



# Annual Report 2025

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

# Annual Report 2025

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**SAARC Tuberculosis and HIV/AIDS Center (STAC)  
Thimi, Bhaktapur  
GPO Box 9517, Kathmandu, Nepal**

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# SAARC Tuberculosis and HIV/AIDS Centre

Thimi, Bhaktapur, P.O. Box No. 9517, Kathmandu, Nepal

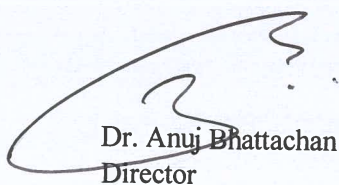
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## Preface

The Annual Report of SAARC TB and HIV/AIDS Centre (STAC) is being presented indicating the programme activities and achievement of the year 2025. The report also includes the Centre's introduction, goals, objectives, vision, mission and its achievements. STAC has completed most of the activities assigned for the year 2025 by the help of SAARC Member States, SAARC Secretariat, Governing Board Members of STAC, our collaborative Centre, national and international partners and STAC by own effort.

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

We are committed in our endeavor to provide support to SAARC Member States in prevention and control of TB and HIV/AIDS in the region. The Centre continues to look forward to receive suggestions, guidance and comments on our activities, publications, website so we can enhance ourselves in the coming years.

  
Dr. Anuj Bhattachan  
Director

## **Executive Summary**

SAARC Tuberculosis and HIV/AIDS Centre (STAC) acts as regional coordinating Centre for National TB and HIV/AIDS Programmes in the SAARC Member States (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka). The Centre initiates, undertakes and coordinates the research and training activities in technical, bio-medical, operational and other aspects related to TB and HIV/AIDS control programmes. The Centre has organized several research, trainings and other activities in the past to support Member States in control of TB and prevention of HIV/AIDS. In this year STAC carried out most of its proposed activities for the year 2025.

### **Human Resource Development**

1. SAARC Regional Training on Data Management on TB and HIV/AIDS was jointly organized by STAC and Royal Government of Bhutan to support the staff in data management using MS-Excel and STATA was held on 26-28 August 2025.
2. Management Development Programme (MDP) on Monitoring and Evaluation of HIV/AIDS in the region jointly organized by STAC and Government of Maldives to strengthen the capabilities of the participants in designing and implementing effective monitoring and evaluation systems for TB and HIV/AIDS programmes was held on 29-31 Oct. 2025.
3. Training on capacity building of health professionals on TB Preventive Therapy was organized jointly by STAC and Government of Sri Lanka to strengthen the capacity of health professionals from SAARC Member States in the correct use of TB Preventive Therapy (TPT) was held on 26-28 Nov 2025.
4. SAARC regional workshop on multi-sectoral accountability framework for TB and HIV/AIDS Program in SAARC Member States was organized jointly by STAC and Government of Pakistan to understand the accountability framework of National TB and HIV/AIDS in SAARC member states in terms of organogram, rules, regulations, policy, strategy and monitoring and evaluation was held on 10-12 Dec 2025.

## **Meeting**

1. STAC also organized a Virtual Meeting of Programme Manager of National TB and HIV/AIDS Control Programmes on 18th Sep. 2025 to share updates on country-specific progress, achievements, interventions, innovations including challenges faced and recommendation for way forward.
2. STAC organized virtual Thirty third Meeting of the Governing Board on 28-29 October 2025 in Kathmandu, Nepal. The Governing Board Member from the Government of the People's Republic of Bangladesh, The Royal Government of Bhutan, The republic of India, The Republic of Maldives, The Republic of Nepal, The Islamic Republic of Pakistan and The Democratic Socialist Republic of Sri Lanka participated in the Meeting.

## **Research**

As per the approved activities, STAC has initiated the following research projects, which are currently under process of completion.

1. Piloting of Active case finding in most risk populated (province) of Nepal to Trace the missing TB case
2. Under the proposal to call for Expressions of Interest (EoI) from Member States for small-scale research grants, Bangladesh was selected and awarded two research projects, which are currently ongoing.
3. Contact Tracing of contacts of active PTB and confirmed MDR TB cases, Bhutan. The research was scheduled to be completed by the end of December 2025, however, the Government of Bhutan has requested an extension until June 2026 due to national financial regulations.

## **Preparation of informative documents and distribution**

For the purpose of dissemination of the information on TB and HIV/AIDS in the SAARC Member States, STAC has prepared different documents such as E-Newsletter, Journal, Epidemiological Reports on TB and HIV/AIDS, Wall Calendar and distributed to the SAARC Member States through NTPs, NACPs, Ministry of Foreign Affairs (SAARC Divisions) and other related organizations.

### **Sharing of Experiences**

Meeting with UN agencies and collaborative institutions have been made as per need of the Centre. Participation in international conferences for sharing the experiences related to challenges and constraints in TB and HIV/AIDS.

### **STAC Website**

STAC website [www.saaarctb.org](http://www.saaarctb.org) has been maintained by placing almost all publications and required information of the Centre.

### **Awareness and Advocacy**

Commemorated World TB Day 2025 by organizing an event with the official of NTCC, SAARC Secretariat, MoFA, Nepal along with participating in different activities jointly organized by National TB Control Centre, Nepal on 24th March 2025.

Commemorated World AIDS Day 2025 by organizing a programme with the official of SAARC Secretariat, NTCC, Nepal, MoFA, Nepal, WHO Nepal, IOM, Nepal, NGOs related to HIV/AIDS on 1st December 2025.

STAC organized a function of Strategic Dialogue on TB and HIV/AIDS with Former Director of STAC and Stake Holders of TB and HIV/AIDS and Journalists on the occasion of AARC Charter day 2025 dated 8th December 2025.

### **Resource Centre**

STAC Library has been set up as SAARC Resource Centre for TB and HIV/AIDS. It has been strengthened by procuring more books, journals and other related publications. Printed catalogue has been prepared for the use of visitors. The Library has also been developed as e-library.

## **South Asian Association for Regional Cooperation (SAARC)**

SAARC is an organization of eight countries located in the South Asia and it stands for the South Asian Association for Regional Corporation (SAARC). 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 was held in Dhaka, Bangladesh on 7–8 December 1985 and was attended by the Government Representatives and Presidents from Bangladesh, Maldives, Pakistan and Sri Lanka, the Kings of Bhutan and Nepal, and the Prime Minister of India. The dignitaries signed the SAARC Charter on 8<sup>th</sup> 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 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 – 10<sup>th</sup> 2005, appreciating the efforts of the centre on TB/HIV co-infection and other works related to



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

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**

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 and the mission is to support the efforts of National TB and HIV/AIDS Control Programmes through evidence-based policy guidance, coordination and technical support.

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 and 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.

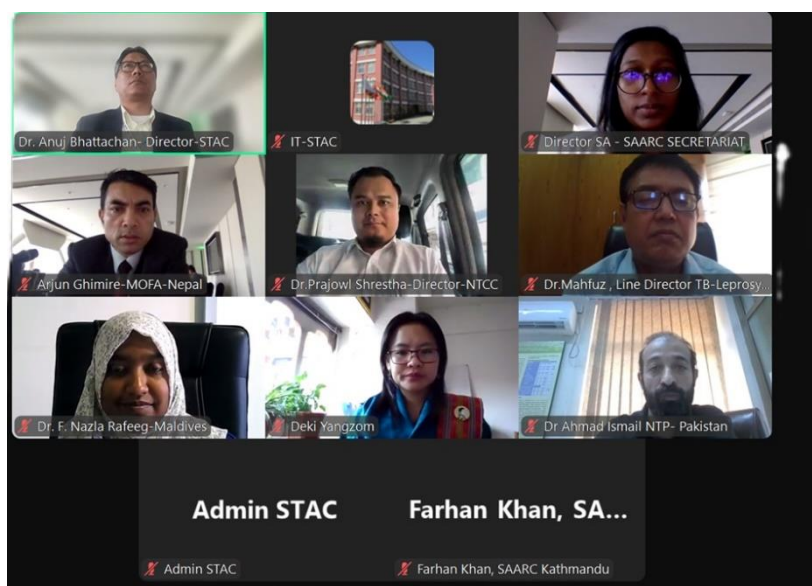
## **Functions of STAC**

- 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 Second Meeting of the Governing Board of STAC

Thirty-second Meeting of the Governing Board of STAC was held on 28-29 October 2024 (Hybrid Mode) 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 Manik, Director, Social Affairs, SAARC Secretariat and Dr. Anuj Bhattachan, Director, SAARC Tuberculosis and HIV/AIDS Centre (Member Secretary) participated in the meeting. The meeting was chaired by Dr. R.P. Joshi, Government of India.

The Board reviewed the activities carried out by the Centre in 2024 and recommended the programmes & budget for 2025 which were approved by the 60<sup>th</sup> Session of Programming Committee (28-30 April 2025, Kathmandu, Nepal) as follows:

**The Board recommended the following list of 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 Piloting of Active case finding in most risk populated (province) of Nepal to Trace the missing TB case by STAC (Research)
11. 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)
12. Contact Tracing of contacts of active PTB and confirmed MDR TB cases, Bhutan (Reprogram Research) – Previous Title – Study tracing the possible source of multidrug resistant tuberculosis (MDR-TB) into Bhutan – 2018-20 Cohort Study (Research)
13. Financial obligations needed for settlement of dues of past research carried forward from the year 2021

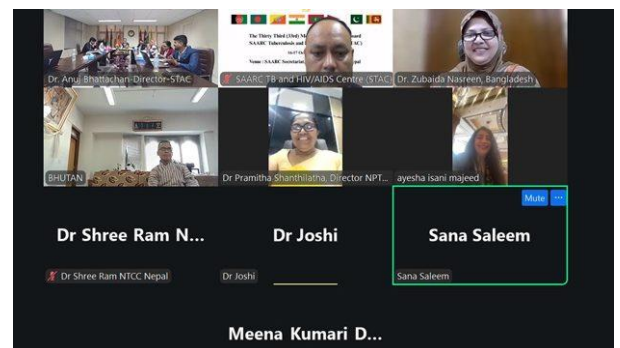
- i. Impact of COVID in DOTS Centre (Dhulikhel Hospital) carried forward from 2021
14. Updating SAARC Regional Strategies (2025-2030)
  - i. SAARC Regional Strategy for Elimination of Tuberculosis 2025-2030
  - ii. SAARC Regional Strategy on Cross Border, Migration and Health 2025-2030
  - iii. SAARC Regional Strategy on Advocacy, Communication and Social Mobilization (ACSM) for TB and HIV/AIDS 2025-2030
  - iv. SAARC Regional Strategy on HIV/AIDS 2025-2030
15. 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**

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

## Thirty Third Meeting of the Governing Board of STAC

Thirty-Third Meeting of the Governing Board of STAC was held on 16-17 October 2025 in Kathmandu, Nepal. The Governing Board Members from the Governments of the People's Republic of Bangladesh, the Royal Government of Bhutan, the Republic of India, the Republic of Maldives, the Republic of Nepal, the Islamic Republic of Pakistan, and the Democratic Socialist Republic of Sri Lanka participated in the meeting. Ms. Sana Saleem, Director of Public Health at the Health Protection Agency, Ministry of Health, Republic of Maldives 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. Mr. Dawa Tshering Director, ENB, SAARC Secretariat delivered her remarks and conveyed the best wishes of His Excellency the Secretary-General of SAARC for successful organization of this meeting and fruitful deliberations.



Thirty Third Meeting of Governing Board of STAC, 16-17 October 2025 (Virtual)

The Board reviewed the activities carried out by the Centre in 2025 and recommended the programmes & budget for 2026 to Programming Committee of SAARC for approval, which are as follows:

### **The Board recommended the following list of activities of the Centre for the year 2026**

1. SAARC Regional Training on Implementation of Short Oral Regimen for MDR-TB (BPAL-M)- Bangladesh
2. SAARC Meeting on Guideline and SOPs for Health Response on natural and Epidemic Disasters in SAARC Member States- Bangladesh

3. Workshop on SAARC Regional Technical Advisory Group Meeting on TB and HIV/AIDS in SAARC Member States- Bhutan
4. SAARC Regional Training of Trainers (ToT) on Latent TB Infection- Bhutan
5. SAARC Regional 5th Meeting of Heads/Chief of Identified National TB and HIV/AIDS Laboratories in SAARC Member States- India
6. Workshop on PLHIV network in India and Nepal borders for the continuation of treatment- India
7. SAARC Regional Consultative Meeting on Strategic plan to End TB and HIV/AIDS epidemic in the Member States- Maldives
8. SAARC Regional Meeting of Programme Managers on TB and HIV/AIDS Control Programmes- Maldives
9. 3<sup>rd</sup> SAARC Regional Conference on TB and HIV/AIDS- Nepal
10. SAARC Regional Workshop on Scale up of activities for improving case finding for TB and HIV/AIDS- Pakistan
11. SAARC Regional Training (TOT) to health professional of SAARC Member States on use of Artificial intelligence for Early Diagnosis of Tuberculosis and timely referral- Pakistan
12. SAARC Regional Training of Trainers (ToT) on Diagnosis, Treatment and Programmatic Management of Pediatric TB- Sri Lanka
13. Conduct a situation analysis to explore the current Regional Health priorities- Nepal
14. 16<sup>th</sup> Round of External Proficiency Testing of Sputum Smear Microscopy (SSM).
15. Revision of SAARC Regional Strategies Cross Border, Migration and Health
16. Revision of SAARC Regional Strategy on ACSM
17. Impact Study of TB and HIV/AIDS related Programme Activities conducted through STAC at the SAARC Region- Research

### **Regular Activities**

18. Presentation & Dissemination of Research findings on TB & HIV/AIDS through participation in International Conferences (TB and HIV) by Director
19. Skill Development/Capacity Building of GSS
20. Participation in meeting of collaboration institutions for strengthening of networking WHO/UNAIDS/TGF/IUATLD/IOM & other collaborating institutes

21. 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.
22. Public Awareness and Advocacy programmes on TB and HIV/AIDS
  - i. World TB Day- 2026
  - ii. World AIDS Day-2026
  - iii. SAARC Charter Day- 2026
23. Printing of SAARC Regional Strategies (2025-2027)
24. Distribution of STAC Publications, related documents and other materials and electronic circulation
25. Review of Article for SAARC Journals of TB Lung Disease and HIV/AIDS
26. Printing of STAC Publications (Wall Calendar -2027, STAC Journal and other promotional material of STAC, STAC at Glance)
27. Revision of STAC at a Glance
28. Regular works/Activities in SAARC Supra-national Reference Laboratories for TB and HIV/AIDS and Procurement of Laboratory consumables for STAC Laboratory

**Library related work**

29. Renewal of Library Digital Software
30. Renewal of subscription of NepJol for support OJS and DOAJ (Jan-Dec 2026)
31. Renewal of subscription of ISSN- print and ISSN online for SAARC Journal of TB, Lung Diseases and HIV/AIDS (Jan- Dec 2026)
32. Preparation for issues of SAARC Journal of TB, Lung Diseases and HIV/AIDS 2026: review of the articles (External/Internal)
33. Workshop on increasing the visibility of the Regional Resource Centre and the library using the digital platform

## Activities carried out by the STAC in 2025

### 1. SAARC Regional Training on Data Management on TB and HIV/AIDS, 26-28 August 2025 (Hybrid Mode)

#### Introduction:

Tuberculosis (TB) and HIV/AIDS continue to be major public health concerns in the SAARC region. Accurate, timely, and comprehensive data is vital for effective monitoring, evaluation, policy formulation, and program implementation. Despite progress, gaps in data quality, integration, and usage remain a challenge.



SAARC Regional Training on Data Management on TB and HIV/AIDS, 26-28 August 2025 (Hybrid Mode)

In SAARC region, an estimated 4.0 million (206 per 100 000 Population) people fell ill with TB; and carries 37% of the Global burden of TB. A total of 3.39 million cases were notified in 2023. Regionally, there was a 0.6 million gap between the incident and the notified cases. There were an estimated 0.44 million TB deaths in 2023. The latest treatment outcome data shows treatment success rates of 90% for TB (2022 cohort). Bangladesh, India and Pakistan together notified 97% of the total cases in the region in 2023 while India alone accounted for 74% of all the total notifications.

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. This region is home for estimated number of 2.85 million People living with HIV/AIDS, 70 800 new HIV infection and around 47 000 AIDS deaths in 2023. Three countries namely India, Nepal and Pakistan account for majority of the Regional burden. The overall adult HIV prevalence in SAARC region remains below 1%.

This regional training aims to strengthen the knowledge, skills and motivation of TB and HIV/AIDS managers in order to make them capable of transforming routinely collected data into information useful for making appropriate decision to improve programme management.

The importance of transforming data into information that could lead to effective, efficient, timely and equitable decision making, programme implementation and supportive supervision is very important in successful TB and HIV/AIDS control programme. In line with this, 31<sup>st</sup> Governing Board Meeting of SAARC TB and HIV/AIDS Centre recommend to conduct the above mentioned training. Accordingly STAC is going to organize the training on “SAARC Regional Training on Data Management for TB and HIV/AIDS” in 2025-Bhutan. The List of participants is attached in Annex-I.

### **Objectives**

The objectives of the program were:

- To strengthen the technical capacity of Member States in TB and HIV/AIDS data collection, validation, analysis, and reporting.
- To enhance knowledge and skills in the use of statistical software and tools for effective programme monitoring.
- To promote regional cooperation and exchange of best practices in data management.

### **Agenda**

Each participant was used their own laptop and STAC provided Bag, Stationaries and necessary training handouts.

### **Participants, Resource person & Facilitators**

The three-day training was attended by 11 participants from Bangladesh, Bhutan, India, and Nepal in person, while Pakistan joined virtually and 5 coordinators from Bhutan. The participants included

programme managers and data officers from National TB and HIV/AIDS Programmes. The training was facilitated by three technical experts from Bhutan. Namely, Dr. Mongal Singh Gurung, Dr. Sithar Dorjee and Mr. Kinley Dorjee who served as Resource Persons.

## **Activities**

### **Day 1: 21<sup>st</sup> April 2011**

#### **Inaugural Session:**

The inaugural session was graced by Mr. Karma Jamtsho, Director, Department of Public Health, Ministry of Health, Bhutan, Dr. Anuj Bhattachan, Director, SAARC Tuberculosis and HIV/AIDS Centre, Nepal, and a Representative from the SAARC Development Fund, Bhutan. The dignitaries highlighted the importance of evidence-based decision-making, regional collaboration, and the need for robust data systems to achieve the SDG targets on TB and HIV/AIDS.

#### **Technical sessions**

### **Day 1: 26<sup>th</sup> August 2025**

Mr. Sanjeeb Kumar Jha, the Statistician of the STAC, Kathmandu, Nepal welcomed the participants for the technical sessions. Participants, Organizers, resource personnel and facilitators introduced themselves to the gathering by giving a brief account of self.

On the behalf of Dr. Anuj Bhattachan, Director STAC, Mr. Sanjeeb Kumar Jha Statistician, STAC presented an overview of STAC and objectives, methodology and expected outcome of the training. Dr. Mongal Singh Gurung, Head, HMIS & Research, MoH, Thimpu, Bhutan, resource person for the training presented objectives and overview of the training. The Participants from Member States (Bangladesh, Bhutan, India and Nepal) presented their country presentation about Current Data Systems for TB and HIV in Member States: Challenges in Data Collection, Reporting, and Use.

In second half of First day training Dr. Dr. Sithar Dorjee, One Health Consultant, WHO, Thimpu, Bhutan, resource person for the training presented Ensuring Data Quality for TB and HIV/AIDS Programs. At the end of the first Day meeting, Introduction to STATA (Installation & User Interface) was conducted by Mr. Kinley Dorjee, Research Officer, MoH, Thimpu-Bhutan.

Following topics were covered during this session.

- Data Entry
- Calculation of variance
- Shorting of Data
- Freezing panels
- Use of fitness
- If command
- Data validation etc.

### **Day 2: 27<sup>th</sup> August 2025**

The Technical session of day 2 started with summarizing the previous day work by a participant followed by the introduction of STATA as per schedule by Resource Persons.

Second day training was conducted by delivering the presentation on Overview of Epidemiology and its application for TB and HIV/AIDS, Overview of Biostatistics and also using STATA by the Resource Persons, Following topics were covered during this session.

- Opening STATA data File
- STATA Basics - Data Processing
- Descriptive data analysis - Numerical technique application using Dummy TB/HIV Data
- Visualization techniques application using Dummy TB/HIV Data
- Designing a Coding Scheme

### **Day 3: 28<sup>th</sup> August 2025**

As per the previous practice technical sessions was started with summarizing previous days. Thereafter, Mr. Kinley Dorjee, Resource Person demonstrated the important aspects of data entry and data modifying using hypothetical questionnaire. He further demonstrated how to analysis of the output, Changing Type and Formats, converting output into Excel Format. They also demonstrated logistic regression, linear regression, and correlation and P-value analysis using STATA software The third day training was concluded by Group work followed by plenary by the participants of Member States.

### **Closing session**

Ms. Jamyang Choden, Deputy Chief Program Officer, National HIV/AIDS Control Program conducted the closing ceremony as Master of ceremony.

On behalf of the participants Dr. Shreeram Tiwari, Director, NTCC-Nepal and Mr. Dechen Wangmo, Asst M & E Officer, NACP, Bhutan thanked to the, Resource Person and STAC for organizing the important workshop and highlighted the benefit that they obtained from this workshop and they highlighted training period should increase to 5 days.

Resource persons of the programme Mr. Kinley Dorjee, Research Officer, MoH, Bhutan gave his remarks and appreciated for excellent arrangement of the Workshop by STAC and Royal Government of Bhutan.

Dr. Anuj Bhattachan, Director, STAC, Nepal delivered his closing remarks. He extended thanks to Resource Persons and participants from National TB Control Programme (NTP) and National AIDS Control Programme (NACP) and all supporting staff for their hard work to make the workshop successful. Dr. Anuj Bhattachan, Director, STAC delivered closing remarks, appreciating the efforts of STAC, the Ministry of Health Bhutan, SAARC Secretariat, Ministry of Health of SAARC Member States, Ministry of Foreign/External Affairs of SAARC Member States for their support in making the training a success.. Mr. Sanjeeb Kumar Jha, Statistician STAC, delivered vote of thanks and with the permission of Director STAC, closed the training programme.

### **Conclusion**

The training featured expert presentations, interactive discussions, and hands-on exercises using MS Excel and STATA. Participants also shared country experiences, identified gaps in data systems, and proposed collaborative solutions.

### **Key highlights of the training included:**

- Improved technical knowledge on data management systems and tools for TB and HIV/AIDS.
- Enhanced regional cooperation and exchange of best practices.
- Development of draft action plans by participating countries to strengthen their national data systems.

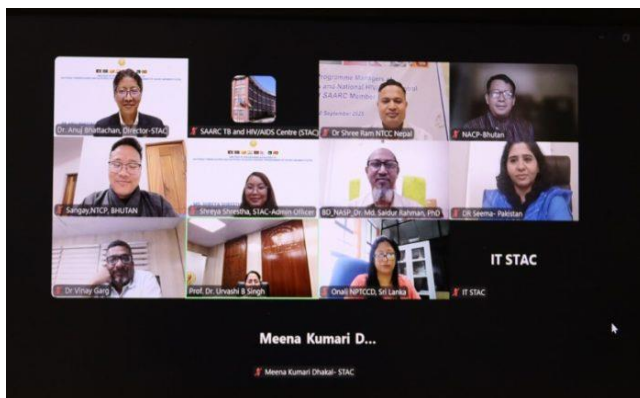
Resource materials, PowerPoint presentations, practical exercises, and interactive methodologies were applied by the facilitators. Pre-test and post-test assessments were conducted, during the pretest, the average score was 9.6 with maximum of 16 and minimum of 4. with the training (during posttest), the average score has increased to 18.5, which is even higher than the maximum score of the pretest in addition, all the participants (100%) has increase in score, with average increase of 8 points. Thus, this session was 100% success with 38% increase in score.

Participants gained knowledge on advanced techniques of data collection, validation, analysis, and reporting through tools such as:

1. MS Excel (advanced functions and pivot tables)
2. STATA (data validation, statistical analysis, and reporting).

## 2.The Meeting of the Programme Managers of the National TB and HIV/AIDS Control Programmes of SAARC Members States, 18 September, 2025 (Virtual)

In compliance with decision of Thirty-second Meeting of the Governing Board of SAARC Tuberculosis and HIV/AIDS Centre (STAC) the Meeting of Programme Managers of National TB and HIV/AIDS Programmes of SAARC Member States was held on 18 September 2025.



The Centre received confirmation of participation from the National Programmes of Governments of Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka. The List of participants is attached in Annex-II.

The Meeting of the Programme Managers of the National TB and HIV/AIDS Control Programme of SAARC Members States, 18 September 2025

**Opening of the Meeting:**

The meeting was chaired by Dr. Urvashi B. Singh, DDG (TB), National Tuberculosis Elimination Programme, India. In her opening remarks, Dr. Singh extended her gratitude to the Member States for their participation and STAC for the arrangements. She highlighted that the Programme Managers event is a valuable platform to share updates on country-specific progress, achievements, interventions, innovations including challenges faced and recommendations for way forward. Shree Ram Tiwari, Director, National Tuberculosis Control Centre, Nepal co-chaired the event. He welcomed all the present delegates and expressed his appreciation for their continuous regional commitment.

**Welcome Remarks by Dr. Anuj Bhattachan, Director-STAC**

Dr. Anuj Bhattachan, STAC delivered the welcome remarks during opening of the Meeting. He warmly welcomed all the delegates and expressed his gratitude for their confirmation and participation, despite of their busy schedule.

Dr. Bhattachan also shared the exceptional circumstance caused by the Gen-Z movement, which led to the postponement of the scheduled event on 09-10 September 2025. He also highlighted past Programme Managers meeting, which was largely hindered by the COVID. Moving forward addressing all the challenges, he emphasized that the meeting adds valuable opportunity to collaborate and engage in in-depth discussion on country specific progress on TB and HIV/AIDS movement.

**TECHNICAL SESSION****STAC's Presentation and Discussion**

Dr. Anuj Bhattachan, Director STAC, made a brief presentation while introducing STAC and its long history since 1992. He outlined key functions of STAC, with particularly focusing on the operationalization of SAARC Supra National Reference Laboratory for TB and HIV/AIDS at STAC. In his presentation, he also shared, the richness of STAC in form of its existing resources that includes; journal, research, reports, strategies etc. He also shared an overview of the implementation of calendar of activities of the year 2024, noting its progress and challenges. Additionally, he addressed the implementation status of calendar of activities of the year 2025.

## Country Presentations

Dr. Arifur Rahman, Medical Officer (MBDC) Directorate of Health Services, Bangladesh, presented latest updates on TB incidence in the country while also highlighting the Programme achievements and progress. Dr. Rahman shared that the TB notification rate has seen significant increment, the success rate is noted over 95% since 2015 with a distinct decline in mortality rates.

However, the major implementation challenges that were highlighted were timely and adequate supply of diagnostic logistics, funding gap and human resources limitations. On the other hand, the key innovations highlighted includes AI-powered Digital Chest X-ray, Integrated Digital Health Platforms, in country Capacity development to prepare EQA Panel for Molecular testing site EQA etc.

The major recommendations from Dr. Rahman's presentation was to strengthen regional collaboration through evidence based research and data sharing, facilitate cross-border initiatives and coordination among member states and promote adoption of digital solutions for program monitoring and management.

Dr. Md. Saidur Rahman, PhD; Associate Prof Dermatology & Venereology; Program Manager-HIV/AIDS, National AIDS/STD Control Program (NASP), DGHS, Bangladesh, highlighted that the disease burden among all the population (aged 15 to 49) is significantly high, i.e. 84% of the reported cases. A total of 326 adults and child deaths were noted, with 77% population is living with HIV and 78% are on ART treatment.

The major challenges faced by the national programme is to raise awareness amongst the vulnerable groups that also intensifies stigma and fear of discrimination. Additional challenges also include limited access to the treatment, lack of counseling services, and weak primary care coverage.

Dr. Rahman also shared that targeted interventions are made for key populations such as FSW, MSM, TG and PWID alongside condom promotion and harm reduction through peer-led outreach. Furthermore, mobile clinic van-based testing has also been introduced in hard-to-reach areas and non-interventions districts to provide services to KPs and the general population. Digital tools like Anamika app are also being used to expand the reach and improve the deliverables.

The major recommendation shared was to strengthen partnership between government, NGOs, donors, communities, integrating services with primary healthcare, improving monitoring and surveillance for identifying emerging trends. Additionally, emphasis on capacity building of local organizations while mobilizing domestic funding to reduce dependency on external donors was also highlighted.

Mr. Deki Phuntsho, Program Manager, NACP, Department of Public Health, Bhutan mentioned that the country aims to end AIDS by 2030 by achieving 95-95-95 targets. Since 1993 Bhutan have noted 1047 case of HIV and the prevalence rate between 15-49 years is accounted to 0.12%. The majority of cases are in the economically productive age group of 25–49 years, highlighting the significant societal and economic impact of the disease.

A major implementation challenge is the case detection gap, as stigma and discrimination prevent people from getting tested despite vigorous advocacy campaigns. Additionally, low viral load testing coverage persists due to a lack of adherence to treatment regimens. Other notable issues include cross-border challenges and gaps in monitoring and evaluation. Therefore, a key priority is to intensify prevention efforts by scaling up testing and advocacy, while also providing comprehensive counseling on treatment and adherence. The Ministry will also carry out nationwide rollout of PrEP (pre-exposure prophylaxis) by 2026, with the overarching goal of ending AIDS by 2030.

In terms of diagnosis and treatment, Bhutan has seen notable success, through adoption of new approaches, like HIV self-testing, social network testing and hot-spot mapping. These tailored efforts have enabled them to provide flexible care and increase their reach to key population.

The recommendations were put forward to improve public health outcomes by strengthening cross-border collaboration to manage mobile populations, leveraging technology like the Access to Care application to enhance patient care, and expanding the rollout of PrEP (pre-exposure prophylaxis) to prevent new infections. Additionally, a request was made for STAC to consider providing financial support for research activities and covering travel expenses and per diem for participants attending STAC-organized meetings, trainings, and workshops. This support is crucial to prevent the frequent

postponement or cancellation of planned activities due to a lack of quorum among member countries, which is frequently disrupting other prioritized plan schedules.

Mr. Sangay, Communicable Diseases Division, NTCP, Bhutan mentioned highlighted that Tuberculosis remains a significant public health challenge in the nation. He shared the guiding strategies that reflected vision, goals and objectives. Bhutan currently reports the TB burden of 164 per 1000000 per population, with a high treatment rate ranging between 90-95% reaching 95.4% in 2024.

The key programme priorities include, strengthening case detection especially in high-risk group, scaling up rapid diagnostics (GeneXpert), capacity building for health workers, improving treatment adherence (DOT, digital tools, incentives, etc.) as well as mobilization of resources and partnerships. Similar to other member states, the nation continues to face challenges of cross border, stigma, insufficient advocacy/communication, infection control in facilities and limited research & innovation.

Mr. Sangay mentioned that Bhutan has adopted strategies like expansion of GeneXpert testing, deploying mobile clinics, initiating active screening amongst prisoners and miners and also integrating TB surveillance into ePIS to address and mitigate the ongoing challenge. He also emphasized that early diagnosis and timely treatment are critical component of national TB response, for which they have planned sustained investments in MDR-TB, stigma reduction through community engagement, integration of digital health tools and stronger infection prevention and control measures.

For 2026 Bhutan has proposed, Exchange programs for sharing best practices in TB diagnosis, treatment, and community engagement in the Region.

Dr. Sunny Swarnakar, Deputy Director General, National HIV AIDS Control Organization, India shared that national programme is guided by five major goals, with a core focus on prevention for the risky population. He further discussed the disease burden in HIV recorded for 2024 emphasizing the ongoing commitment of national program. For prevention and control, similar to other member states they have been raising awareness activities, as well as targeted interventions for orphans and vulnerable children.

They have also established platforms like Sampoorna Suraksha Centre which provides one door service that includes comprehensive, stigma-free HIV/STI prevention and treatment. NACO has also enabled IT information management system for monitoring and recording of data. NACO India has been following intervention and innovation through social contracting model within Targeted Intervention, Integrated STIs, HIV, TB & Hepatitis campaigns have been initiated among inmates of prison and other closed settings, Index test campaigns for partners among other efforts.

Dr. Urvashi Singh, DDG (TB) NTEP, India mentioned though India is a high populated country, the national programme is making significant efforts to control and eliminate TB. She projected the estimates of TB burden, where the strategy is based on four pillars, which has been implemented since seven years. For detection, NTEP has been working to identify all TB cases through quality assured diagnostics ensuring all cases are treated with high quality anti-TB drugs, that ultimately strengthens supportive systems to prevent TB diseases in susceptible population.

Notable initiatives like Jan-Bhagidari, Ni-kshay Mitra Initiative, Community engagement through YB Vijetas, collaboration with 23 ministries, and TB Mukht Gram Panchayat including CSR from corporates for nutritious food basket for ensuring protein based supplies to patient and families, monetary support or direct benefit were highlighted.

With the initiatives, the major implementation challenges were health seeking behaviour, acceptance for TB preventive treatment, low TB testing rate, high dependence on Microscopy and sub-optimal utilization of existing NAAT infrastructure and lack of awareness for nutritional support.

Interventions and innovations were made for strengthening screening through AI based technology for vulnerability mapping, cough AI, LAM and IPR for X-ray, for diagnosis drone based sample transportation, NAAT for FQ & H under validation and AI based interpretation of LPA, for treatment AI based prediction of adverse treatment outcomes, MDR/RR data validation, catastrophic costs and for prevention -Adult BCG vaccination were carried out amongst vulnerable age group.

While sharing the programme achievements, Dr. Singh highlighted that the estimated TB incidence and mortality have declined compared to the last year.

Dr. Shree Ram Tiwari, Director, National TB Control Centre, Nepal shared a presentation on Evolution of National TB Programme of Nepal. He emphasized the vision, goals and objectives of national programme which is focused to end TB epidemic by 2035. The key priorities highlighted were enhance TB case finding & early diagnosis through active case finding, strengthening screening mechanism, improving specimen transport system, strengthen management of diagnosis, strengthen digitalized system and scale up collaboration with private health providers.

The implementation challenges noted were insufficient funding (43% NSP is underfunded), lack of skilled human resources, low treatment coverage for both DSTB and DRTB, insufficient Xpert cartridges and limited tests for TB infection.

Interventions like expansion of TB Free Nepal Initiative at Local Level to build local level ownership and accountability, Active TB Case Finding in the communities using digital portable chest X-ray embedded with AI, introduction of shorter regimens (BPaL and BPaLM) for DRTB patients etc. were also shared.

Dr. Seema Saifuddin, Coordinator CMU/CMU Focal Person, Pakistan shared the country's national strategic plan for TB, highlighting the major goal of reducing TB mortality by 35% in 2026 compared to 2015. Dr. Saifuddin mentioned that the Pakistan is a high burden country and briefed about the objective where the treatment success rate is to increase by 80% from 2024 onwards and notified TB cases with known HIV by 95% by 2026.

The key programme priorities highlighted were Universal Access to Free TB Services, early case detection through molecular diagnostics and active case finding, private sector engagement TB detection and reporting, integration with HIV, nutrition, and primary health care services.

Among the implementation challenges, she noted issues of Cross-Border TB Care & Collaboration, Low uptake of TPT and a Low proportion of bacteriologically confirmed cases.

The intervention and innovation that has been started and highlighted were active case finding through chest camps and community engagement, Engagement of Lady Health Workers (LHWs) in TB care delivery services, Implementation of Sputum Transport Mechanism, Cross-Border Collaboration through Digital App etc.

Dr. Seema Saifuddin, Coordinator CMU/CMU Focal Person, Pakistan shared the strategic vision of national programme of making Pakistan a HIV-Free region, emphasizing equitable access to prevention, diagnosis, and treatment care, and support without stigma and discrimination. The key objective of the national strategic vision is to end AIDS as a public health threat by the year 2023, and to reduce new HIV infections by 63% by 2025 using 2015 as the baseline. Dr. Saifuddin highlighted that following their targets they have expanded ART coverage amongst eligible people living with HIV and also have expanded ART centers from 49 to 95.

Despite the progress, some of the key implementation challenges identified were providing services to migrant and mobile population, real time reporting from public and private sector, weak referral and data sharing mechanism across the borders and persistent stigma, misconception in all the communities, limited local evidence to guide innovation in a prevention and treatment strategies.

The interventions and innovations taken in consideration to address these challenges were opening HIV testing in antenatal clinics, in PMT-CT and PVTCT differentiate HIV testing, patient-friendly digital app, i.e. QuickRes, decentralization via DSD model and synchronized HIV and TB dashboards were implemented. The key learnings that the national programme has considered is to coordinate with all the concerned departments on linkages of HIV deportees and all international airports, training of the healthcare providers on the stigma improvement of young students, colleges, universities, social media awareness, increase domestic funding for ensuring sustainability and plan towards local market manufacturing of ARVs.

Dr. Onali Rajapakshe, Consultant Community Physician, NPTCCD, Sri Lanka shared the country's strategic vision for a future free from TB, with zero deaths, no disease burden, and no poverty caused by TB, as it progresses towards achieving high-income stages. The national programme aims to ensure universal access to TB diagnosis and treatment by 2027, setting the foundation to meet the NTB targets by 2035. Dr. Rajapakshe, addressed 6 objectives of the programme mentioning that Sri Lanka has relatively low TB burden, but the country has been facing challenges in further reducing the current cases, incidence and improving the treatment outcomes.

The key priorities areas include, strengthening health system and stakeholder engagement to improve TB case finding, expand and improve TB prevention among vulnerable groups, reduce TB mortality and improve treatment success, reduce catastrophic cost due to TB and ensure social protection through the cascade of care. However, challenges like; human resources allocation, poor OPD referrals, lack of

availability of portable X-ray machines especially for active screening, centralized screening mechanism and lack of residential care etc. still persists.

For countering such challenges interventions like field level screening by visiting households, strengthening outpatient case finding, CBO based symptom and risk factor surveillance, mobile x-ray van, use of AI for leading X-rays for TB screening are initiated. The challenges and experience has led to key learnings of strengthening case finding, adapting innovative approaches, uninterrupted domestic funding to highlight a few and process on the investment of ultraportable X-rays with CAD 4TB software, engagement of CBO and referral pathways, incorporation of GeneXpert to enable pediatric TB and add peer knowledge learning and sharing activities.

### **Recommendations to STAC**

Mr. Sangay, NTCP, MoH, Bhutan, Dr. Md. Saidur Rahman, Ass. Prof (Derma), OSD (Add) Program Manager (AIDS/STD), Dr. Shree Ram Tiwari, Director, National TB Control Centre, Nepal recommended to promote regional collaboration for cross-border TB control and share best practices and innovations across countries.

Dr. Shree Ram Tiwari, Director, National TB Control Centre, Nepal recommends STAC to support NTP to conduct operational research activities and also organize policy dialogues and advocacy for increased funding in TB.

Dr. Seema Saifuddin, Coordinator CMU/CMU Focal Person, Pakistan recommended establishing research repository accessible to all SAARC Member States, developing the guideline for HIV outbreak response and cross border referral systems, strengthen cross border collaboration for migrant populations and mobile workers, support in policy dialogue on stigma reduction, human rights, and legal reform across member states, support in joint IBBS and surveillance methodologies for cross-country comparability, facilitate annual regional conferences for HIV programme managers and stakeholders, build a SAARC KP & PLHIV regional network for community-led monitoring and advocacy.

Dr Onali Rajapakshe, Srilanka Consultant Community Physician, NPTCCD, Sri Lanka recommended STAC to establish a collaborative platform to share experiences, lessons and best practices among the member states. She also highlighted the challenges of cross border migration noting Srilanka has been

facing difficulty in tracking and ensuring that the patients receive complete treatment. In response to the challenge, she suggested that the national TB programme could cordially engage, coordinate and communicate with neighboring member states to monitor such patients and ensure they complete their treatment. Dr. Onali has also proposed to re-initiate funding for field level TB control activities, which as a whole would strengthen SAARC platform.

Dr. Onali Rajapakshe, Consultant Community Physician, NPTCCD, Sri Lanka recommended multi country research project involving all member states in the region. And, reiterating Mr. Deki Phuntsho, Bhutan recommendation to also reestablish funding to be used to attend workshops/training programmes physically.

### **Adoption of the Report**

The Meeting adopted its Report/Recommendations.

### **Closing of the Meeting**

Following the adoption of the report, Dr. Anuj Bhattachan informed all the delegates to share the document shortly. He extended his gratitude to everyone for their participation and valuable inputs that contributed to the success of the meeting.

Dr. Bhattachan formally handed the forum to Dr. Urvashi Singh, DDG (TB) NTEP, India, and Chairperson of the meeting for her closing remarks.

Dr. Urvashi Singh, DDG (TB) NTEP, India and Chairperson of the meeting thanked all the Programme Managers/Representatives for their active participation and continued commitment to the achieving the vision of making the region free from TB and HIV. She also expressed her sincere appreciation to Director-STAC for convening all Six Member States that showcases mutual spirit of regional unity and cooperation. Dr. Singh appreciated the insights, programme achievement, innovations, challenges shared during the meeting and mentioned that this is a learning forum from each other best practices. Dr. Singh emphasized on collaboration and coordination between the Member States, highlighting it as a crucial step for strengthening the regional response.

Dr. Shree Ram Tiwari, Director, National TB Control Centre, Nepal expresses his appreciation to STAC for organizing the meeting and thanked all the delegates for their gracious presence.

The Chairperson declared the closing of the meeting.

### 3. SAARC Regional Management Development Programme (MDP) on Monitoring and Evaluation of HIV/AIDS in the region, 29-31 October 2025, Maldives

#### Introduction

In compliance with the decisions of the Thirty-Second Meeting of the Governing Board of the SAARC Tuberculosis and HIV/AIDS Centre (STAC), a SAARC Regional MDP on Monitoring and Evaluation of TB and HIV/AIDS, 29-31 October, 2025 was held in Male, Maldives in hybrid mode.

Monitoring and Evaluation (M&E) is an important component of programme management, which is crucial in assessing whether the key activities of a programme or a project are being carried out as planned, and whether these activities have expected effects. It helps manage the resources and activities of the programme to enhance its impact along a continuum, from short term to long term. Systematic management and use of information enhances the effectiveness of a programme by establishing clear links between programme goals and objectives and expected results or outcomes. It can help managers to obtain relevant information that can subsequently be used as the basis for programmatic fine-tuning with new solutions, reorientation of the programme and future course of planning.



It is a kind of partnership in the SAARC region whose aims to support member states in the development of better M&E systems. The programme offers intensive training covering fundamental concepts and tools for M&E with emphasis on designing and implementing effective management information systems for TB and HIV/AIDS. The programme focuses on developing skills in planning and designing Monitoring and Evaluation systems that use information for better decision-making and accountability to improve efficiency and effectiveness of health programmes. The List of participants is attached in Annex-III.

### **Objectives**

The overall objective of the programme is to strengthen the capabilities of the participants in designing and implementing effective monitoring and evaluation systems for TB and HIV/AIDS programmes.

#### **The specific objectives:**

1. To enhance understanding of the basic concepts and approaches for M&E and information management
2. To develop understanding of indicators, enhance skills to develop them or choose the appropriate ones for their programme
3. To develop skills for employing tools and techniques for designing and implementing M&E system for their programmes.

### **Participants, Resource person & Facilitators**

The three-day programme was attended by 14 participants from Bangladesh, Bhutan and Maldives, in person, while Pakistan and Sri Lanka joined virtually and 2 coordinators from Maldives. The participants included programme managers and data officers from National TB and HIV/AIDS Programmes.

The programme was facilitated by three technical experts from Maldives:

- Dr. Roshan Sampath, Public Health Officer (Epidemiology) WHO country office Male, Maldives
- Dr. Ibrahim Afzal, Epidemiologist, Villa College, Maldives
- Ms. Sana Saleem, Director Public Health, Maldives.

### **Inaugural Session (29 October 2025):**

The inauguration session was graced by:

- Hon'ble Ahmed Hamdhan Nasir, Deputy Minister for Health, Ministry of Health, Government of Maldives,
- Dr. Ahmad Ashraf, Director General (DGHS),
- Mr. Ibrahim Nishan Ahmed, Deputy Director General (DGHS), Ministry of Health,
- Ms. Sana Saleem (Chairperson of Governing Board of STAC), Director-, Health Protection Agency,
- Dr. Anuj Bhattachan, Director, SAARC TB and HIV/AIDS Centre (STAC)

Director STAC delivered welcome remarks, highlighting that despite notable progress, national programmes continue to face challenges such as underreporting, resource constraints, and limitations in M&E management. Strengthening monitoring and evaluation systems is essential for tracking progress, identifying gaps, informing policy decisions, and improving the overall quality and impact of interventions. He emphasized that this Regional Management Development Programme provides a valuable platform for capacity building, knowledge sharing, and fostering regional uniformity.

Ms. Sana Saleem, Chairperson of the Governing Board of STAC, delivered her remarks. She expressed her happiness and congratulated the STAC team for making the event possible through their dedication and hard work.

Hon'ble Ahmed Hamdhan Nasir, Deputy Minister for Health, Ministry of Health, Government of Maldives, delivered his remarks as the Chief Guest. He expressed his commitment to SAARC activities and congratulated the STAC team for selecting the Maldives as the venue for organizing the event.

### **Technical sessions**

Each participant was used their own laptop and STAC provided Bag, Stationaries and necessary handouts.

### **Day I: 29 October 2025**

Dr. Anuj Bhattachan, Director of STAC, welcomed the participants to the technical sessions. Participants, Organizers, resource personnel and facilitators introduced themselves.

The Director of STAC presented an overview of STAC, the objectives of the programme, the methodology and expected outcome.

Following this, Dr. Roshan Sampath, Public Health Officer (Epidemiology)WHO country office, Male delivered a presentation on the concept of Monitoring and Evaluation, Data Source for M &E , information management and decision making in TB and HIV/AIDS.

The Participants from Member States - Bangladesh, Bhutan, Maldives and Sri Lanka delivered their country presentation highlighting the current burden of TB and HIV/AIDS, the existing monitoring and evaluation mechanism and identified gaps within their national programme.

In second half of the first day, Ms. Sana Saleem, Director of Public Health and resource person for the programme presented session on the M&E Frameworks, the log frame for M &E, an introduction to indicators and the process of developing effective indicators for TB and HIV/AIDS interventions.

Towards the end of Day 1 Dr. Roshan Sampath, Public Health Officer (Epidemiology)WHO country office Male Programme conducted a detailed session on Evaluating research designs and their application including experimental, quasi-experimental, cohort, case-control and time-series designs. The session also covered the use of logic model and guidance on choosing the most appropriate evaluation design to answer specific evaluation questions.

### **Day II: 30 October 2025**

The Technical session of day 2 began with a recap of the previous days activities, presented by one of the participants. This was followed by a session on data collection for M &E, focusing on quantitative techniques as per schedule by resource persons.

The Second day programme continued with a session by Dr. Afzal Ibrahim, Epidemiologist, Villa College, Maldives on reliability and validity in M & E including common threats to validity and the use of secondary data and service statistics.

Additionally, Ms. Sana Saleem, Director of Public Health facilitated the session on the concept of sampling, covering sampling techniques and sample size determination.

In second half of the day, Dr. Afzal Ibrahim, resource person for the Programme conducted a detailed session on qualitative techniques including case studies, focus group discussion (FGDs), in-depth interview (IDIs), Key informant interviews (KLLs), observation, content Analysis and related methodologies. He also guided the participants on designing Tools for M &E.

Towards the end of the second day, Dr. Afzal delivered a comprehensive presentation on approaches and techniques of M &E data analysis, including data visualization techniques.

### **Day III: 31 October 2025**

As per practice, the technical sessions of day 3 began with a summary of the previous day's activities, presented by one of the participants. Following this, Ms. Sana Saleem and Dr. Roshan Sampath Resource Persons for the programme, delivered a session on ethics and standards in M &E, highlighting key ethical principles and addressing common ethical concerns in monitoring and evaluation activities.

The Day 3 programme concluded with group work on developing an M&E framework, during which participants from the Member States collaboratively applied the concepts learned throughout the training. This was followed by a plenary session, where each group presented their work and shared key insights.

### **Conclusion**

The programme featured expert presentations, interactive discussions, and hands-on exercises on various aspects of Monitoring and Evaluation (M&E). Participants shared their country experiences, identified gaps in existing M&E systems, and proposed collaborative approaches to address these gaps.

### **Key highlights of the programme included**

- Enhanced regional cooperation and exchange of best practices among SAARC Member States.
- Improved technical knowledge on M&E systems and tools for TB and HIV/AIDS programmes.

**Outcome of the Programme:**

This Management Development Programme (MDP), participants from the SAARC Member States enhanced their capacity to design and implement M&E plans by applying key concepts and approaches in M&E and information management. They strengthened their understanding of developing and using indicators and performance standards (input, process, output, and impact). With these enhanced skills, Member States will be better able to conduct quality monitoring and assess services for TB and HIV/AIDS programmes across the region.

**Closing session (31<sup>st</sup> October 2025)**

The closing session of the programme was graced by Honorable Khadeeja Abdul Samadh, Minister of State for Health, Maldives who awarded certificates to the participants from SAARC Member States.

Dr. Anuj Bhattachan, Director, STAC, Nepal, delivered his closing remarks. He extended his sincere thanks to the resource persons, participants from the National TB Control Programme (NTP) and National AIDS Control Programme (NACP), and all supporting staff for their dedication and hard work in making the workshop a success. He further expressed his appreciation to STAC, the Ministry of Health Maldives, the SAARC Secretariat, the Ministries of Health of the SAARC Member States, and the Ministries of Foreign/External Affairs of the SAARC Member States for their continued support in successfully organizing the programme.

Ms. Sana Saleem, Chairperson of the Governing Board of STAC, also delivered her concluding remarks, acknowledging the collaborative efforts and contributions of all stakeholders.

Mr. Sanjeeb Kumar Jha, Statistician, STAC and Focal person for this activity, delivered the vote of thanks, expressing gratitude to the dignitaries, facilitators, participants, and the organizing team.

Finally, the Chief Guest, Honorable Khadeeja Abdul Samadh, delivered her concluding remarks and formally closed the programme.

#### 4. SAARC Regional Training on Capacity Building of Health Professionals on TB Preventive Therapy, 26-28 November 2025, Sri Lanka (Hybrid Mode)

##### Introduction

In compliance with approved decision of Thirty-second Meeting of the Governing Board of STAC, the SAARC Regional Training on *Capacity Building of Health Professionals on TB Preventive Therapy* was held in Colombo from 26-28 November, 2025 with aims to:

1. Strengthen the capacity of health professionals from SAARC Member States in the correct use of TB Preventive Therapy (TPT);
2. Scale up the implementation of TPT across health centers in SAARC Member States;
3. Foster multi-stakeholder collaboration for effective TPT delivery.

##### Participants

The Participants from the National TB Programmes of Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka participated in the training. The course facilitated by experts from the WHO Country Office in Sri Lanka, SAARC TB and HIV/AIDS Centre, Kathmandu, and the National Program for TB Control and Chest Disease (NPTCCD), Ministry of health, Sri Lanka. The List of participants is attached in Annex-IV.



**Opening of the Programme:**

The Opening Ceremony of the SAARC Regional Training on Capacity Building of Health Professionals on TB Preventive Therapy was held on 26th November 2025, from 9.00 to 10.00 a.m., at the NH Collection Colombo, Sri Lanka started with the National Anthem, followed by the lighting of the traditional oil lamp, symbolizing unity and the start of the programme. The programme was inaugurated by Dr. Champika Wickramasinghe, Acting DGHS, Ministry of Health, Sri Lanka, as Chief Guest.

Dr. Anuj Bhattachan, Director, STAC delivered welcome remarks highlighted the importance of strengthening regional collaboration to advance TB preventive therapy across SAARC nations. He outlines the objectives and structure of the training. He expressed sincere gratitude to the Chief Guest, Government dignitaries, facilitators, and participants for their presence and commitment. He emphasized the importance of collective learning and collaboration throughout the programme.

Dr. S. Rishikesavan, Consultant Pulmonologist and President of the Sri Lanka College of Pulmonologists, delivered special remarks, emphasizing current challenges and innovations in TB prevention.

The Chief Guest, Dr. Champika Wickramasinghe, Acting Director General of Health Services, Ministry of Health Sri Lanka, addressed the gathering, acknowledging the significance of regional capacity-building efforts and reaffirming Sri Lanka's commitment to eliminating tuberculosis.

Dr. Pramitha Shanthilatha, Director, National Programme for TB Control & Chest Diseases, chaired the opening session. She delivered the closing remarks, appreciating the participation of regional delegates and partners.

The ceremony concluded with a vote of thanks delivered by Dr. Rabeya Sultana, Deputy Director, STAC, expressing appreciation to the Chief Guest, dignitaries, facilitators, and participants for their valuable contributions. She acknowledged the efforts of the organizing team and thanked everyone for making the event a success followed by an official group photograph.

## Scientific Sessions

The scientific sessions was covered as a comprehensive range of topics, including an overview of TB infection; the TB preventive programme in Sri Lanka; diagnosis of TB infection; TB preventive treatment among high-risk groups and management of adverse events; recording and reporting for TPT; field-level experience on adherence support; community engagement; the common SAARC strategy for rolling out TPT; the role of multi-stakeholders; preventive treatment for DR-TB contacts; regional research collaboration (CRITIC case study); discussions on TPT challenges and the way forward; followed by a field visit to a TB clinic in Colombo.

### Day 1- 26-11-2025

Dr. Onali Rajapakshe, Consultant Community Physician, National Programme for Tuberculosis Control and Chest Diseases (NPTCCD), Ministry of Health, Sri Lanka. The presentation highlighted the spectrum from TB infection to active disease, emphasizing the higher risk among close contacts, people living with HIV (PLHIV), and other clinical and high-risk groups. It reviewed global and regional progress in TB Preventive Treatment (TPT), demonstrating significant increases in coverage particularly among household contacts—along with the growing adoption of shorter rifamycin-based regimens.

Completion rates remain high, with nearly 90% of household contacts and over 80% of PLHIV completing TPT. The presentation also discussed diagnostic tools for TB infection and noted stable global trends in BCG vaccination coverage.

Overall, the session underscored the importance of expanding preventive therapy to further reduce the global TB burden.

The lecture on the TB Preventive Programme in Sri Lanka outlined the country's programmatic approach to TB Preventive Therapy (TPT), highlighting its alignment with the WHO End TB Strategy. The presentation emphasized the importance of identifying eligible groups—including close contacts, people living with HIV (PLHIV), clinical risk groups, and other high-risk populations—and ensuring systematic screening, diagnosis, and initiation of TPT.

It described the Programmatic Management of TB Preventive Treatment (PMTPT) framework, which ensures a coordinated national package of services from screening to treatment completion, supported by capacity building, monitoring, and adherence to international guidelines. The session also covered key diagnostic methods, recommended TPT regimens, and the management of special groups such as chronic kidney disease (CKD) patients, individuals receiving anti-TNF therapy, transplant recipients, and people with silicosis.

Furthermore, the presentation reviewed the national LTBI guidelines, the progressive scale-up of screening and treatment, and the cascade-of-care approach aimed at reducing TB incidence and advancing Sri Lanka toward its End TB targets.

The lecture on the Diagnosis of TB Infection highlighted that there is no single gold standard for detecting TB infection and emphasized the essential first step of ruling out active TB disease before initiating preventive therapy. The session reviewed the three main diagnostic methods—Tuberculin Skin Test (TST), TB Antigen–Based Skin Tests (TBST), and Interferon-Gamma Release Assays (IGRAs)—all of which measure immune sensitization to *Mycobacterium tuberculosis*.

The presentation outlined the principles, interpretation criteria, strengths, and limitations of each test, noting challenges such as cross-reactivity with BCG vaccination in TST, the higher specificity of TBSTs, and the laboratory requirements associated with IGRAs. Safety profiles, the booster phenomenon, and the appropriate use of these tests in different populations were also discussed.

Overall, the lecture provided a comprehensive overview of WHO-recommended diagnostic tools for TB infection and their role in strengthening programmatic TB preventive services.

### **Day 2- 27/11/2025**

A field visit to the Central Chest Clinic (CCC), Colombo, was organized to provide participants with practical exposure to tuberculosis (TB) prevention, diagnosis, and treatment services. The visit was attended by members of the STAC team along with training participants who were present physically. The session provided an opportunity for participants to observe the operational

aspects of TB control services and gain insights into the clinic's programmatic approach to TB management. A field visit was conducted to the Central Chest Clinic (CCC), Colombo to provide participants with practical exposure to TB control services. During the visit, Dr. Dilshan Perera, District TB Control Officer (DTCO), delivered a comprehensive briefing on the clinic's functions and operational processes related to TB prevention, diagnosis, treatment, and patient management.

Participants also interacted with Nursing Officers, Public Health Inspectors, and Consultant Respiratory Physicians, gaining valuable insights into the multidisciplinary and collaborative approach adopted for TB care. The visit allowed participants to observe real-world implementation of TB control activities and strengthened their understanding of programmatic TB services in Sri Lanka.

The presentation provided a comprehensive overview of TB Preventive Therapy (TPT) in high-risk clinical groups, emphasizing the TB burden in Sri Lanka and the importance of identifying and treating latent TB infection (LTBI) to prevent progression to active disease. It highlighted four priority groups—people living with HIV, transplant recipients, patients receiving immunosuppressive therapy, and household contacts of TB patients—and discussed their screening requirements and elevated risk of developing TB.

The session explained the methods used for LTBI diagnosis, the necessary steps to rule out active TB disease before initiating preventive therapy, and compared available TPT regimens, including shorter rifamycin-based options such as 3HP, 3HR, 4R, and 1HP. The presentation also addressed potential adverse events associated with TPT, particularly hepatotoxicity, hypersensitivity reactions, and peripheral neuropathy, along with guidance on patient monitoring, education, and management strategies.

Overall, the session emphasized that systematic LTBI screening, appropriate regimen selection, safety monitoring, and strong adherence support are essential for reducing future TB incidence and advancing national TB elimination goals.

Dr. Mizaya Cader (CCP/NPTCCD), gives the presentation on Recording and Reporting in TPT and The National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) is

preparing to conduct a national TB Inventory Survey to identify gaps in tuberculosis (TB) case detection and strengthen surveillance systems in Sri Lanka. The survey will compare TB cases diagnosed and treated across all healthcare providers—including public, private, and non-traditional sectors—with those officially notified to the national TB programme.

This comparison will help estimate the level of under-reporting of TB cases and identify gaps in case notification. The findings are expected to improve the completeness and accuracy of TB surveillance data, promote timely case notification, and enhance collaboration between different healthcare sectors. Ultimately, the survey will support evidence-based planning, improved resource allocation, and more effective TB control strategies in Sri Lanka.

Dr. Mayuri Priyadarshani (DTCO/CCC), Experience sharing at field level on adherence support for TPT. The presentation highlights field-level experiences in supporting adherence to Tuberculosis Preventive Treatment (TPT) in Colombo District, emphasizing that strong adherence is essential to prevent progression from latent TB infection to active disease. It outlines the existing service structure, target groups for TPT, and the full cascade from screening to treatment completion, supported through counselling, home visits, follow-up mechanisms, community engagement, and intersectoral collaboration. Despite these efforts, challenges such as stigma, low awareness, difficulty reaching communities, lengthy regimens, and practical barriers like poor living conditions and natural disasters hinder optimal adherence. The presentation concludes that strengthened counselling, improved coordination, digital reminders, enhanced training, community-based support, and better monitoring systems are critical to improving adherence and achieving successful TPT outcomes.

Dr. Ishani Mawilmada (DTCO/Kandy) explain on Community Engagement for TPT and The presentation highlights how Kandy District has strengthened TB Preventive Therapy (TPT) through extensive community engagement, especially in estate communities facing geographic, economic, and accessibility barriers. Peer groups, community-based organizations, religious leaders, DOTS providers, and estate-sector partners work together to support LTBI awareness, screening, contact tracing, home visits, adherence, and defaulter tracing, using tools such as WhatsApp networks and local outreach. Community-led activities—including street dramas, workshops, mother support groups, and house-to-house campaigns—help reduce stigma and

improve participation. Decentralized Mantoux services, improved access to X-ray facilities, and strong collaboration across 23 MOH areas have significantly enhanced screening uptake, strengthened adherence, reduced loss to follow-up, and improved coordination between health staff and communities, despite ongoing challenges such as stigma, transport limitations, language barriers, and seasonal migration.

### **Day 3- 28/11/2025**

Dr. Thiraj Haputhanthri ,(WHO Country Office/Sri Lanka) gives presentation on Rolling out TPT in SAARC Member States: Common Strategy and The presentation outlines the global and regional strategy for scaling up Tuberculosis Preventive Treatment (TPT) in SAARC member states, emphasizing its crucial role within the End TB Strategy and its potential to significantly accelerate TB incidence decline. It summarizes the evolution of WHO TPT guidelines, detailing key recommendations on identifying high-risk groups, screening and ruling out active TB, testing for TB infection, and selecting appropriate TPT regimens—including shorter rifamycin-based options and levofloxacin for contacts of drug-resistant TB. The PPT highlights evidence of TPT effectiveness, safety, and impact, along with updated operational guidance covering dosing, algorithms, monitoring, adverse event management, and programmatic indicators. It stresses the need to expand TPT coverage, improve screening tools such as CXR, CRP, and rapid diagnostics, adopt new antigen-based tests, and strengthen monitoring through WHO tools, ultimately promoting coordinated efforts across SAARC countries to ensure wider access, better adherence, and higher completion rates of TPT.

Dr. Mizaya Cader, (CCP/NPTCCD) gives presentation on Role of Multi-stakeholders in TPT and The presentation highlights the importance of multi-stakeholder engagement in supporting Tuberculosis Preventive Therapy (TPT). It emphasizes that diverse partners including government institutions, health professionals, community groups, and coordinating bodies like the Country Coordinating Mechanism (CCM)—play key roles in planning, implementing, and monitoring TPT activities. Their collaboration strengthens programme ownership, improves service delivery, ensures accountability, and enhances the overall impact of TB prevention efforts.

Dr. Onali Rajapakshe,(CCP/NPTCCD) gives presentation on Preventive Treatment in DR TB Contacts. The presentation explains the global trends in drug-resistant TB, classifications of resistance, and the importance of screening and preventive therapy for close contacts of DR-TB

patients. It highlights that contacts should undergo CXR and compulsory NAAT testing, followed by TB infection testing if disease is excluded. Based on WHO 2024 guidelines, six months of levofloxacin (6Lfx) is recommended for MDR/RR-TB contacts, supported by clinical trials such as TB-CHAMP and V-QUIN. Special considerations are outlined for children, pregnant and breastfeeding women, and people living with HIV, noting that Lfx is generally safe across these groups with specific precautions. Implementation requires assessing drug susceptibility, potential interactions, comorbidities, and patient preferences, with alternatives considered when fluoroquinolones cannot be used. The presentation concludes by emphasizing MDR-TB as a regional concern, the need for further evidence, and the importance of sharing experiences to strengthen preventive strategies.

Dr. Onali Rajapakshe, (CCP/NPTCCD) gives the presentation on Regional collaboration in research for TPT (Case study)- CRITIC. The presentation outlines the global situation of drug-resistant TB and explains the classifications of resistance, emphasizing the need for systematic contact screening of DR-TB patients using CXR and compulsory NAAT testing, followed by TB infection testing if disease is excluded. Based on WHO 2024 guidelines, it highlights that six months of levofloxacin (6Lfx) is the recommended preventive treatment for close contacts of MDR/RR-TB patients, supported by strong evidence from major clinical trials. Special considerations for children, pregnant and breastfeeding women, and people living with HIV are discussed, noting that Lfx is generally safe with appropriate risk–benefit assessment. Implementation requires evaluating comorbidities, drug interactions, resistance patterns, and patient preference, with limited alternative regimens available if fluoroquinolones cannot be used. The presentation concludes by stressing the regional importance of MDR-TB prevention and the need for continued evidence generation and shared learning.

**The above Regional training conclude on 28 November 2025 with following outcomes**

1. Strengthened the capacity of health professionals/participants from SAARC Member States in the correct use of TB Preventive Therapy (TPT);
2. Scaled up the implementation of TPT across health centers in SAARC Member States;
  - Fostered multi-stakeholder collaboration for effective TPT delivery.

## **5. SAARC regional workshop on multi-sectoral accountability framework for TB and HIV/AIDS Program in SAARC Member States, 10-12 December 2025, Pakistan**

### **Introduction**

Accountability refers to being responsible and answerable for commitments made or action taken. In an elaborative way accountability means “Who is responsible?” or “Who needs to explain?” or “Who needs to answer for this?” For what are they responsible? To whom are they accountable? Different components of the Multi-sectoral Accountability Framework (MAF) have been developed and have been underpinned and informed by laws, regulations and rules, political, professional, moral and ethical code of conduct and convention. Components of the MAF include Commitments, Action, Review and Monitoring and Reporting.

For robust commitments, new, more ambitious, clear and better-defined targets should be set in. For action, new needs to be added, existing needs to be improved and harmful needs to be stopped. For review elevated review should be taken up to the higher level, improvement should be done in the review process which should be more independent, more transparent and with wider participation. Similarly, review outcomes should have real consequences for action. Finally, for monitoring and reporting data quality and coverage needs to be increased and new or improved reports should be developed. Strengthened accountability for the TB and HIV/AIDS response at regional level will contribute to foster progress towards SDG for achieving TB and HIV/AIDS related milestones in alignment with the global targets.

Multi-ministerial and multi-sectoral collaboration is critical. Every stakeholder should be responsible to strengthen this initiative and earmarked funds should be created to strengthen the multi-accountability framework for addressing the TB and HIV/AIDS burden. The design of this framework should come in the National Strategic and Operational Plan. There is a need to establish or strengthen national multi-sectoral mechanisms tasked with providing oversight, coordinate and periodic review. Routine recording and reporting of cases and associated indicators should be maintained via a national information system, special surveys and studies. Furthermore, multi-sectoral accountability sustainability requires a high level of political commitment. There is a need for a high level review mechanism involving different stakeholders from different programs and countries in the member

states. Civil society groups and the affected communities or groups across all components of the accountability framework should come in to strengthen this initiative.

On the recommendation of 32<sup>nd</sup> Meeting of the Governing Board of STAC (28-29 October 2024), the activities, budget and Calendar of Activities of the SAARC Tuberculosis and HIV/AIDS Centre (STAC) for the year 2025 was approved by the 60th session of the programming committee (28-30 April 2025, Kathmandu, Nepal). STAC has organized the “SAARC Regional Workshop on multi-sectoral accountability framework for TB and HIV/AIDS Programme in SAARC Member States” on 10-12 December 2025 in Islamabad, Pakistan. . The List of participants is attached in Annex-V.



**Objective:**

The objectives of the workshop were:

1. To understand the accountability framework of National TB and HIV/AIDS in SAARC member states in terms of organogram, rules, regulations, policy, strategy and monitoring and evaluation
2. To strengthen the four core pillars of accountability framework (Commitments, Actions, Review and Monitoring and Reporting) in SAARC members states for TB and HIV/AIDS program
3. To strengthen multi-sectoral and multi-ministerial collaboration for strengthening TB and HIV/AIDS program in SAARC member states

4. To understand multi-sectoral accountability framework from the patient and the civil society perspective

### **Agenda:**

Each participant used their own laptop, while STAC provided bags, USB drives, stationery, and all necessary handouts including Agenda.

### **Participants, Resource person & Facilitators:**

The three-day programme was attended by 10 participants (including four local resource persons and coordinator) from Pakistan, while Bangladesh, Bhutan, Maldives, Nepal, and Sri Lanka joined virtually. The participants represented the National TB and HIV/AIDS Programmes of the SAARC Member States.

### **Regional Resource Person:**

The programme was also facilitated by one Regional Resource Person, Ms. Sana Saleem, Director, Public Health, Health Protection Agency, Maldives and she is also the Chairperson of Governing Board of SAARC TB and HIV/AIDS Centre.

### **Local Resource Persons/Co-coordinator:**

1. Dr. Abdul Wali Khan, Dy. National Coordinator, Common Management Unit for AIDS, TB & Malaria, Pakistan
2. Dr. Abdul Raheem, Strategic Information Specialist – HIV/AIDS, Common Management Unit for AIDS, TB & Malaria, Pakistan
3. Dr. Afrasyab Altaf, National Prevention & Treatment Coordinator, Common Management Unit for AIDS, TB & Malaria, Pakistan
4. Dr. Seema Saifuddin, Coordinator TB, HIV & Malaria, Common Management Unit for AIDS, TB & Malaria, Pakistan

### **Day I: 12 December 2025**

#### **Inaugural Session:**

The inauguration ceremony was honored by the presence of several distinguished dignitaries, including Mr. Muhammad Aslam Ghouri, Special Secretary Health, Government of Pakistan,

who served as the Chief Guest; Mr. Laeeq Ahmed, National Coordinator, Common Management Unit (CMU) Pakistan; Dr. Abdul Wali Khan, Deputy National Coordinator, CMU Pakistan; and Dr. Rabeya Sultana, Deputy Director of the SAARC TB and HIV/AIDS Centre, Nepal. The event witnessed participation from across the region, with delegates from Bangladesh, Bhutan, Maldives, Nepal, and Sri Lanka joining virtually, while participants from Pakistan attended the ceremony in person.

Dr. Abdul Wali Khan delivered his welcome remarks. Mr. Laeeq Ahmed emphasized the need for strong cross-program coordination within the CMU framework, noting that integrated planning, collaboration with provincial health departments, and engagement with civil society are key to building inclusive and effective accountability systems.

The Chief Guest, Mr. Muhammad Aslam Ghouri, emphasized the critical role of political commitment. He noted that strong political leadership at both national and regional levels is essential to ensure that multi-sectoral accountability mechanisms are sustainable, adequately funded, and fully integrated into national strategic and operational plans.

Dr. Rabeya Sultana, Deputy Director of STAC, delivered an overview of the SAARC Tuberculosis and HIV/AIDS Centre, outlining its mandate and its role in fostering collaboration among Member States. She also shared key regional epidemiological trends for TB and HIV/AIDS, noting that although the region continues to face significant challenges in reaching the End TB and End AIDS targets, there is strong optimism that enhanced cooperation and collective commitment. She underscored that this is precisely why accountability extending beyond the health sector has become increasingly vital.

Dr. Anuj Bhattachan, Director of STAC, delivered his remarks virtually and expressed sincere appreciation to all SAARC Member States for their continued commitment to regional health cooperation. He thanked the Ministries of Health and Foreign Affairs for their support in advancing STAC's initiatives. He also extended special gratitude to the Government of Pakistan for hosting this important workshop and providing a valuable platform for strengthening multi-sectoral accountability across the region.

**Technical Sessions (Day I: 12 December 2025)**

Dr. Rabiya Sultana, Deputy Director, STAC, welcomed the participants to the technical sessions. This was followed by self-introductions from participants, organizers, resource persons, and facilitators.

The technical sessions commenced with a presentation titled “Overview of the MAF-TB: Concept, Components (Commitments, Actions, Monitoring and Review), and Its Relevance across the Region”, delivered by Dr. Afrasyab Altaf. During the session, there were good interactions among Participants and resource persons.

Subsequently, country presentations were delivered by representatives from the SAARC Member States-Bangladesh, Bhutan, Maldives, Pakistan and Sri Lanka. These presentations provided an overview of the epidemiological situation of TB and HIV/AIDS, key challenges and gaps in national responses (including political commitment, social determinants, service integration, and accountability), and the existing accountability frameworks within their national programmes.

The final session of the first half of the day focused on “Resource Mobilization and Partnerships: Engaging Ministries beyond Health, Donors, Civil Society, and the Private Sector”, delivered by Dr. Pasha from WHO, Pakistan. This session was followed by an interactive discussion on country experiences and best practices related to accountability frameworks. Participants from Bhutan, Maldives, Pakistan, and Sri Lanka shared their country-specific experiences and lessons learned. The day concluded with a wrap-up of Day I and key takeaways and setting expectations for day II.

**Day II: 11 December 2025**

The technical sessions of day II began with a recap of the previous day’s activities, presented by Dr. Seema, Coordinator NTP, Pakistan.

This was followed by a session on “Global and regional practices for monitoring & reporting - proposed indicators-including social determinants, equity, and integration drawing from the MAF-TB and TB–HIV collaboration guidance”. The session was facilitated by Dr. Faisal Siraj. Dr. Nazar was delivered to the participants for how to develop regional monitoring framework and divide among the groups

Subsequently, participants engaged in group work on drafting a regional monitoring framework, which focused on the selection of core indicators, identification of data sources, and clarification of roles and responsibilities.

Resource Person, Dr. Khawaja Laqeeq from World Health Organization (WHO) Pakistan delivered a presentation on “advancing multi-sectoral and multi-stakeholder engagement and accountability to end TB” .

The final session of Day II was a country-level planning breakout, during which each Member State drafted a preliminary roadmap for adapting the MAF-TB/TB–HIV framework to their national context. This session was facilitated by Dr. Seema and Dr. Bushra.

### **Day 3: 12<sup>th</sup> December 2025**

Dr. Seema Saifuddin, began day III with a recap of day II and highlighted to the objectives of the sessions for day III.

The technical session was started with the presentation by Regional Resource Person, Ms. Sana Saleem, Director of Public Health, Health Protection Agency, Maldives and Chairperson of Governing Board of SAARC TB and HIV/AIDS Centre on “Multi-sectoral Accountability Framework for TB and HIV in SAARC.” The presentation generated extensive discussion, during which participants raised several queries that were subsequently clarified by Ms. Sana Saleem.

Subsequently, a session on “Peer Review and Feedback: Country/Group Presentations on Proposed National Roadmaps for TB–HIV MAF Implementation and Accountability Frameworks for TB and HIV/AIDS Programmes” was conducted. This session was facilitated by Dr. Bushra and featured diverse perspectives and constructive feedback from participants.

The next session focused on “Resource Mobilization and Partnerships: Engaging Ministries beyond Health, Donors, Civil Society, and the Private Sector,” facilitated by Mr. Azadar Gillani, Mercy Corps Representative from Pakistan.

The technical sessions of Day 3 concluded with a session titled “Accountability Framework from the Patients’ and Civil Society Perspective,” facilitated by Mr. Asghar Satti, APLHIV Representative from Pakistan.

### **Closing Session (12<sup>th</sup> December 2025)**

The closing session of the programme was graced by the following dignitaries:

- Dr. Abdul Wali Khan, Director General Health / Deputy National Coordinator, CMU, Pakistan
- Ms. Sana Saleem, Regional Resource Person
- Ms. Ayesha Gulzar, Assistant Director, Ministry of Foreign Affairs (MOFA), Pakistan
- Dr. Rabeya Sultana, Deputy Director, SAARC TB and HIV/AIDS Centre (STAC)

Dr. Abdul Wali Khan and Ms. Ayesha Gulzar formally concluded the programme by awarding certificates to the participants.

Ms. Sana Saleem, Regional Resource Person, delivered her remarks, appreciating the collective efforts and contributions of all stakeholders. She also expressed special gratitude to the SAARC TB and HIV/AIDS Centre and the Government of Pakistan for the excellent arrangements made for the event.

Ms. Ayesha Gulzar, Assistant Director, MOFA, Pakistan, also addressed the session. She reaffirmed her strong commitment to SAARC initiatives and emphasized her continued support for STAC activities.

Dr. Abdul Wali Khan, Director General Health / Deputy National Coordinator, CMU, Pakistan, expressed his gratitude to the SAARC TB and HIV/AIDS Centre for organizing this important regional event in Pakistan. He assured continued support and collaboration, including the nomination of participants from Pakistan for future regional-level activities.

Dr. Rabeya Sultana, Deputy Director, STAC, delivered the vote of thanks, expressing sincere appreciation to the dignitaries, facilitators, participants, and the organizing team. She also highlighted the upcoming STAC event scheduled for 2026 to be held in Pakistan and sought full support from the Government of Pakistan.

Finally, Dr. Semma Saiffuddin, National Coordinator from Pakistan and Master of ceremony for this 3 days activity, expressed her happiness and pride in being an integral part of the programme.

**Conclusion:**

The programme featured expert presentations, interactive discussions, and hands-on exercises on various aspects of Multi-sectoral Accountability. Participants shared their country experiences on accountability framework in different member states for identified gaps in existing accountability framework and proposed collaborative approaches to address these gaps.

**6. Proposal to call for EoI from Member States for small scale research grants (Research)**

As per the recommendation of 32<sup>nd</sup> Governing Board Meeting held on 28-29 October 2025 and approved by the 60th 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. Tuberculosis in Pregnancy: A Critical Public Health Challenges in Bangladesh’s Urban Slums- Prevalence, Barriers and Policy Pathways.- Bangladesh

Note: The study has been initiated and on progress.

- ii. Assessment of ART Treatment Status through Viral Load Measurement among the People living with HIV (PLHIV) in Bangladesh

Note: The study has been initiated and on progress.

**7. Research**

As per the approved activities, STAC has initiated the following research projects, which are currently under process of completion.

1. Piloting of Active case finding in most risk populated (province) of Nepal to Trace the missing TB case
2. Contact Tracing of contacts of active PTB and confirmed MDR TB cases, Bhutan .The research was scheduled to be completed by the end of December 2025, however, the Government of Bhutan has requested an extension until June 2026 due to national financial regulations.

## 8. Commemoration of World TB Day/SAARC TB Day -2025

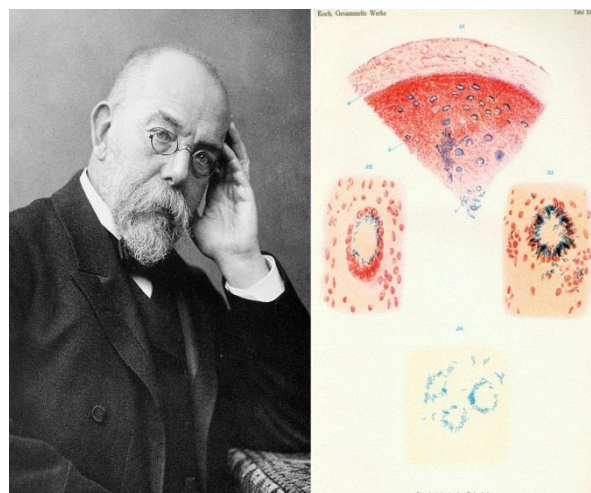
### World TB Day and SAARC TB Day-2025

#### TB Epidemiology:

Tuberculosis is one of the leading causes of death globally. It is estimated that 10.8 million people develop TB diseases in 2023, among which 8.4 million were identified. The estimated death due to TB is 1.25 million and the treatment success rate is 88% (2022 cohort). Around 0.4 million people fell ill with Drug-Resistant TB. The disease is one of the major public health problems in the SAARC Member States. Out of 30 high TB diseases burden countries in the world, Bangladesh, India and Pakistan are in the SAARC region and Nepal accompanies as the fourth country in the region for high MDR TB burden. The control of TB in the SAARC region is progressing, however, there are many obstacle and challenges for MDR-TB, XDR-TB, PTB, Latent TB and TB/HIV co-infections etc. to address.

#### World TB Day and SAARC TB Day:

Dr. Robert Koch announced his discovery of Mycobacterium Tuberculosis as causative bacteria to cause Tuberculosis on 24<sup>th</sup> March, 1882 which opened the way towards diagnosing and curing this deadly disease for his contribution in identifying TB Bacilli, he was given Noble Prize in Physiology or Medicine in 1905. The World TB Day is a day to educate the public and raising awareness about the impact of TB in global, regional and national level.



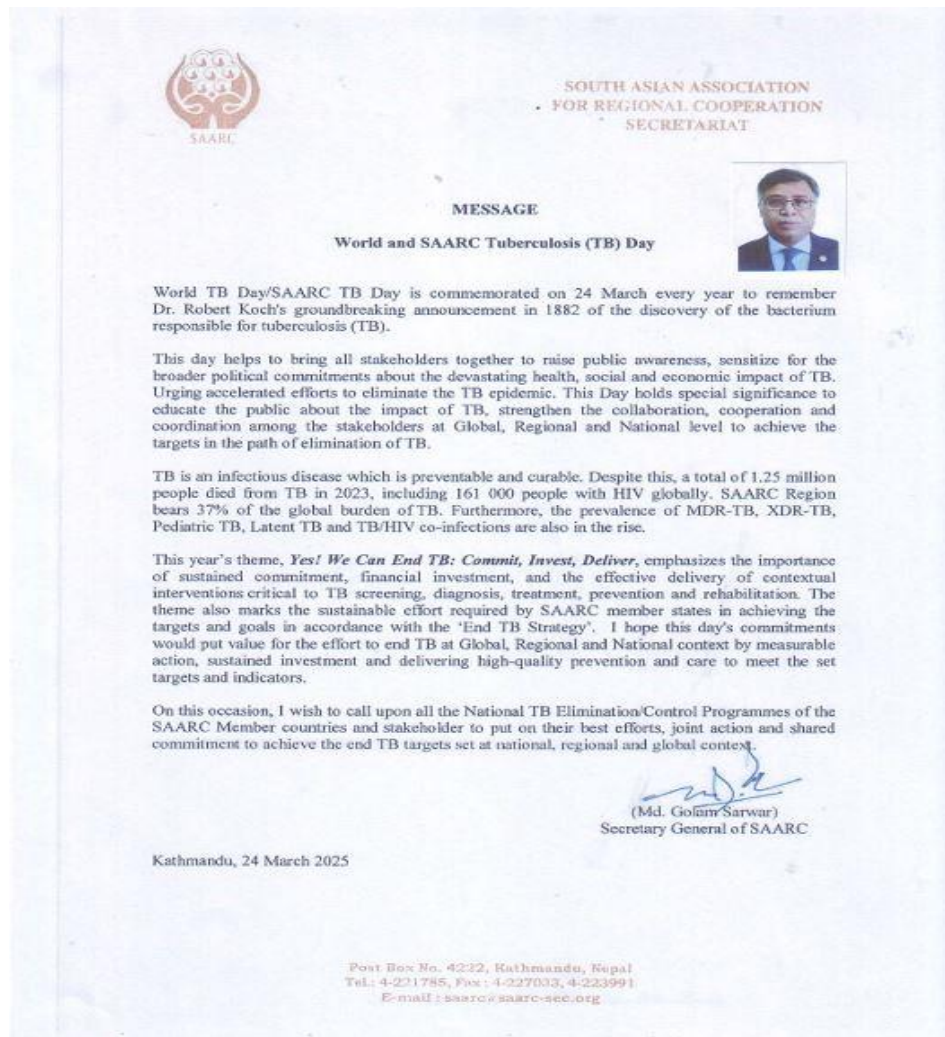
It also brings all the stakeholders together to fight against this deadly disease.

SAARC Tuberculosis and HIV/AIDS Centre (STAC) has been commemorating the World TB Day and SAARC TB Day every year by organizing different level of advocacy and awareness activities. It also participated in the programme organized by National TB Control Centre, Government of Nepal. The Centre has commemorated the World TB Day and SAARC TB Day-2025 by conducting non-budgetary works due to budget constraints:

1. Message for World TB Day and SAARC TB Day from H.E. The Secretary-General of SAARC
2. Organized an event at STAC by inviting Representative from the Ministry of Foreign Affairs, National TB Control Centre, Govt. of Nepal and SAARC Secretariat
3. Participated in the host Institution of National TB Control Centre's activities, Govt. of Nepal.
4. Displayed the awareness information on Tuberculosis in flex banner

### MESSAGE BY H.E. THE SECRETARY- GENERAL of 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 2025, which was circulated to all the Member States.

**An event was organized in STAC premises to commemorate World TB Day and SAARC TB Day 2025 by inviting dignitaries from Ministry of Foreign Affairs, National TB Control Centre, Govt. of Nepal and SAARC Secretariat**

The programme was held on 24<sup>th</sup> March 2025 at STAC hall II with the invited dignitaries.

Dr. Anuj Bhattachan, Director, SAARC TB and HIV/AIDS Centre (STAC) delivered his welcome remarks by extending a warm welcome to all the invitees and dignitaries with Khada and Flower Buke. He thanked to the dignitaries from Ministry of Foreign Affairs, SAARC Secretariat and National TB Control Centre for the participation in the event. He read out the message issued by His Excellency Mr. Md. Golam Sarwar, the Secretary General of SAARC on behalf of



the Secretary General. He highlighted the importance of the commemoration of World TB Day and SAARC TB Day 2025. He reiterated the theme of World TB Day **“Yes! We Can End TB: Commit, Invest, Deliver** “(हो ! हामी क्षयरोग अन्त्य गर्न सक्छौं । लगानीको प्रतिबद्धता र सेवा प्रवाहको सुनिश्चितता आजको आवश्यकता)”. He emphasized that TB is a serious threat in the SAARC Region and to reach the global target to End TB by 2030 and the Regional target of SAARC by 2027, all the SAARC member countries must work together for TB free region with zero deaths, disease and suffering due to TB and to achieve the decline in burden of TB, morbidity and mortality while working towards the elimination of TB by 2027.

Dr. Prajjwal Pyakurel, Research Officer, STAC, delivered his presentation on the Epidemiological Profile of TB in SAARC Member States. He highlighted the Global and SAARC Regional TB Commitments, Strategy and Targets. He also informed the situation of global TB vs. SAARC Region TB burden.

The SAARC TB and HIV/AIDS Centre published an Annual Report of Epidemiological Response on TB- 2024, Chief Guest, Mr. Dawa Tshering, Director (Environment Natural Disasters And Biotechnology), SAARC Secretariat released the 22<sup>nd</sup> issue of the report.

Mr. Narayan Prasad Wagle, Under Secretary, Ministry of Foreign Affairs, Govt. of Nepal delivered his remarks. He highlighted the importance of SAARC in the Regional context. He assured for any kind of support needed from the Ministry of Foreign Affairs in the control of TB and HIV/AIDS activities, Revision of SAARC Regional Strategies and functionalized the SAARC Supranational Reference Laboratory for TB and HIV/AIDS. He wished for the successful achievement of the Centre endeavors.

Dr. Shree Ram Tiwari, Director, NTCC gave his remarks in the event. He highlighted the National TB Control Centre commemorated World TB Day 2025 and in all the places of the country. He also informed that the NTCC has initiated TB free Palika in 149 local municipalities (Ward/rural) of the country. The NTP aims to reduce transmission of the diseases and increase TB case finding from hard to reach area in coming days. He informed about the adverse effects of tuberculosis and how a small effort from a community level can help to find and treat TB patients.

Chief Guest, Mr. Dawa Tshering, Director (Environment Natural Disasters and Biotechnology), SAARC Secretariat delivered his closing remarks. He expressed his happiness that he was able to visit the SAARC TB and HIV/AIDS Centre of its establishment of 30 years. He conveyed congratulation to the SAARC TB and HIV/AIDS Centre for this important initiative. He also informed that more than quarter of the World population resides in the SAARC hence, it is very important role played in line with the theme to target TB Preventive activities in the region. He assured for full support of the SAARC Secretariat office to achieve the target to eliminate TB from the region. He also appreciated the concept of reimagine the role of SAARC TB and HIV/AIDS Centre.



The programme concluded by group photo and followed by snacks. The dignitaries visited the SAARC Supranational Reference Laboratory for TB and HIV/AIDS and a Library of STAC as an observational visit.

## 9. World AIDS Day -2025

Since 1988, 1 December is commemorated as International World AIDS Day dedicated to raising awareness of the AIDS pandemic caused by the spread of HIV infection and mourning those who have died of the disease. This year theme of day is “Overcoming disruption, transforming the AIDS response”. The purpose of commemorating World AIDS Day is to unite the world in the fight against HIV, advocate for the rights of people living with HIV, and highlight progress and ongoing challenges.

SAARC Tuberculosis and HIV/AIDS Centre (STAC) has been commemorating the World AIDS Day every year by organizing different level of advocacy and awareness activities in close collaboration with concerned National Programme NACPs and the collaborating partners.

### Objectives:

1. To advocate, communicate and create social awareness on HIV/AIDS
2. To disseminate regional and global information on HIV/AIDS

**SAARC TB & HIV/AIDS Centre (STAC) commemorated the World AIDS Day on 1 December 2025 by conducting the following activities:**

#### i. Message from H.E. The Secretary-General, SAARC Secretariat



His Excellency Mr. Md. Golam Sarwar, the Secretary General, SAARC Secretariat issued a message on the commemoration of World AIDS Day. This message was circulated to the National AIDS Control Programmes (NACPs) in the Member States for media coverage and for wider dissemination. This message is also available in the STAC webpage ([https://x.com/TB and HIV](https://x.com/TB_and_HIV)) and [x.com](https://www.facebook.com/profile.php?id=100081518016492).

<https://www.facebook.com/profile.php?id=100081518016492>

## ii. Commemoration of World AIDS Day 2025 at STAC Hall

SAARC TB and HIV/AIDS Centre (STAC) organized a programme on the commemoration of World AIDS Day on 1 December 2025 in STAC Hall II. The Centre had invited dignitaries from the SAARC Secretariat, Ministry of Foreign Affairs, Nepal, National Tuberculosis Control Centre (NTCC), World Health Organization (WHO) Nepal, International Organization of Migration (IOM), Nepal in the program. Similarly participants from National Association of PLHA in Nepal and AHF Nepal also participated in the programme. The program was chaired by Dr. Anuj Bhattachan, Director, STAC and the following dignitaries and participants were present in the program:

- Ms. Shaiya Ali Manik, Director SA, SAARC Secretariat
- Mr. Bhuwan Poudel , Under Secretary, MoFA, Nepal
- Dr. Anuj Bhattachan, Director, STAC
- Dr. Rabeya Sultana, Deputy Director, STAC
- Dr. Sriram Tiwari, Director, National Tuberculosis Control Centre (NTCC)
- Dr. Kenza Benani, Team Lead, WHO Nepal
- Mr. Anup Kanti Das, Chief Medical Officer, IOM, Nepal
- Officials from National Tuberculosis Control Centre (NTCC)
- Participants from NAP+N, APH
- Staff of STAC



Dr. Anuj Bhattachan, Director STAC, along with dignitaries and participants during the event.

Dr. Anuj Bhattachan, Director, STAC initiated the program by offering khada and bookie to the distinguish guests. Ms. Shaiya Ali Manik, Director SA, SAARC Secretariat inaugurated the programme by lighting the traditional panas. The programme was followed by unveiling the STAC Publications. Research compilation Vol. I, II, III and SAARC Journal of TB and HIV/AIDS Vol. 23 No. 1 2025 was officially unveiled in the programme.



Ms. Shaiya Ali Manik, Director SA, SAARC Secretariat inaugurating the programme



Unveiling of STAC Publications (Research compilation and SAARC journal)

Mr. Sanjib K. Jha, Statistician (STAC) delivered the welcome address by extending a warm welcome to Director SA, SAARC Secretariat, Under Secretary, MoFA, Nepal, Director, National Tuberculosis Control Centre (NTCC), WHO Nepal, IOM Nepal, participants from NAP+N, APH, staff of the Centre to the programme. He highlighted the importance of commemoration of World AIDS Day. He also made a presentation on regional scenario on HIV/AIDS in the SAARC Member States. He informed that 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. This region is home for estimated number of 3.02 million People living with HIV/AIDS, 67520 new HIV infections and around 47200 AIDS deaths in 2024.

Dr. Kenza Benani, Team Lead, WHO Nepal made her presentation on the global scenario of HIV/AIDS. She informed that HIV still remains a major global public health issue and has claimed an estimated 44.1 million lives to date. She said that the transmission is ongoing in all countries globally and there were an estimated 40.8 million people living with HIV at the end of 2024 among whom 65% of are in the WHO African Region. She informed that estimated 630 000 people died from HIV-related causes and an estimated 1.3 million people acquired HIV in 2024. She also

informed that 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.

Mr. Anup Kanti Das, Chief Medical Officer, IOM Nepal gave his remarks on the importance of commemorating the World AIDS Day. He highlighted the issue of the transmission of the disease at the international level where there are large numbers of people migrating from one country to another for better life. Dr. Sriram Tiwari, Director, NTCC gave his remarks by congratulating STAC for organizing the programme on such an important day. He reiterated that NTCC will always work and support STAC in the collaborative effort to eliminate tuberculosis and end HIV epidemic. Mr. Bhuwan Poudel, Under Secretary, MoFA, Nepal gave his remarks by highlighting the importance of World AIDS Day. He informed that in comparison to world global data and Nepal data on HIV, the treatment success is far better as 0.16 for global and 0.02 for Nepal. He also informed that there were 3500 HIV cases and Nepal was in the positive direction to achieve the SDG target.

Ms. Shaiya Ali Manik, Director SA, SAARC Secretariat gave her remarks by congratulating the Centre for commemorating the World AIDS Day 2025. She read out the message issued on World AIDS Day, 1 December 2025 by H.E. Mr. Golam Sarwar, Secretary General, SAARC Secretariat. Dr. Anuj Bhattachan, Director, STAC, gave his remarks on the progress made by the Centre in achieving the vision, mission and its goals while working in close collaboration with National programmes of the Member States. He thanked all the distinguished guests and the participants for their participation on the commemoration of the World AIDS Day 2025.

### **Media coverage Public Service Broadcasting NTV World Kathmandu**

Media coverage was done as the part of the activity for wider dissemination of the HIV/AIDS information and the conduction of the programme on the World AIDS Day. Dr. Anuj Bhattachan, Director, STAC, Dr. Rabeya Sultana, Deputy Director, STAC and Mr. Bhuwan Poudel, Bhuwan Under Secretary, MoFA, Nepal briefed about the present global and regional HIV/AIDS scenario. The detail of the interview is available in

<https://www.youtube.com/shorts/lisoaacb931>.



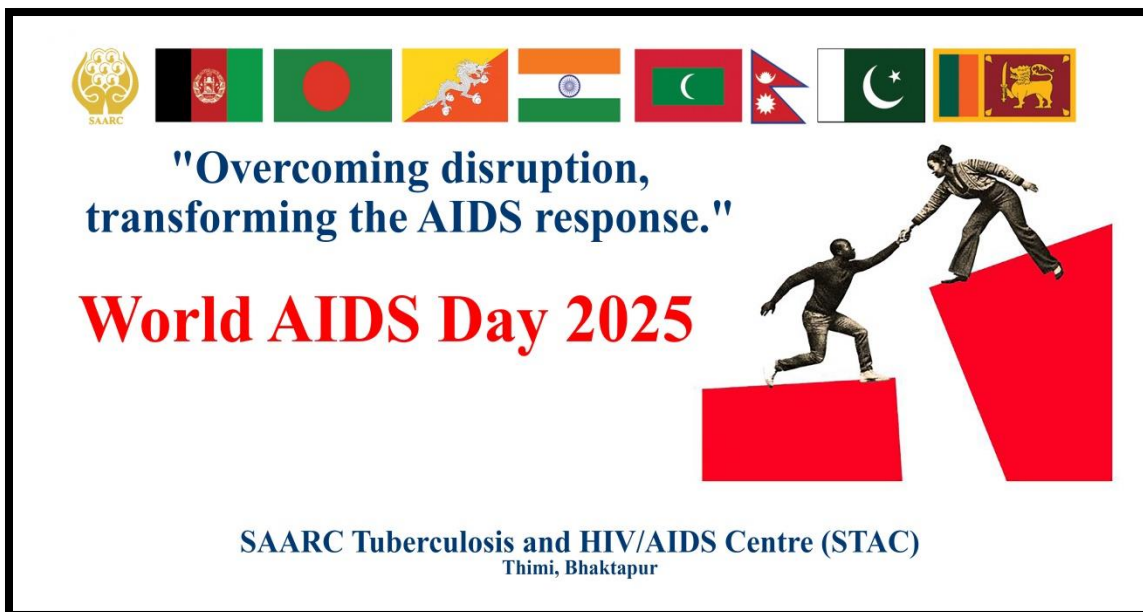
**Advocacy materials:**

The Centre had prepared advocacy materials for distribution to the participants attending in the programme on World AIDS Day. T-shirt, cap and pin badges were prepared as advocacy materials and were distributed on World AIDS Day.



**Display on hoarding board:**

Advocacy information on World AIDS Day 2025 is displayed on the Hoarding Board near the main entrance gate of the Centre.



## 10. Celebration of SAARC Charter Day -2025

### Background

SAARC TB and HIV/AIDS Centre (STAC) Celebrates SAARC Charter Day every year by organizing awareness/advocacy programmes for TB and HIV/AIDS in the SAARC Region. The South Asian Association for Regional Cooperation (SAARC) Charter was signed on 8<sup>th</sup> December, 1985. The Charter reflects the regions shared vision, collectively resolve and mutual pursuit to promote peace, stability and prosperity in South Asia through eradication of poverty, accelerated economic growth and advancement in socio-cultural development. It also focuses on the concerted efforts, collaboration and cooperation among the member states of SAARC.

In compliance to the Thirty Second Meeting of the Governing Board of SAARC TB and HIV/AIDS Centre (STAC), the Centre celebrated the SAARC Charter by organizing a Strategic Dialogue on TB and HIV/AIDS in Hotel Ambassador, Kathmandu, Nepal on 8 December 2025.



Dr. Anuj Bhattachan, Director STAC, along with dignitaries and participants during the event.

### Objectives:

- To Celebrate SAARC Charter Day.
- To promote visibility of SAARC and awareness about its Activities.

- To enhance awareness about TB and HIV/AIDS.
- To disseminate updated information on TB and HIV/AIDS
- To get the commitment/support/guidance for updating the SAARC Strategies on TB and HIV/AIDS

### **Participants**

- Former Directors of STAC
- Representative of UNICEF Regional Office for South Asia (ROSA), Nepal,
- Representative, IUALTD,
- Head, Pulmonology and Critical Care Medicine, Institute of Medicine, T.U.T.H,
- President, President, NATA, Kathmandu,
- Chief, SAARC Section, Ministry of Foreign Affairs, Government of Nepal and
- Journalist from different Media and officials of STAC were present.

### **Programme Report:**

Dr. Anuj Bhattachan, Director of STAC, delivered a warm welcome to all the dignitaries. He highlighted the importance of the establishment of SAARC for the people of the region and emphasized the theme chosen by the Centre for this year, “Strategic Dialogue on Tuberculosis and HIV/AIDS in SAARC.” He noted that tuberculosis and HIV/AIDS are among the leading causes of death in the region and stressed that an effective response requires strong political commitment, trust-building, shared data, joint investment, and mutual accountability. He explained that it is precisely for this reason that the SAARC TB and HIV/AIDS Centre (STAC) exists promoting health diplomacy in action under the guidance of the SAARC Secretariat and in close collaboration with SAARC Member States, strictly following diplomatic channels and protocols. He also expressed his honor, as a Nepali citizen, that both the SAARC Secretariat and the SAARC TB and HIV/AIDS Centre are established in Nepal.

Dr. Rabeya Sultana, Deputy Director, STAC made a presentation on overview of the SAARC, SAARC TB and HIV/AIDS Centre and Regional TB and HIV/AIDS Epidemiological updates. In her presentation she highlighted the introduction of SAARC, its charter and objective and activities of

SAARC Tuberculosis and HIV/AIDS Centre. She also presented the Situation of TB and HIV/AIDS in the SAARC Region.

Mr. Deependra Subba, Librarian, presented the draft Strategic Plan on Tuberculosis on behalf of the team. He briefed about the process undertaken to develop the strategy, including the constitution of an internal Task Force Committee, the formation of a Steering Committee, and its approval by the SAARC Secretariat. He highlighted the history of the development of the SAARC Regional TB Elimination Strategy and the Action Plan/Framework for the revision of the TB Strategy. He further elaborated on the Vision, Mission, Goals, Strategies, and Objectives of the TB Strategy.

Mr. Sanjeeb Kumar Jha, Statistician, presented the draft Strategic Plan on HIV/AIDS on behalf of the team. In his presentation, he highlighted the work carried out by STAC to date, including the formation of the Steering Committee and Task Force for the preparation of the draft strategic plan. He also outlined the key components of the strategy, which include the situation of HIV/AIDS in the SAARC region; strategic development; a performance dashboard; strategic objectives (2018–2023); success stories (2018–2023); critical gaps; strategic priorities (2025–2030); country-specific action plans; governance and accountability; the monitoring and evaluation (M&E) framework diagram for the upcoming strategy; and a call to action.

Following the presentations of the draft TB and HIV/AIDS strategies, a discussion and interaction session was held. All the guests actively participated in the strategic dialogue.

Dr. Rajendra Prasad Pant, Member of the Technical Advisory Group, WHO SEARO, and Former Director of STAC, suggested increasing the budget and look for alternative resources to effectively implement the proposed strategy. He emphasized the need for STAC to conduct a funding landscape study, noting that there is a 60% financial gap in TB programme implementation. As funding from the Global Fund for TB and HIV/AIDS is decreasing, he recommended that STAC take a leading role in sensitizing Member States to increase budgetary allocations for TB and HIV/AIDS programmes.

Dr. Ramesh Kumar Kharel, Former Director of STAC, emphasized that ground realities should not be overlooked while developing the strategy. He stressed the importance of strong coordination with the Ministry of Health, Ministry of Foreign Affairs, National Tuberculosis Control Programmes,

National AIDS Control Programmes of Member States, and the SAARC Secretariat. Dr. Sharat Chandra Verma, Former Director of STAC, highlighted the need to address practical issues in the strategy so that it is suitable for all Member States. He suggested conducting a micro-level analysis of Member States' existing strategies and identifying focal persons in each Member State to ensure direct and effective communication for STAC activities. Dr. Brajendra Srivastava, President of the Nepalese Respiratory Society, emphasized the importance of Advocacy, Communication, and Social Mobilization (ACSM) for TB and HIV/AIDS. He noted the lack of adequate advocacy in Nepal and suggested integrating screening for diabetes among TB and HIV/AIDS patients. Mr. Devendra Bahadur Pradhan, Nepal Anti-Tuberculosis Association (NATA), Kalimati, Kathmandu, stated that Global Fund support for Nepal has been decreasing. He recommended that STAC and the National Tuberculosis Control Centre (NTCC) coordinate with the Ministry of Health, Government of Nepal, to increase programme funding. He also pointed out that no major scientific session on TB and HIV/AIDS has been held in Nepal for a long time and requested support for organizing a national or regional conference.

Dr. Abhimanyu Singh, Senior Technical Advisor, The Union (IUTLD), Paris, France, currently based in Kathmandu, suggested incorporating new diagnostic techniques for TB and HIV/AIDS into the strategy. He emphasized strengthening advocacy components, implementing population-based screening in areas reporting more than 500 cases, and improving recording and reporting systems. He also stressed the need for increased training, operational research, and addressing cross-border TB and HIV/AIDS issues.

Dr. Niraj Bam, Head of the Department of Pulmonology and Critical Care Medicine, TUTH, IOM, Tribhuvan University, highlighted the need to strengthen the TB registration system, noting that approximately 40% of patients remain unregistered as they seek treatment from private healthcare providers. He emphasized increasing research on MDR-TB in the SAARC region and the urgency of developing new policies for MDR-TB management. He also stressed the need for conferences on TB and HIV/AIDS in Nepal, enhanced tertiary-level management of TB with co-morbidities and extra-pulmonary TB, and the establishment of isolation wards for critical TB and co-morbidity cases in government hospitals.

The representative from UNICEF Regional Office for South Asia (ROSA) emphasized the importance of safe injection programmes, the need for separate programmes for adults and children, and the development of plans that can be implemented in low-resource settings.

Dr. Yubanidhi Basaula, Director of Sukraraj Tropical and Infectious Disease Hospital, thanked the Centre for the opportunity to participate in the programme. He emphasized the government's role in managing resources, strengthening human resources, and improving registry systems for TB control. He also appreciated the contributions of NATA and GENETUP.

Mr. Bhuvan Poudel, Chief, SAARC Section, Regional Organization Division, Ministry of Foreign Affairs, Government of Nepal, thanked STAC for organizing the programme and expressed full support for STAC activities on behalf of the Ministry. He suggested increasing the number of members in the TB and HIV Task Forces by incorporating experts from Member States.

In his closing remarks, the Chief Guest, Dr. Dirgh Singh Bam, Former Secretary, Ministry of Health and Population, Government of Nepal, and Former Director, emphasized the importance of sustained political commitment, investment in public health systems, and regional solidarity to combat TB and HIV/AIDS, which continue to impose significant health and economic burdens across the SAARC region.

Mrs. Meena Kumari Dhakal, SPA/Admin. Officer (o) of STAC delivered the vote of thanks on behalf of the Centre. She expressed her sincere gratitude and thanked all distinguished dignitaries participated in the programme in spite their busy schedule. She also expressed sincere appreciation to all participants for their valuable contributions and suggestions toward the development of the SAARC Regional Strategy on TB and HIV/AIDS.

## 11. Skill Development/Capacity Building of GSS 16-18 December 2025 at Hotel Himalaya Horizon, Dhulikhel, Kavre

As per the approved calendar of activity, the SAARC Tuberculosis and HIV/AIDS Centre (STAC) organized a three-day skill development training for all the General Service Staff (GSS Category I-III) from 16-18 December 2025 at Hotel Himalaya Horizon, Dhulikhel, Kavre. All GSS members participated in the training, including the Director and Deputy Director of STAC.

The objective of the Training was to strengthen knowledge, enhance professional skills in respective functional areas and motivate GSS staff to perform their duties more effectively.



Dr. Anuj Bhattachan, Director of STAC, with the GB Chairperson and participants of the GSS Training.

The Training programme commenced with a warm welcome address by Dr. Anuj Bhattachan, Director, STAC who highlighted the objectives and emphasized the importance of capacity building and skill enhancement for General Service Staff.

The closing session of the training programme was also chaired by Dr. Anuj Bhattachan, Director, STAC. He expressed sincere appreciation to the resource persons for their valuable time and efforts in making the sessions interactive and easy to understand. He noted that despite the diverse backgrounds and heterogeneous nature of the participants, the training agenda and materials were

well-organized and carefully designed to ensure practical relevance and usefulness. He further expressed confidence that the skills gained during the training would be beneficial to all staff members. He also acknowledged the dedicated support of staff who worked behind the scenes to ensure the successful organization of the programme. Overall, participants demonstrated strong enthusiasm for learning and actively engaged in all training sessions. During the training, all staff members were oriented and trained on strategic thinking, strategic analysis, strategic issue identification, strategy formulation, managing self, time and priority management, preparation of self-development plans, and action plan development

## **12. Presentation & Dissemination of Research findings on TB & HIV/AIDS through participation in International Conferences (TB and HIV) by Director/ Professional -Participation in 13<sup>th</sup> International AID Society Conference on HIV Science, from 13-17 July 2025, Kigali, Rwanda**

### **Background**

IAS 2025, hosted in a hybrid format (in-person in Kigali and virtual), convened nearly 4,000 participants amid a severe global funding crisis triggered by US foreign aid cuts (including PEPFAR disruptions). The event emphasized African-led resilience, country ownership, integration into primary health care (PHC), sustainable financing, differentiated service delivery (DSD), long-acting prevention tools, and the urgency of protecting gains toward ending AIDS by 2030. Key outcomes included the Kigali Declaration calling for sustained commitment despite funding shocks, and discussions on domestic resource mobilization, community-led responses, and innovations in HIV science.

Dr. Anuj Bhattachan, Director of STAC, was present in person at the conference. The Purpose of the Conference was to engage with global HIV leaders, attend sessions on funding transitions and sustainable responses, network for potential collaborations (particularly on TB/HIV co-infection, cross-border health initiatives in South Asia, and regional advocacy), and bring back actionable insights for STAC's work in SAARC countries.

## Key Activities and Sessions Attended:

- Pre-conference and Opening (13 July): Welcomed country-led responses to funding cuts; keynote on building resilient health systems and prioritizing prevention.
- Funding Crisis Sessions (13–15 July): Explored impacts on key populations, community services, and national responses in Malawi, Uganda, Kenya, Nigeria, Ghana, Tanzania, South Africa, Eswatini, Zambia, and Zimbabwe. Highlighted strategies like domestic financing (e.g., AIDS levies), integration into chronic care/NCDs, minimum service packages (MSP), social contracting, and task shifting.
- Differentiated Service Delivery (DSD) and Integration (14 July): Discussed DSD as a resilience tool amid uncertainty, with lessons from Zambia, Uganda, South Africa, and Malawi on minimum packages, integration into PHC, and community roles.
- Rwanda's Success Story (14 July): Celebrated Rwanda's achievement of 95-95-95 targets ahead of 2030, driven by political commitment, data-driven planning, partnerships, and integration with NCD/ageing care.
- HIV Cure and Basic Science (14–15 July): Satellite on Africa HIV Cure Consortium; plenary on HIV reservoir and long-acting ART; emphasized need for regional genomic/subtype studies to inform control programs.
- Prevention, Long-Acting Tools, and Syndemics (15–17 July): Sessions on injectable PrEP, harm reduction, cervical cancer in WLWH, and holistic syndemics (e.g., mpox-HIV overlap).
- Closing and Rapporteur Summaries (17 July): Reflected on scientific momentum, equitable collaboration, and community leadership in monitoring amid big data/AI advances.



**Networking and Engagement:**

- Announced availability for discussions on collaborations via X posts (8 and 11 July 2025), tagging @saarctb and conference handles.
- Explored linkages between TB/HIV priorities (e.g., co-infection management, supply chain resilience) and global HIV advancements, particularly in funding transitions and integrated care.

**Key Takeaways and Insights Gained:**

- **Funding Resilience:** Shift to country ownership, domestic financing, integration into national health systems/PHC, and community involvement are essential to mitigate donor cuts. Prevention remains critical despite resource constraints.
- **Integration and Sustainability:** DSD, MSP, and PHC convergence (e.g., HIV with NCDs, viral hepatitis) offer pathways to efficiency and shock absorption.
- **Regional Relevance:** African examples (e.g., Rwanda's success, domestic levies in Zimbabwe) provide models for SAARC advocacy on sustainable TB/HIV financing and cross-border collaboration.
- **Scientific Priorities:** Greater investment needed in regional HIV diversity/genomics research to guide targeted interventions.

**Outcomes and Benefits:**

- Enhanced visibility of South Asian perspectives in global forums.
- Identified opportunities for future partnerships in TB/HIV intersectional work, knowledge exchange, and advocacy for resilient funding models.
- Gained practical insights on adapting to funding uncertainties, applicable to STAC's regional programs.

**Recommendations for Follow-Up:**

- Pursue contacts/networking leads for potential STAC collaborations (e.g., on integrated TB/HIV services or regional sustainability planning).
- Integrate learnings into STAC strategies, such as advocating for domestic resource mobilization, MSP approaches, and PHC integration in SAARC contexts.

- Monitor Kigali Declaration signatories and related initiatives for alignment with regional goals.

In overall, this participation supported STAC's mission to strengthen regional TB/HIV responses and contribute to global efforts to end HIV as a public health threat by 2030, despite ongoing challenges.

### **13. Participation in the Review of activities NTPs and NACPs/ in the SAARC Member States by Director/Professional**

#### **- Participation in National Tuberculosis Program Annual Review Workshop, Nepal**



The National Tuberculosis Program (NTP) Annual Review Workshop was held at the Airport Hotel on 1-2 July 2025. The event brought together key stakeholders, program leaders, and representatives from various organizations to review progress, discuss challenges, and strategize for the future of tuberculosis control in Nepal. On 01 July 2025, Mr. Bihari Sharan Kuikel (Epidemiologist) represented STAC at the opening session.

Dr. Shree Ram Tiwari (Director, NTCC) chaired the opening session, providing an overview of the workshop's objectives and setting the tone for collaborative discussions.

Participants reviewed the achievements and challenges of the past year, focusing on case detection, treatment outcomes, and programmatic innovations.

Discussions centered on identifying gaps, setting priorities for the coming year, and aligning efforts with national health policies. The Annual Review Workshop served as a vital platform for reflection and strategic planning for the upcoming year's tuberculosis control efforts.

#### 14. Review of Article for SAARC Journals of TB Lung Disease and HIV/AIDS

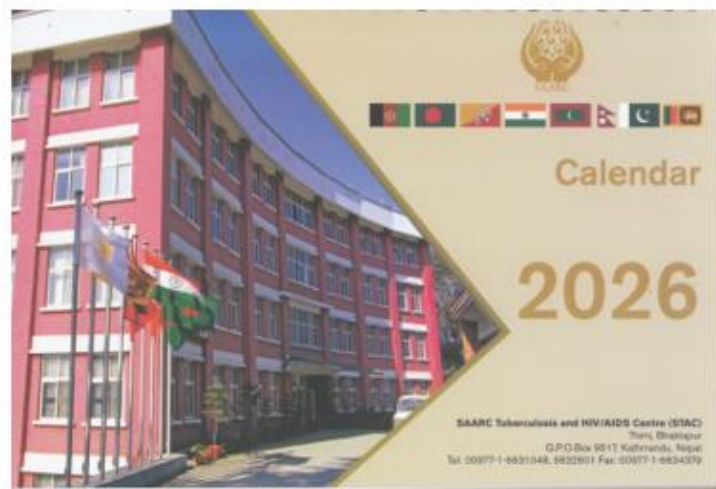
The following articles were reviewed by internal and external reviewers for publishing in the first issue of the Journal of 2025

1. Systematic meta-analysis of Tuberculosis Meningitis: The Burden and the Challenges in South Asia.
2. Epidemiological Characteristics of Tuberculosis and Treatment Outcome from 2019 to 2023 in Gandaki Province of Nepal.
3. Understanding Health Insurance Accessibility for People Living with HIV/AIDS in Kathmandu Valley: Barriers, Attitudes and Policy Recommendations.
4. Tuberculosis Knowledge in the Community: Insights and Gaps from Belkotgadhi, Nuwakot District, Nepal.
5. Prevalence and Clinical Profile of Peripheral Neuropathy among HIV Patients visiting a tertiary care hospital in North Karnataka: A cross-sectional observational study.



## 15. Printing of STAC Publications (Wall Calendar -2026, STAC Journal and other promotional material of STAC)

STAC publications contains reports on activities, research reports, 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](http://www.saarctb.org)) which can be downloaded freely for non-commercial purpose.



## 16. Joining of Deputy Director, Dr. Rabeya Sultana at STAC

Dr. Rabeya Sultana joined the SAARC Tuberculosis and HIV/AIDS Centre (STAC) on 6 October 2025 as Deputy Director. She supports the Centre's work through the planning, coordination, and implementation of technical and programmatic activities related to tuberculosis and HIV/AIDS across SAARC Member States, and



contributes to institutional governance and regional collaboration. She has over 12 years of experience in field epidemiology and public health surveillance, with technical expertise in tuberculosis, antimicrobial resistance (AMR), molecular epidemiology, global disease detection and response, health systems strengthening, and public health research.

Dr. Sultana holds postgraduate qualifications in Virology and Epidemiology. She is a member of the Bangladesh Civil Service and has served under the Ministry of Health and Family Welfare (MoHFW), Government of the People's Republic of Bangladesh, since 2006.

In her current role, she contributes to evidence-based policy development, capacity building, and strengthened regional responses to tuberculosis and HIV/AIDS in the SAARC region.

## 17. Visit of Different Dignitaries

### **Visit of Ms. Sana Saleem, Chairperson, Governing Board of SAARC Tuberculosis and HIV/AIDS Centre (STAC) and Director, Protection Agency, Ministry of Health and Population Government of Maldives to STAC**

Ms. Sana Saleem, Chairperson Governing Board, SAARC Tuberculosis and HIV/AIDS Centre (STAC), Director, Health Protection Agency, Ministry of Health, and Government of Maldives visited STAC on 1 June 2025. The discussion was held with Director, STAC and staffs of STAC on the development of the Centre, its activities and future programmes. She wishes that the Centre will perform for the betterment of the people of the SAARC Region. She observed the functioning infrastructure and facilities of the Centre.

### **Visit of Dr. Md. Saidur Rahman, Program Manager-HIV/AIDS, National AIDS/STD Control Program, Bangladesh to STAC**

Dr. Saidur Rahman, PhD; Associate Prof (Derma) & Venerology, Program Manager- HIV/AIDS, National AIDS/STD Control Program, Bangladesh, visited SAARC TB and HIV/AIDS Centre on 29 August 2025. Director, STAC and all staff of STAC welcomed him. Director, STAC brief him about the vision, progress and the future programme of the Centre. Dr. Rahaman also brief about the functioning and progress of the of National AIDS/STD Control Programme of Bangladesh. He observed the functioning, infrastructure and facilities of the Centre.

### **Visit of Team from IOM, Nepal to STAC**

A meeting with Mr. Anup Kanti Das, Team lead, IOM Nepal Country Office, Kathmandu and Director, STAC held in Director's Chamber on 1 September 2025. Director STAC briefed about the mission, Vision of the Centre. He also the short history of STAC and the activities of the STAC. He mainly emphasized on the activities STAC had initiated on Cross Boarder Issue and Migration Health. Mr. Anup Kanti Das, Team lead, IOM briefed about the activities of IOM, Nepal performing in Nepal on Cross border issue and Migration health regarding TB and HIV/AIDS Control. Furthermore the meeting discussed on possible collaboration on Cross border issue and Migration health regarding TB and HIV/AIDS Control.

## 18. Visit of SAARC Intern to STAC, 26 May 2025

### SAARC Interns visit to SAARC TB & HIV/AIDS Centre (STAC)

26 May 2025

A team of SAARC Interns visited SAARC TB & HIV/AIDS Centre (STAC) on 26 May 2025. The team was led by Ms. Shahiya Ali Manik, Director, Social Affairs and Mr. Gaurav Nagar, Desk Officer, IPA from the SAARC Secretariat. Dr. Anuj Bhattachan, Director, Dr. Prajjwal Pyakurel, Research Officer, Mrs. Meena Kumari Dhakal, Admin. Officer (o) and Mr. Deependra Subba, Librarian from STAC welcomed the visiting team.



Twenty students representing different universities of India who were doing their internship at the SAARC Secretariat visited the Centre. This was the first visit made by the SAARC Interns to SAARC TB and HIV/AIDS Centre (STAC). An interaction program was conducted with the visiting SAARC Interns in the STAC Hall I.

The interaction program commenced with self-introduction from the delegates and the participants. Dr. Prajjwal Pyakurel, Research Officer, STAC inducted the program by welcoming the Director (SA), Desk Officer and the visiting SAARC Interns. He expressed that such type of visit would help to recognize the Centre at the regional level within the SAARC Member States.



Dr. P. Pyakurel made a presentation on the introduction of STAC as a Regional Centre. He highlighted on the brief history of the Centre, its vision, mission, goals and objectives. He also provided information on the functions and various activities carried by the Centre. He informed about

the regional strategies on TB and HIV/AIDS developed by the Centre. He also informed about the SAARC journal of TB and HIV/AIDS published from the Centre. During his presentation, epidemiological data on TB and HIV/AIDS of the SAARC Member States was also shared with the participants. He also mentioned about the research activities carried by the Centre at the SAARC regional level.

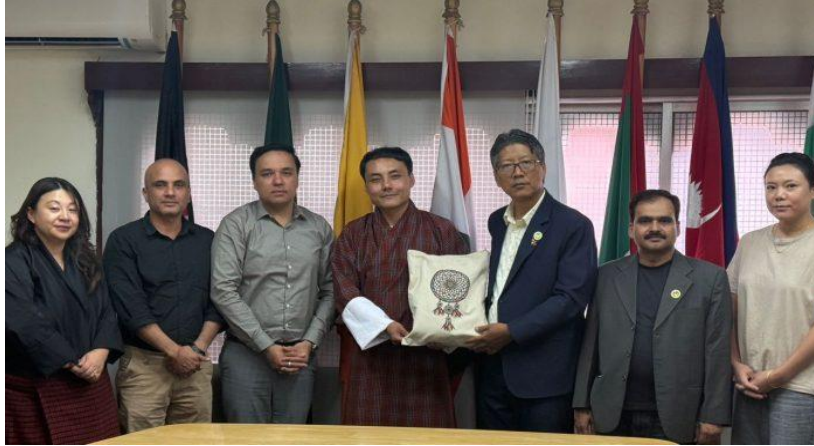
The SAARC Interns took keen interest in the presentation. After the completion of it, the floor was opened for discussion and queries by the interns. During this session, the interns put forward queries on how students' contribution at SAARC level could help to overcome the challenges made by these diseases (TB and HIV/AIDS). They also enquired about the AI technologies that may have been used in the treatment of these diseases. The discussion also focused on the pediatric tuberculosis and its challenges in available treatment facilities. The stigma, discrimination and the cultural value in perspective of HIV/AIDS and its challenges faced in the society was also the focus of the discussion. The Director (SA), Director (STAC) and the Research Officer (STAC) facilitated the discussion and answered the queries made by them.

The interaction program concluded with a thank you note from Ms. Shahiya Ali Manik, Director, (SA). She thanked the team of STAC for facilitating the interaction program. She informed that it was the first program of its kind and such program would be able to bring wider understanding about the SAARC Secretariat and SAARC TB & HIV/AIDS (STAC) to the people of this region.

At the end of the program, the interns made an observation of the physical facilities, the supra reference laboratory, library and the administrative section of the Centre.

## **19. Visit of SAARC Development fund by Director, STAC**

Dr. Anuj Bhattachan, Director of the SAARC Tuberculosis and HIV/AIDS Centre (STAC), undertook a courtesy visit to the SAARC Development Fund (SDF) Secretariat in Thimphu, Bhutan, on Monday, 25 August 2025. The visit highlighted STAC's continued efforts to strengthen institutional partnerships and promote enhanced regional collaboration in addressing Tuberculosis and HIV/AIDS among SAARC Member States.



The discussions during the visit centered on identifying potential areas of collaboration between STAC and SDF, with particular emphasis on supporting regional health programs and resource mobilization. The interaction reaffirmed the mutual commitment of both institutions to advancing sustainable development goals and improving public health outcomes across the SAARC region.

## 20. Audit of the Accounts of STAC for the Year 2024

A Joint Audit Team (JAT 2024) comprising auditors Mr. Alif Jan Afridi , Director General (B & A), Office of the Auditor- General of Pakistan, Mr. Muhammad Asif, Director (SSA), Office of the Auditor- General of Pakistan, Mr. Dipendra Dhakal, Director, Office of the Auditor General, Nepal and Mr. Ghanshyam Poudel, Audit Officer, 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 2024 on 24-25 July, 2025 at STAC.



## **Annexes (I-V)**

**SAARC Regional Training on Data Management for TB and HIV/AIDS****Date: 28th August 2025****Venue: Hotel Osel, Thimphu****List of Participants**

Sl No	Name	Designation	Country	Email ID	Whatsapp number	Remarks
1	Dr. Chime Dema	GDMO	Bhutan	chimedema@gmail.com	975 77496456	Participants
2	Tshering Samdrup	Statistical Officer	Bhutan	tsamdrup@health.gov.bt	975 17359227	Participants
3	Jurmi Dukpa	Counsellor	Bhutan	jdukpa@jdwnrh.gov.bt	975 17630856	Participants
4	Dorji	TB Incharge	Bhutan	dorji@jdwnrh.gov.bt	975 17717759	Participants
5	Dechen Wangmo	Asst M & E Officer, NACP	Bhutan	dechen.ongmo12@gmail.com	97577400631	Participants
6	Rinchen Dema	Asst M & E Officer, NTCP	Bhutan	rinzodenima123@gmail.com	975 17983987	Participants
7	Dr. Md. Saidur Rahman	Programme Manager (HIV/AIDS)	Bangladesh	saidur_hiv aids@yahoo.com	8.80172E+12	Participants
8	Dr. Shreeram Tiwari,	Director, NTCC	Nepal	drshreeram@gmail.com	977-9851165087	Participants
9	Mr. Bir Bahadur Rawal	Evaluation, Surveillance and Research chief, NTCC	Nepal	Bir.rawal@gmail.com	977-9848444242	Participants
10	Dr. Faheem Jan	Research Officer, TB	Pakistan	faheem.jan@cmu.gov.pk	9.23339E+11	Participants (Virtual)
11	Dr. Vinay Garg	Deputy Commissioner, Central TB Division	India	vinay.garg@rntcp.org	91 93125 03917	Participants
12	Dr. Anuj Bhattachan	Director, STAC	Nepal	director@saarctb.org	9851421549	STAC
13	Mr. Sanjeeb Kumar Jha	Statistician	Nepal	stat@saarctb.org	9851098554	STAC

14	Dr. Sithar Dorjee	One Health Consultant, WHO	Bhutan	sithardorjee2012@gmail.com	975 17954713	Resource Person
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**18 September 2025**

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**SAARC Regional Training on Capacity Building of Health Professionals on  
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**SAARC Regional workshop on Multi-Sectoral Accountability Framework for TB and HIV/AIDS Programme in  
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