



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

High-level meeting to commemorate World Tuberculosis Day 2014



Copenhagen, Denmark
24 March 2014

ABSTRACT

The WHO Regional Office for Europe organized a high-level event to commemorate World Tuberculosis Day on 24 March 2014, marking the discovery of the tuberculosis (TB) bacterium (*Mycobacterium tuberculosis*) by Robert Koch on 24 March 1882. A high-level panel discussed the progress in, challenges for and next steps in TB prevention, control and care in the WHO European Region, setting the scene for further work on the prevention and control X/MDR-TB in the Region in the context of the new post-2015 Global Stop TB Strategy. Ambassadors and representatives of diplomatic missions of Member States in Denmark as well as directors and high-level representatives of partner organizations participated in the event, whose key aim was to keep TB high on the political agenda of decision-makers with the ultimate goal of contributing to the elimination of this deadly but curable disease. This advocacy event raised awareness about TB, thus contributing to better TB care in the Region.

Keywords

DELIVERY OF HEALTH CARE
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Abbreviations

ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
EU	European Union
M/XDR-TB	multidrug- and extensively drug-resistant tuberculosis

Introduction

On 24 March 2014, the WHO Regional Office for Europe organized a high-level event to commemorate World Tuberculosis Day. World Tuberculosis Day is held annually to mark the discovery of the TB bacterium (*Mycobacterium tuberculosis*) by Robert Koch on 24 March 1882.

During the high-level event, a panel discussed the progress, challenges and next steps for TB prevention, control and care (programme in Annex 1). Ambassadors and representatives of diplomatic missions of Member States in Denmark, directors and high-level representatives of partner organizations participated in the event. A photo book featuring the stories of people with TB in Uzbekistan was also released to emphasize the importance of focusing on the people with TB in TB prevention, treatment and care. Further, a new joint report from WHO and the European Centre for Disease Prevention and Control (ECDC) on surveillance and monitoring of TB in the WHO European Region was launched. Eliminating TB remains the ultimate goal of those who are united in combating this still deadly but curable disease, and advocacy events such as this one can raise awareness about TB, thus contributing to improving TB care.

Summary of speeches and presentations by keynote speakers

Zsuzsanna Jakab, WHO Regional Director for Europe

Further to the brief welcome remarks of Zsuzsanna Jakab, WHO Regional Director for Europe and her introduction of her special representative Hans Kluge, who moderated the event, Zsuzsanna Jakab took the floor again to address the audience and spoke on eliminating TB in our lifetime. She stressed, with regards to TB and multidrug- and extensively drug-resistant TB (M/XDR-TB) prevention, care and control, that there has been considerable progress in the WHO European Region but many challenges remain to be addressed or more efficiently tackled, underscoring that other diseases have been eliminated based on strong political and financial commitment.

Europe has seen one of the fastest declines in TB incidence in the world since the 1950s. Nevertheless, this decline, which has averaged 5% per year since 2001, is not sufficiently high to reach the ultimate goal of eliminating TB by 2050. This would require an annual decline of 17%, which seems impossible with the current means at hand. About 35 000 people die unnecessarily from TB per year, TB and HIV coinfection is on the rise in the Region and M/XDR-TB represents a particular burden on people with TB and their families since treatment is more likely to have side effects and to last longer than treatment of drug-susceptible TB.

A special project was established in 2010 to address this alarming situation and a special representative was nominated to link the M/XDR-TB control to strengthening health systems. A multistakeholder and -partner plan was developed: the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis, 2011–2015, which the WHO Regional Committee for Europe endorsed in 2011 at its sixty-first session in Baku, Azerbaijan. Since then, WHO and partners have been actively supporting Member States in implementing the Consolidated Action Plan. In accordance with the European Health 2020 policy, several key initiatives have been implemented, including the assessment by health systems of TB interventions and tapered technical assistance in strengthening health systems, establishment of the

Regional Green Light Committee, the European TB Laboratory Initiative, the electronic forum to support the clinical and programmatic management of people whose diseases are difficult to treat, and the Regional Collaborating Committee on Tuberculosis Control and Care to promote working in partnerships. Further, WHO has been assisting Member States with extensive programme reviews, intensified technical assistance and capacity-building. In addition to high-level visits and meetings with heads of states and ministers to ensure the availability of domestic resources and their efficient use, WHO has also been working closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria and other donors to increase external funding. Since the Consolidated Action Plan was endorsed, access to high-quality treatment of MDR-TB has increased three-fold, and in many countries, there are no waiting lists for the treatment of MDR-TB.

To support countries with a low incidence of TB, WHO and the ECDC have jointly conducted country visits and discussed the findings and recommendations with national authorities to address the needs of vulnerable populations and move towards eliminating TB. In July 2014, 20 European countries will participate in a consultation meeting to discuss the operational framework for eliminating TB in low-incidence settings in collaboration with the European Respiratory Society. It is important to invest further in basic research and research and development for new tools: diagnostics, medicines and vaccines to combat TB in this new era of drug resistance. A key objective for new treatments should be to reduce the duration from two years to two weeks to make treatment more oriented towards the people with TB, improve treatment outcomes and to put people with TB at the centre of care in the spirit of Health 2020. Further, the social determinants of health and ensuring equal access to high-quality care for everyone need to be strengthened further. Eliminating TB requires more intensified efforts at all levels.

Isabel de la Mata Barranco, Principal Adviser with special interest in Health, European Commission

The joint surveillance work on TB carried out by WHO and ECDC is welcomed, with regard to the recently published joint TB surveillance and monitoring report. Surveillance is crucial for setting (national) targets, identifying priority areas and informing public health actions in all sectors of society.

Overall, the European Commission is satisfied with the progress in fighting TB across the Region and is pleased to see how European Commission work contributes to progressively reducing the incidence of TB in the European Union (EU) and European Economic Area (EEA).

The European Commission is fully aware of the situation of TB in the EU as well as in the entire WHO European Region and is committed to continue to fight it hand in hand with the EU countries, the Member States of the WHO European Region, WHO and the ECDC. At the same time, the European Commission is concerned with the still difficult situation in certain EU and other European countries as well as the challenges posed by MDR-TB, especially in the countries that have previously been able to control the situation.

MDR-TB is present in basically all countries, resulting in a need for continuing to closely monitor the situation, particularly since the targets for successful treatment of MDR-TB are not always or only partly met.

At the request of the European Commission, in 2008 the ECDC developed the Framework Action Plan to fight Tuberculosis in the European Union, defining principles that are key to

securing TB prevention and control in the EU. The long-term goal of the Action Plan is to control and ultimately eliminate TB in the EU and EEA countries, and the European Commission and ECDC are in the process of evaluating the situation regarding TB prevention and control in the EU and EEA. Besides the Action Plan, the European Commission is taking additional steps in other areas, which will support the fight against TB.

On 14 March, the Commission published the Action Plan on HIV/AIDS in the EU and Neighbouring Countries, 2014–2016, which provides increased focus on the integrated prevention and treatment of HIV and coinfections such as TB. MDR-TB is also linked with the Commission's work on antimicrobial resistance. In the 2011 Action Plan against the Rising Threats from Antimicrobial Resistance, the European Commission took a holistic approach to the problem, which includes the sectors of human medicine, veterinary medicine, research, animal husbandry, agriculture, trade and communication.

Between 2007 and 2013, the European Commission provided €234 million to support research on TB through various instruments such as the 7th Research Framework Programme, the Innovative Medicines Initiative and the European and Developing Countries Clinical Trials Partnership Programme. Health systems need to be reinforced so that everyone with TB in the EU receives adequate and continued treatment.

Despite the progress made in eliminating TB, efforts must be intensified, especially regarding drug-resistant TB, also given the negative economic consequences, especially for socially disadvantaged groups, being at higher risk of acquiring TB.

Marc Sprenger, Director, European Centre for Disease Prevention and Control

The TB notification rate per 100 000 population varies considerably across the EEA and EU countries, with some countries reporting less than 10 and some between 50 and 99 cases per 100 000 population in 2012. Regarding the 2008 ECDC Framework Action Plan to Fight Tuberculosis in the European Union, over a five-year period (2008–2012) TB case notification has slowly been declining, which is one of the key indicators in the Framework Action Plan that is monitored by ECDC, with 21 EU and EEA countries meeting the set target in 2012. MDR-TB poses a serious threat to progress towards eliminating TB. Similar to other bacterial infections, TB drug resistance develops – at least partly – because drugs and treatment regimens are not given, or taken, properly, or because the quality of the drugs is not sufficient.

Regarding a second indicator from the ECDC Framework Action Plan, 7 of 21 countries reported that they maintained a mean five-year decline of MDR-TB in 2012. Another concern is the treatment success rate of MDR-TB in the EU, since according to the most recent monitoring data, only one in three people with MDR-TB in the reporting EEA and EU countries finished MDR-TB treatment successfully, and of those remaining, an estimated 20% die, 20% fail treatment and 20% are lost to follow-up during treatment, which is unacceptable. In the ECDC Framework Action Plan, indicators and targets were developed to monitor progress towards eliminating TB in the EU aimed to orient EU countries progressing towards eliminating TB.

Apart from the previously mentioned mean five-year decline indicators for TB and MDR-TB notification rates that were met in principle, others were not reached, such as the targets relating to the ratio of child-to-adult notification and the mean age of TB cases and core indicators.

Key actions required to eliminate TB include: early and rapid detection of all TB cases, especially MDR-TB cases; prompt and adequate treatment; and developing new tools, such as new diagnostics, new drugs and effective vaccines to test for TB disease and to treat and to prevent TB disease. Further, new tools for better diagnosis and shorter and simpler treatment of latent TB need to be developed.

If MDR-TB is not diagnosed and treated early and successfully, it not only jeopardizes people's lives but also paves the way for XDR-TB, and the interaction between health care workers and patients is a key factor in successfully treating MDR-TB.

Health care workers across Europe should support everyone with MDR-TB during the full course of treatment and ensure that they finish treatment successfully, taking into account their social needs, such as housing, as well as their clinical needs, such as co-management of substance dependence and other types of comorbidity. In addition, efficient cross-border management of MDR-TB cases between countries is crucial in the progress towards eliminating TB in the EU and EEA.

Else Smith, Director General, Danish Health and Medicines Authority

There is currently no completely effective vaccine available, and TB control therefore relies on detecting and treating TB, with the aim of treatment being cure and interruption of transmission while avoiding the emergence of drug resistance.

Although TB case notification rates in the EU are among the lowest in the world, the epidemiological pattern varies considerably from country to country, with some countries steadily progressing towards eliminating TB but others facing unacceptably high case notification rates.

TB control mainly focuses on tackling the challenges of MDR-TB and XDR-TB, coinfection of TB and HIV and dealing with concentration of cases in vulnerable groups.

TB heterogeneity can also be observed in Denmark, with 6.9 incident TB cases per 100 000 reported in 2012, and high percentages of cases among (im)migrants (66% in 2012). Greenlandic Inuit, the single largest ethnic group, were reported to have a TB incidence of 500 per 100 000 population. In Denmark, TB is also mainly an urban disease, since 37% of all cases originate in the Copenhagen area, and a disease of marginalized groups, since increasing numbers of cases have been reported among homeless people.

In Denmark, TB diagnosis and treatment are free of charge, and only a few cases of MDR-TB have been reported. In combating TB, Denmark focuses its efforts on detecting cases and preventing disease transmission among hard-to-reach groups.

Michel Kazatchkine, United Nations Secretary-General's Special Envoy for AIDS in Eastern Europe and Central Asia

TB and drug-resistant TB need special consideration, as the eastern part of the WHO European Region has for many years has been one of the regions with the highest rates of MDR-TB in the world.

All countries in eastern Europe and central Asia (defined here as Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, Kazakhstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan) have higher TB rates than the average for the Region, and all 12 countries are among the 18 high-priority countries for TB of the WHO European Region. Further, the 12 countries are among the 14 countries in the WHO European Region that have a high burden of MDR-TB. TB drug resistance can arise from improper or insufficient treatment of drug-susceptible disease. Essentially, drug-resistant TB is the result of inefficient TB control programmes. There are 27 countries classified as having a high burden of MDR-TB countries worldwide; of these 14, or about 50%, are in the WHO European Region, and 12 of these 14 countries are in eastern Europe and central Asia.

The figures reflect concern, as, in the Region, about one in every six people newly diagnosed for TB (15%) and almost half the people being re-treated have drug-resistant TB. Despite progress made in the past two years with the increasing availability of diagnostics for MDR-TB and increase in treatment uptake in some countries, only about half the people with MDR-TB are diagnosed, and only about 30 000 of them received treatment. The treatment success rate for MDR-TB is only 50%, and mortality rates are high.

Unless all governments in the Region and the entire international community urgently take more decisive action, TB (including MDR-TB) will have high human costs, failing to fulfil key public health responsibilities including one target of Millennium Development Goal 6 (regarding TB mortality).

The Region is also home to the most rapidly growing HIV epidemic in the world, and the two epidemics are interlinked in many ways. TB remains the number one infection occurring among immunocompromised people living with HIV and is a major cause of death among people with AIDS. The percentage of HIV and TB coinfection among people with TB tested for HIV has been rising. It is relevant to strategic public health planning that the two epidemics share many social and structural driving factors in the WHO European Region.

Both diseases are particularly prevalent among poor, disadvantaged, socially marginalized populations, including, for example, people who inject drugs; both diseases are linked with migration in a European Region in which cross-border health issues are challenging.

HIV is more prevalent in prisons than in the general population; incarcerated people more often have poorer access to prevention and treatment than people outside the penitentiary system. Regarding TB, almost one in 10 new cases reported in the WHO European Region is reported from the prison sector. The risk of being sick from TB and/or being detected with TB in prisons is about 26 times higher than in the general population.

Currently both the response to MDR-TB and the response to HIV remain significantly underfunded in the countries in eastern Europe and central Asia, and there are no clear roadmaps to financial sustainability at a time when the international funding for HIV and TB (such as from the Global Fund to Fight AIDS, Tuberculosis and Malaria) is decreasing.

Although the Region faces many challenges, we should be confident about what people in this Region can achieve. There are shining examples of programmes that make a difference: the TB treatment programme in Tomsk, new MDR-TB facilities in Tbilisi and the republican TB centre in Tashkent.

But without more government and “all-partner” dedication, the human costs of TB, HIV and MDR-TB in eastern Europe and central Asia will continue to grow; and anti-TB drug resistance will continue to expand as a major public health problem that threatens progress made in TB care and control in the Region and worldwide.

Oxana Rucşineanu, member of the TB Europe Coalition

TB (including M/XDR-TB) prevention, care and control need a clear vision for strong involvement of civil society organizations, to more effectively reach out to particularly hard-to-reach people and patient groups.

To that end, strong advocacy for robust TB partnerships to improve the health of people with TB is needed, contributing to making treatment processes more efficient. In addition, cooperation between academe, medical profession, industry, nongovernmental organizations and national governments needs to be further encouraged reaching across and removing communication gaps. Civil society organizations can also contribute to developing social responsibility by improving the social, psychological and legal support to people with TB and their families, thus also helping to improve treatment adherence and ultimately TB treatment outcomes.

Key challenges faced are the east-west differences in the Region, requiring different strategic approaches from civil society organizations. Further, heavy bureaucracy in introducing new types of therapy, suboptimal partner communication and lack of social and psychological support for people with TB hamper further progress in effectively combating TB.

Key perspectives include identifying sustainable funding for useful interventions of all kinds – health care, psychological and social.

The speaker also gave an emotional account by sharing her experience of having MDR-TB and successfully overcoming it, encouraging everyone with MDR-TB and those involved in alleviating suffering stemming from TB (including M/XDR-TB) to never give up fighting and hoping.

Video message from Mario Raviglione, Director, Global TB Programme, WHO headquarters

In 2012, 8.6 million people developed TB and 1.3 million lost their lives, undoubtedly making it one of the key infectious disease killers in the world. There has been good progress worldwide, however: since 1995, 56 million people with TB have been successfully treated according to WHO recommendations; without that treatment, 22 million people would have died. Further, TB incidence has been declining, and TB mortality has decreased globally by 45% since 1990. This success is in danger, however, since it can only be sustained through reinvigorated political and financial commitment, intensified implementation of existing tools and advances in research and development.

MDR-TB represents a major challenge to global TB prevention, care and control, and cases of it have been detected in virtually every country in the world. XDR-TB, essentially confined to a handful of counties a few years ago, has now been reported in more than 90 countries. M/XDR-TB means enormous suffering, treatment lasting two years or more, heavy drug side effects and high costs to patients and health systems alike. The WHO European Region has the highest proportion of drug-resistant TB among new TB cases, with some Member States reporting more

than one third of all new cases being MDR-TB. In 2012, more than 90 000 MDR-TB cases were notified worldwide, representing an increase from previous years, but only about one fifth of the estimated MDR-TB cases that emerged in the same year. New diagnostic tools, such as the GeneXpert, allow much faster diagnosis of some forms of MDR-TB, thus also allowing people to be more rapidly put on treatment and more effectively controlling the disease, helping to further progress in the fight against TB. For the first time in more than 40 years, a new TB drug, bedaquiline, has become available for treating MDR-TB under certain conditions, and WHO will be assessing a second drug, delamanid, to determine how it can best be used.

More research on more effective and shorter treatment regimens is needed, particularly with shared commitment, since the world has no boundaries and TB is not confined to any limited spaces on this planet. The new post-2015 Global TB Strategy endorsed by the World Health Assembly in May 2014, aims at achieving zero deaths, zero disease and zero suffering from TB. This goal can only be achieved in joint efforts inspired by strong leadership across the world, also represented by the continued strong efforts of the Regional Office, European Commission, ECDC and other technical partners. Ultimately, the fight can only be won together.

TB film from Carl Cordonnier

The film illustrated testimony of people with TB in Uzbekistan, underlining strongly the need for an all-care and interdisciplinary approach for ensuring a patient-centred holistic and effective TB approach, placing the patient at the centre of care.

Masoud Dara, Programme Manager, Tuberculosis and M/XDR-TB Control Programme, Regional Office

People with TB need to be placed at the centre of our attention to have a good chance of success regarding TB control and future elimination of TB. One main reason for this is that the people with TB can tell us best about the side effects of their her treatment, and similarly, they can optimally help us to design health systems and support mechanism such that the long TB treatment can be completed. People with TB should also be engaged in shaping up the research agenda for new tools, should provide input on how the services are functioning and should assess the quality of care. All this will help and improve adherence to TB treatment. The Regional Office places patients at the centre of its work in accordance with the vision of Health 2020.

Further, TB needs to be further destigmatized: in some countries, TB is only associated with specific social determinants, which is unjust, since TB can affect anyone anywhere. One third of the world population is infected with *Mycobacterium tuberculosis* and can develop the disease anytime their immune system is weakened. People with TB should be given the dignity they deserve and receive the health services and support system they need.

As Maya Angelou, the United States author, singer, poet and activist known for her 1969 memoir, *I know why the caged bird sings*, said: "People will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Since the Regional Office has had the privilege of engaging many people with TB and people who have had TB in WHO advisory groups, programme reviews and development and monitoring regional action plans, it is good that also on this day we welcome people who have had TB to this event and acknowledging how they combated the disease and the great advocacy work they have been doing in helping others who still need to fight and overcome it.

Testimony of a former MDR-TB patient

Finally, to underscore the importance of World Tuberculosis Day for individuals suffering from the disease, the organizers invited a former MDR-TB patient to talk about the effect on his family.

Sarfarli Naimov lives in Tajikistan. In the country and setting from which he comes, the burden of the disease in families, including death, is extensive and not at all uncommon. He has lost both his brothers and several other family members to TB.

One problem is that TB is still stigmatized, which often hampers earlier diagnosis and treatment and reduces the probability of cure.

The first brother to fall ill with TB, in 2002, was initially treated in a hospital and then sent home. Afterwards he fell ill with fever, but diagnosis was delayed also because of unclear instructions and explanations from health personnel.

The second brother fell ill around 2008 and died in late 2012 after a second episode marked with severe symptoms such as depression, hallucinations, dizziness, fatigue and the coughing of blood. Sarfarli Naimov overcame the disease and is now extensively involved in advocating more effective TB control, including a more transparent and destigmatizing approach to health care, and appealing to all to continue their fight against TB in their respective roles and functions.

Summary of panel discussion and question and answer session

The final items on the agenda were a panel discussion followed by a question and answer session. The main points are summarized below.

- Several partners underlined the importance of striving to develop new vaccines and shorter treatment duration regimen, and the European Commission representative was addressed to voice this to the Commission (that substantial research and development are needed for this).
- The European Commission stressed the usefulness of an approach of getting health ministries and finance ministries together at one table, jointly committing to TB prevention, care and control in Member States, thus rendering efforts more concrete and outcomes more tangible. The Regional Director also highlighted this, as she often speaks about TB to heads of states, hence above the level of the health ministry.
- A problem identified that potentially hampers further progress with TB is the fact that countries often have to conduct their own trials before introducing new TB medicines, which makes rapid introduction difficult and cost-intensive.
- In developing and introducing new drugs, close collaboration with the pharmaceutical industry should be sought and built to improve incentives for companies to invest in research and development.
- In addressing TB-associated comorbidity and risk factors, such as diabetes and tobacco use, efforts have to be further intensified to streamline and incorporate TB prevention, care and control in the overall health system, thus contributing to better and more patient-centred effective TB care, while rendering health systems stronger and destigmatizing the disease.

- The ECDC emphasized that all efforts have to be made jointly, including the responsibility of all Member States to create and maintain strong health systems. The link between the divisions of the Regional Office (Health Systems and Communicable Diseases and Environment) and their cross-cutting linkage and scope was also recognized.
- Continued advocacy at high levels is needed, particularly in countries with a low TB burden, mostly in the western part of the Region, since TB can affect anyone anywhere, and the danger is not over.

Closing remarks by the Regional Director

In her closing remarks at the end of the meeting, the Regional Director made the following points.

- Sustained and bold high-level commitment is needed.
- TB should not be seen as a vertical problem, but as was stressed, as a programme that is fully integrated in the health system, at the level of primary health care, strongly linked with specialized services for TB, and also other associated disease programmes, including those dealing with noncommunicable diseases.
- Disease detection needs to be rapid and effective, ideally at the level of primary health care, making best use of cross-cutting health systems and programmes (of both noncommunicable and infectious diseases).
- TB also requires the approach of strengthening health systems, which is characterized by the key objective of universal health coverage and strongly advocated for in every country.
- An increasing number of countries have improving socioeconomic standards, despite the economic crisis, calling for more bold and progressive government takeover and slowly phasing out external donors and funding, to maintain an effective grip on TB prevention, care and control.
- TB needs to be also an integral part of comprehensive development of country health policy, and thus TB has an important place in the Health 2020 agenda, linking to other sectors and optimizing joint approaches.
- Progress has been made, but we all need to work even harder and act bolder to make a sustainable change for the better in the Region.
- Therefore all high-level advocates should take home the message to their countries and institutions that TB needs to remain high on the agenda, requiring strong collaboration among all partners involved.

Web and social media activities

There was live tweeting from the event using the @WHO_Europe corporate account and hash tag #TBchat, with more than 40 messages tweeted on the presentations given by speakers and subsequent discussions to followers. The Regional Director's summary statement, tweeted as "Z Jakab: To eliminate #TB, we need political commitment, integrated #TB services, funding and recognition of health determinants #TBchat" was one of the most popular.

In addition, a press release, event notice, joint report with ECDC and a Twitter widget of running tweets were also posted on the Regional Office's website.

Annex 1

PROGRAMME

10:00 – 10:05 Welcome

Zsuzsanna Jakab, Regional Director, WHO Regional Office for Europe

Keynote speeches

Moderated by Hans Kluge, Director, Division of Health Systems and Public Health, Special Representative of the Regional Director on M/XDR-TB

10:05 – 10:10 Eliminating TB in our lifetime

Zsuzsanna Jakab, Regional Director, WHO Regional Office for Europe

10:10 – 10:15 European Union Action to eliminate TB

Isabel de la Mata Barranco, Principal Adviser with special interest in Health, European Commission

10:15 – 10:20 Progress towards TB elimination in the European Union

Marc Sprenger, Director, European Centre for Disease Prevention and Control

10:20 – 10:25 Importance of TB prevention, control and care

Else Smith, Director General, CMO, Danish Health and Medicines Authority

10:25 – 10:30 The urgent priority of addressing MDR-TB in eastern Europe and central Asia

Michel Kazatchkine, UN Secretary-General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia

10:30 – 10:35 Working in partnerships and the role of civil society organizations in the combat against TB

Oxana Rucşineanu, member of TB Europe Coalition

10:35 – 10:40 Video message: Post-2015 Global TB Strategy

Mario Raviglione, Director of Global TB Programme

10:45 – 11:00 Questions and answers

Facilitated by Masoud Dara, Programme Manager, Tuberculosis & M/XDR-TB (with possible extension)

Annex 2

LIST OF PARTICIPANTS

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