venue:	Bali, Indonesia
Date:	November 12–16, 2024
Participant:	Dr. Anuj Bhattachan, Director, STAC

Details:

Date	Activities	Learning and recommendations
Tuesday, November 12, 2024	# Conference opening ceremony # WHO Global #EndTB Symposium 2024	As a representative of STAC, I found this exposure useful in terms of understanding the global status of TB in terms of public health program implementation status, with 2030 end TB milestone. In this effort, there were many success stories around the globe in taking care
Wednesday, November 13, 2024	# Active Case finding: experiences from difference countries # Asymptomatic TB: How important is it? # China's innovations contribute to End TB targets	
Thursday, November 14, 2024	# From insights to action: Bolstering National TB Programmes and results through improved data and information systems	

	# TB preventative therapy, impediments, challenges and successes # Closing the gaps in testing for drug-resistant TB # North-South collaboration: Reinventing the future direction in ending TB # Assessing national TB legal environments to facilitate stronger TB responses	of TB patients, while at the same time, many challenges such as drug resistant TB, paediatric TB, cross border issues as well as funding issues that prevail in the current state of global health landscape with scarce funding compounded by difficult financial issues. With this learning, with particular emphasis that SAARC countries mainly India, Pakistan and Bangladesh account for major global burden of TB and its associated deaths, SAARC needs to invest significantly if we are to achieve the global commitments in ending TB epidemic. For this, all the Member states need to work collaboratively and complement each of us in this fight against TB transmission in the high risk communities.
Friday, November 15, 2024	# The epidemiology, transmission, diagnosis and management of drug resistant TB # Community leadership is building power and driving #FindAllTB # Finding TB in key and vulnerable populations # Addressing the knowledge-to-practice gap for integration of mental health into person centred TB care # Access to quality TB care and services # TB undernutrition: Everybody's concern	
Saturday, November 16, 2024	# National TB prevalence surveys: new survey results and latest insights # The hidden face of the iceberg: Asymptomatic TB # Tuberculosis screening using Computer Aided Detection Software enabled digital chest x rays: Lessons from field implementation	

7. Participation in the meeting “Translating Global and Political commitments toward ending TB into action in the South-East Asia Region - 2024, Bangkok, Thailand

Director, STAC participated in the meeting “Translating Global and Political commitments towards ending TB into action in the South-East Asia Region” held in Bangkok, Thailand from 23-25 April 2024 organized by SEARO, WHO. Representative from Ministries, NTP Managers, NGOs, INGOs working in the field of TB, Communities, Donors, Independents experts were present in the meeting.

8. Call for EoI from Member States for small scale research grants

As per the recommendation of 31st Governing Board Meeting held on 20-21 January 2024 and approved by the 59th Session of the Programming Committee meeting the calendar of activities titled: “Call for EoI from Member States for small scale research grants” was funded by the STAC for following two research studies.

- i. Understanding Health Insurance Accessibility for people living with HIV/AIDS in Kathmandu Valley: Barriers, Attitudes and policy recommendations, led by Social Development and Promotion Centre, Lalitpur, Nepal.

Note: The final dissemination meeting of the research was held at National Health training Centre on 17 December 2024.

- ii. Bidirectional Screening of Tuberculosis and Diabetes Patients in the Gandaki Province of Nepal led by Provincial Public Health Laboratory, Gandaki Province, Pokhara.

Note: The final dissemination meeting of the Research was held in Provincial Tuberculosis Treatment Centre, Pokhara on 8 December 2024.

9. Review of Article for SAARC Journals of TB, Lung Diseases and HIV/AIDS

The following articles were reviewed by internal and external reviewers for publishing in the first issue of the Journal of 2024.

- i. Genomic Characterization of Severe Acute Respiratory Syndrome Corona Virus-2 (Sars- COV-2) Strains Circulating in Chennai.
- ii. Prevalence and factors associated with depression and anxiety among TB patients in Kaski District
- iii. HIV Treatment and Prevention Report Using Cascade Analysis in Makwanpur District, Nepal, during the Covid-19 Pandemic: A Cross-sectional Study.
- iv. TB Related Costs, Social Protection, Coping Strategies, and Social Consequences- A Survey among TB Patients Attending District Chest Clinics in Sri Lanka
- v. Case Report “Belly dancer Dyskinesia: a rare phenomenon in a patient with Multi Drug Resistant Tuberculosis treated with Ondansetron

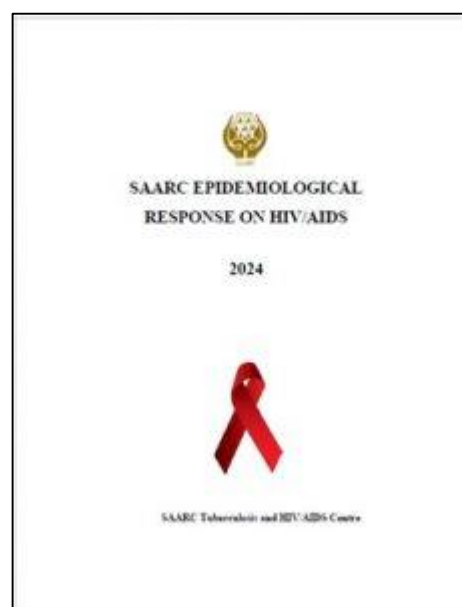


10. Resource Centre for TB and HIV/AIDS (STAC Library)

A Library has been established in STAC with the purpose of providing information on TB and HIV/AIDS as a regional resource Centre for TB and HIV/AIDS. Books, journals, newspapers, reports and other related publications are catalogued for the use of TB control workers, researchers, specialist, medical practitioners, students, journalist and general people seek information on TB and HIV/AIDS. This library has also linked all its resource on the STAC website www.saarctb.org.

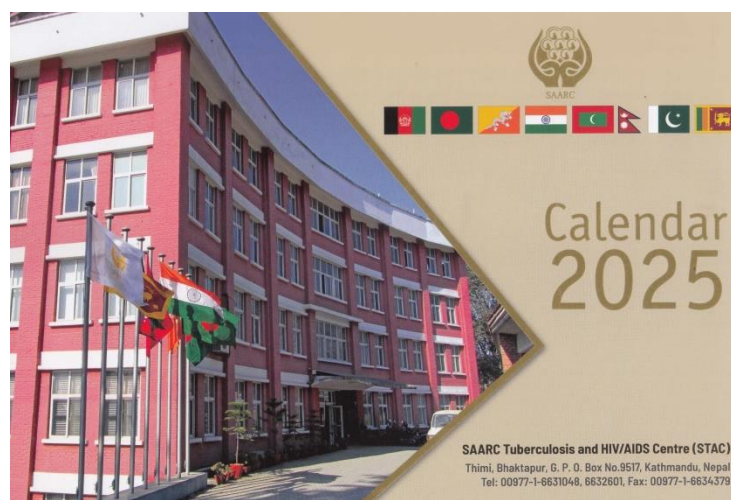
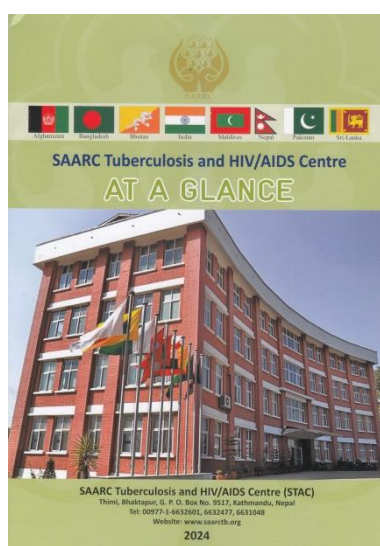
11. E-Publication of SAARC Epidemiological Response on Tuberculosis 2024 and SAARC Epidemiological Response on HIV/AIDS 2024.

The document “SAARC Epidemiological Report on Tuberculosis and HIV/AIDS 2024” was developed and uploaded in STAC’s Website www.saarctb.org



12. Printing of STAC publications (World TB and SAARC TB Day 2024, Bulletin, STAC at Glance, SAARC Journal, and Calendar 2025)

STAC publications contains reports on activities, updated information on TB and HIV/AIDS, articles related to TB, HIV/AIDS and Lung Diseases, case reports, awareness messages, news on TB and HIV/AIDS along with the relevant information of the Member States. These publications are distributed to the SAARC Member States, experts and concerned international agencies, such as WHO, UNAIDS, IOM, UNICEF etc. through electronic as well as by postal mail. All publications are uploaded on STAC website (www.saarctb.org) which can be downloaded freely for non-commercial purpose.



13. Visit of Dignitaries to STAC

Visit of Dr. Bikash Devkota, Additional Secretary, Dr. Prakash Budhathoki, Spoke Person and the team from Ministry of Health and Population, Government of Nepal at STAC



Visit of Dr. Bikash Devkota, Addition Secretary, Dr. Prakash Budhathoki, Spoke Person and team from Ministry of Health and Population, on 2nd January, 2024

Dr. Bikash Devkota, Additional Secretary, Ministry of Health and Population, along with high level dignitaries from Ministry of Health and Population visited STAC on 02 January 2024. Dr. Manisha Rawal, Director, STAC welcomed the dignitaries. She made a presentation about the introduction of STAC, its functioning, current activities and challenges along with the future programmes of the Centre. Dr. Devkota express his satisfaction regarding the progress of the Centre and its activities in the Region and assured the support of Ministry of Health and Population, Government of Nepal.

13. Visit of WHO Country Office Team, Nepal



Meeting with Dr. Khin Pa Pa Naing, Team Lead (Communicable Disease), WHO Nepal at STAC, on 31st January, 2024

A meeting with Dr. Khim Pa Pa Naing, Team lead Communicable Diseases, WHO Country Office, Nepal and Director, STAC held in Director's chamber on 31 January 2024.

The objective of the visit was to discuss on the role STAC has been playing as a WHO Collaborating Centre. Furthermore, the meeting also discussed on possible collaboration opportunities in the field of TB and HIV/AIDS.

Visit of Director, Social Affairs SAARC Secretariat (SA), STAC, Kathmandu, Nepal

Ms. Shahiya Ali Manik, Director, Social Affairs (S.A.), Md. Almas Ali, Account Officer, and Mr. Mohamad Farhan Khan, Desk Officer from SAARC Secretariat visited the SAARC TB and HIV/AIDS Centre on 24 September 2024.

Dr. Manisha Rawal, Director (STAC) welcomed the visiting team. She briefed the Team about the activities of the Centre. Ms. S. A. Manik thanked the Director for her warm welcome. She emphasized on the preparation work for the Governing Board Meeting. She also reiterated that the GB meeting was very important and it must be conducted on time. Dr. Rawal, Director assured her that the STAC Team will do their best to conduct the GB Meeting.

13. Other Activities of STAC

Courtesy visit of Director STAC and Director NTCC



Dr. Manisha Rawal, Director, STAC made a courtesy visit to Dr. Prajwol Shrestha, Director, National TB Control Centre (NTCC) Nepal at NTCC Building on 9th January, 2024

Dr. Manisha Rawal, the Director, STAC made a courtesy visit to Dr. Prajwol Shrestha, Director, National Tuberculosis Control Centre (NTCC), Nepal on 9th January 2024. The Director, STAC, briefly highlighted the activities of the STAC; specially the activities and research to be conducted in Nepal. She also expressed her hope that STAC would collaboratively work with National Tuberculosis Control Centre and expect the full support of NTCC, Nepal. In response Dr. Shrestha, Director, NTCC expressed his full support for the STAC activities and hope to work together.

Research related Meeting with NTCC team at STAC

On the invitation of Director, STAC a meeting was held with NTCC team to discuss about the pending research activities to be conducted by NTCC funded by STAC on 14 January 2024.

Director, STAC, Director, NTCC, Officials of STAC and Section of Head of NTCC participated in the meeting.

Courtesy visit of Director, STAC with Joint Secretary, Ministry of Foreign Affairs, Government of Nepal.

Director, STAC made a courtesy visit with Ms. Rita Dhital, Joint Secretary, Ministry of Foreign Affairs, Government of Nepal on 18 January 2024. Director STAC briefed about the preparation made by the Centre for 31st Governing Board Meeting to be held on 21-22 January 2024. Ms. Dhital assured the support of MoFA for 32nd GB. Ms. Tara Gautam, Section Officer, MoFA, Nepal and Mr. Deependra Subba, Officiating Administrative Officer were also present.

Virtual meeting with SEARO, WHO, New Delhi on 22 February 2024

A virtual meeting was conducted with SEARO, WHO, New Delhi on 22 February 2024. Dr. MK Razwan, Dr. Khin Pa Pa, Dr. Rabin Gautam and Dr. Manisha Rawal, Director, STAC participated in the meeting and discussed on potential areas of collaboration/support to STAC from WHO.

13. Joining of New Director at STAC



Dr. Anuj Bhattachan,
Director, STAC

Dr. Anuj Bhattachan joined SAARC Tuberculosis and HIV/AIDS Centre in the post of Director on 2 October 2024. He completed his undergraduate (MBBS) from B.P. Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal in the year 2002 and completed his Master Degree Course in Public Health from Mahidol University, Thailand, in the year 2011. He started his service as a Surveillance Medical Officer (SMO) of Vaccine Preventable Diseases (IPD) under WHO country office Nepal.

He has served at different government organization in different position under the Ministry of Health and Population (MoHP), Government of Nepal. Before joining the STAC, he was serving the Government of Nepal as Director, National Health Training Centre (NHTC), MoHP, Nepal. He has also demonstrated strong leadership aptitude and effective managerial skills in a range of leadership as the Regional Director, Far Western Regional Health Directorate (FWRD), Doti, the director of the Vector Borne Disease Research and Training Centre (VBDRTC), Hetauda, the Director of the National Centre for AIDS and STI Control (NCASC) and the National Tuberculosis Control Centre (NTCC). In addition he has also served as the province Health Secretary at the Ministry of Health in Koshi Province.

He also served as Associate Research Scientist (ARS) at International Vaccine Institute (IVI), Seoul, South Korea for a period of 5 years where he extensively collaborated with research organization in India and Bangladesh. He has rich experiences of actively contributing in the strengthening of the health care delivery system in Nepal, Bangladesh, South Korea, Rwanda, India and Pakistan. He has participated in 47th Batch of Senior Executive Development Program (SED) training conducted by Nepal Administrative Staff College (NASC). He has interest in Hiking, Trekking and eager to learn more on health diplomacy.

Courtesy Visit of Director STAC, SAARC Secretariat, Kathmandu, Nepal

Dr. Anuj Bhattachan, Director STAC made a courtesy visit to His Excellency Mr. Md. Golam Sarwar SAARC Secretariat on 5 November 2024, SAARC Secretariat, Kathmandu, Nepal.

On the courtesy visit, Dr. Anuj Bhattachan, Director, STAC briefed his Excellency about the activities and challenges faced by the Centre and expect his guidance. His Excellency welcomed and congratulated Dr. Bhattachan on her appointment as Director, STAC. His Excellency assured that the SAARC Secretariat will always support the Centre and provide necessary guidance to the Centre in all its activities. Ms. Shahiya Ali Manik, Director, Social Affairs was also present in the meeting.



Dr. Anuj Bhattachan paying courtesy visit to H.E. Secretary General at the SAARC Secretariat

Courtesy Visit of Director, STAC to Ministry of Foreign Affairs (MOFA), Government of Nepal.

The Director, STAC with team visited the Ministry of Foreign Affairs, Govt. of Nepal on 18th November 2024. During the visit, Director briefed about the progress of held and ongoing programme of 2024 of the Centre to the Joint Secretary Mr. Gyan Bahadur Magar, Ministry of Foreign Affairs, Government of Nepal. He also highlighted the planned activities of STAC for the year 2025. He presented the achievements and challenges on establishing/operationalizing of SAARC Supra-national Reference Laboratory on TB and HIV/AIDS in the Centre. The Joint Secretary, MoFA, Nepal assured that MoFA, Nepal will always support the STAC in all its activities.

14.Audit of Accounts of STAC for the year 2023

A Joint Audit Team (JAT 2023) comprising auditors Mr. Arshad Ali, Director (FAO Wing), Office of the Auditor- General of Pakistan, Mr. Sajid Mehmood Raja, Director General (Accounts), CGA Office, Islamabad, Pakistan, Mr. Rajib Basnet, Audit Officer, Office of the Auditor General, Nepal and Mr. Baibhav Dip Shrestha, Director, Office of the Auditor General, Nepal carried out the audit of the account and related activities of SAARC Tuberculosis and HIV/AIDS Centre for the year 2023 on 08-09 August, 2024 at STAC.



Joint Audit Team (JAT) 2023

Annexes

Annex-I

32nd Governing Board Meeting of SAARC Tuberculosis and HIV/AIDS Centre (STAC)

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SAARC Regional Consultation on TB/HIV Co-infection and Migration Health Issue (Virtual)

15 May 2024

List of Participants

1. **Dr. Pranab Kumar Modak**, Deputy Program Manager, National TB Control Program Manager, National TB Control Program, Bangladesh
2. **Ms. Rada Dukpa**, National TB Control Program, Communicable Disease Division, Department of Public Health, Ministry of Health, Bhutan
3. **Dr. Fathimath Nazla Rafeeq** – Head of Communicable Disease Control, Health Protection Agency, Maldives
4. **Dr. Prajowl Shrestha**, Director – National Tuberculosis Control Centre (NTCC)
5. **Dr. Gul Rahim** (HIV Specialist), **Dr. M. Siddique** (National Director) and **Dr. Sahima** (HIV Adviser), Pakistan
6. **Dr. Mizaya Cadar**, Consultant, Community Physician, Planning Monitoring and Evaluation Unit, National Program for Tuberculosis Control and Chest Disease, Ministry of Health, Sri-Lanka
7. **Dr. Khin Pa Pa Naing** and **Dr. Rabin Gautam** from WHO Country Office, Nepal
8. **Dr. Manisha Rawal**, Director, STAC
9. **Dr. Prajjwal Pyakurel**, Research Officer (RO), STAC

**SAARC Regional Training on Diagnosis, Treatment and Programmatic Management of Pediatric
TB- Hybrid Mode- Sri Lanka
07-08 October 2024**

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3. Dr. Channa de Silva, Consultant Paediatric Pulmonologist, Lady Ridgeway Hospital for Children (LRH)
4. Dr. Neranjan Dissanayake – Consultant Respiratory Physician- TH Kaluthara and President Srilanka College of Pulmonologist
5. Dr. Erandi Kolonne, District Tuberculosis Control Officer, Kaluthara District Tuberculosis Control Centre

SAARC Regional Training of Trainers on Management of ART, TB/HIV and other Opportunistic Infections
- Hybrid Mode, Maldives
21-22 October 2025

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4. Dr. BB Rewari, Visiting Professor at Institute of Biliary Sciences, Delhi and formal regional advisor (Hepatitis/HIV/STI, World Health Organization, Regional Office for South- East Asia)
5. Dr. Leelani Rajapaksa, Former Director at National STD and AIDS Control Program, Sri Lanka.