

# *Opening Remarks*

*By*  
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*At*

*World TB Day 2008*

*“I am Stopping TB”*

*WHO/SEARO, New Delhi*  
*24 March 2008*

# **World TB Day 2008**

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**DR SAMLEE PLIANBANGCHANG  
REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Colleagues; honourable guests; ladies and gentlemen,

With great pleasure I welcome you to the commemoration of World TB Day 2008. The 24<sup>th</sup> of March every year is World TB Day. It is an opportunity to renew and reaffirm our commitment to efforts to stop TB. These efforts call for concerted action, nationally and internationally. It is also a day to acknowledge and thank all those who have contributed one way or the other to TB control.

National TB Programmes in countries of the WHO South-East Asia Region have made significant progress during the recent past. As far as treatment of TB cases is concerned, the success in the implementation of the Directly Observed Treatment Short course (DOTS) strategy has been widely acknowledged. Over two million patients are registered for treatment every year in the South-East Asia Region. For the first time in many decades, there is emerging evidence of a decreasing trend in the burden of TB in this Region. However, DOTS alone will not lead to achieving the TB-related targets under the Millennium Development Goals. And DOTS alone will not guarantee a long-term sustainability of TB control. While appreciating the benefits from technological advancement in the treatment of TB cases also need to recognize the fact that there are many other factors, social and economic, involved in the occurrence of TB and that these factors affect the ways TB is to be put under control.

TB is a disease of the poor who are usually underprivileged and marginalized. TB leads to poverty, and makes the poor poorer. Thus, it perpetuates poverty in the poor population. Living and working environments in poor conditions allow easy transmission of TB. Malnutrition, age and gender-related factors, as well as unhealthy coping strategies of individuals spur the progression from the dormant condition to active disease. These factors are heavily influenced by socioeconomic inequalities that the health sector alone cannot correct. These factors should be given adequate attention when a TB control programme is planned.

While focusing on the treatment of cases we also need to move steadily towards promoting general good health in order to bolster the natural immunity of the population. We should not underestimate the impact of nutrition, adequate physical activities and clean environments in TB control. The theme of this year's World TB Day is "I am stopping TB". It is a message of personal commitment from the people of all walks of life to stopping TB. This nicely relates to multidisciplinary and multisectoral actions, as well as a multiprong approach in TB control. These are important for long-term TB control. Whatever and however, DOTS will continue to be our key strategy to TB control.

In addition to our success in the treatment of uncomplicated cases, our interventions to treat those with Multidrug-Resistant Tuberculosis (MDR-TB) are steadily gaining ground in the Region. Collaborative activities have been established with HIV/AIDS programmes in countries for the treatment of HIV/TB co-infected cases. These efforts involve the private sector and civil society in particular. We are aware that to move towards complete elimination of TB we will need to do much more to ensure that all TB patients are reached for quality care. This is the issue of reaching the unreached, which is difficult in public health interventions especially among the remote and poor rural population. We need to keep in mind also that TB patients are not entirely free of social stigma that compounds the difficulty in reaching TB cases in certain population groups.

Central to these endeavours to eliminate TB are a multitude of

- public health-care workers,
- private health-care providers,
- non-governmental Organizations,
- community-based volunteers,
- the patients themselves, and
- all others wherever they may be.

These people can best and comprehensively help ensure that all TB patients receive quality care. This World TB Day is a reaffirmation that everyone's contribution is counted. Governments and development partners must support these individuals through their steady commitment, in both policy and resource matters. I would finally conclude by urging everyone to fully participate in the efforts to eventually and permanently eliminate this age-old scourge so that our future generations can live in a world without TB. Thank you.