Hon’ble Ministers, distinguished delegates, respected DG and colleagues, I am pleased and honoured to address this session focused on one of South-East Asia’s most critical health and development priorities – ending TB.

South-East Asia accounts for about one in four of the world’s people but for 45% of the global TB burden. In 2016, there were 4.7 million new TB cases in South-East Asia and nearly 700,000 TB deaths. South-East Asia accounts for about 30% of the world’s cases of rifampicin-or-multi-drug-resistant TB cases, including 215,000 cases of MDR-TB in 2016 alone.

Although South-East Asia remains disproportionately affected by TB, there is some good news to report. From 2000 to 2015, TB incidence fell by more than 17% and the TB mortality rate was cut almost in half. From 2015 to 2016, TB notifications rose from 2.7 million to 2.9 million.

However, at the current pace, many countries as well as the region as a whole will not reach our ambitious 2030 TB targets. While TB notifications have increased, we still have more than 1.5 million missing TB cases across our region. Our treatment success has declined over the last two years, to 78%. In 2014, only about half of MDR-TB cases who initiated therapy were successfully treated.

Given the extraordinary morbidity and mortality associated with TB in South-East Asia, we have no time to waste in implementing bolder policies and more effective prevention, screening and treatment programmes. Each year’s delay in fast-tracking the regional TB response results in 700,000 lives lost, about 4.7 million additional TB cases, and close to $4 billion in patient costs.

In the face of this profound threat to the future health and well-being of South-East Asia, political leaders from across the region have taken steps to strengthen and renew their commitment to fight TB. In 2017, at a landmark ministerial meeting in Delhi, all Member States endorsed a Call for Action to take the steps needed to end TB in our region by the 2030
deadline. Accelerating efforts to end TB is now among the flagship priorities for the WHO South-East Asia office.

To translate commitment into action, several countries in the region have taken concrete steps to put national efforts on track to strengthen TB control. Bhutan has issued an official circular to all sub-national staff regarding the Delhi Call to Action. India and Sri Lanka have each set a goal of ending TB by 2025, Indonesia is scaling up rapid molecular tests to diagnose and treat missing TB cases, and Thailand has approved a new strategic plan to sharply lower TB incidence. All other countries have also aligned their national strategic plan targets to the End TB goals.

Regional efforts to strengthen progress in combating TB have identified key actions steps that need to be taken, and WHO-SEARO is now working with countries to implement these essential actions. Every country should have in place national initiatives to monitor progress and work strategically to mobilize the resources needed to fully fund these initiatives. In the context of working towards Universal Health Coverage, steps are needed to ensure universal access to high-quality TB care. Affected communities need to be engaged as full partners in the response to TB, and programmes should work to complement biomedical interventions with patient-centred socioeconomic support for all TB patients. Public sector leadership and programming should be coupled with a more robust engagement of the private sector in TB control efforts.

Establishment of learning sites in Member States can spur innovation and implementation research to aid in fast-tracking national responses. In particular, innovation is needed with respect to efforts to address the social and structural determinants that perpetuate and worsen the TB problem in the region.

All of this is ambitious, but it is entirely achievable – if we summon sufficient political leadership and commitment. Time and again, our region has shown that the most difficult problems can be overcome with a laser-like focus, zealous political leadership, and allocation of resources commensurate with the problem. The time is now to approach our region’s TB challenge with the zeal and single-minded focus it warrants.