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## P R E S S   R E L E A S E

### FOR IMMEDIATE RELEASE

**Jakarta, 29 November 2006** – Killer diseases like tuberculosis (TB) and HIV/AIDS are often forgotten while the whole world's attention is now focusing on new emerging and epidemic/pandemic potential diseases.

"Today, I strongly endorse the ***Call to Stop TB in Asia***, and commit to ensuring that the recommendations within it are pursued with priority within Indonesia. The world is focusing on Indonesia for many competing health issues, with the danger that Tuberculosis maybe forgotten. This number one infectious disease killer in Indonesia we cannot afford to neglect, hence this Call is timely and very important!" Minister of Health of Republic of Indonesia, DR. Dr. Siti Fadilah Supari, Sp. JP (K), said.

Despite the progress made in delivering TB services in Indonesia, still nearly 300 people die of the disease every day in the country. TB remains the number one killer among infectious diseases. We need to expand equitable access for all to quality TB diagnosis and treatment, and treat around two million people in Indonesia and save about half a million lives by 2010. Indonesia has significantly contributed to the efforts of reaching the global targets by reporting an 89% treatment success rate and 68% case detection rate. Global targets were set at 85% and 70% respectively, to be met by 2005.

However several challenges remain notably the regional variation of TB rates and variation of health care situation. Java and Bali which are home to 60% of the population and have the lowest TB incidence, have the most advanced healthcare. Meanwhile, eastern part of Indonesia and Sumatra which respectively have four times and two times higher burden of TB, have limited number of healthcare workers and many remote, remote and hard to reach areas. Aside from that, there are also some groups within the population who are more vulnerable to TB, including women, children, elderly people and people with high-risk of transmission such as migrants and prisoners.

Another challenge is in relation with HIV/AIDS. In accordance to the World AIDS Day which is celebrated on 1 December, it is important to address TBHIV as a major challenge as over half of HIV/AIDS patients die of TB. The current TB control is strong at health centre level, while HIV/AIDS programs are mainly concentrated at the hospital level. For adequate care and support to people living with HIV and TB, the services of Voluntary Testing and Counseling (VCT) for HIV/AIDS will need to be made available more widely, while TB services will need to be fully integrated in the hospital programs and delivery of antiretroviral treatment (ARV).

"TB can be cured, also in people living with HIV. Treating TB will fight HIV/AIDS, and treating HIV patients with ART may decrease the incidence of TB. TB and HIV programs will benefit from improved collaboration, and joint interventions at all levels," WHO Country Representative for Indonesia, Dr. Georg Petersen, said.

Local political commitment is also a challenge since in many districts TB does not appear as a priority as yet, thus there is no budget allocation for TB control activities. This is in contrary with the stronger political commitment at the national level which resulted in increasing national funding for TB control complementing the donor support. Hence the long term sustainability of the TB control efforts is dependent on ownership by local governments.

"The Government of Indonesia will increase it's efforts to allocate funding to public health (according to the set 15% targets), including TB and communicable disease control from districts. Menko Kesra will chair a meeting for Governors and Bupati in 2007," add Supari.

These challenges and constraints in the fight against TB in Indonesia are addressed in the new five-year Strategic Plan for TB Control in Indonesia (2006-2010), which needs to be fully implemented and supported at all levels.

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A meeting of partners for TB control is being organized in Jakarta from 27 November - 1 December 2006, to help put in place a coordinated consensus approach to implementing the TB control activities envisaged in country plans of the South East Asia region. The meeting is bringing together Director-General's of Health, National TB Programme managers and all partners supporting national TB control efforts in all the countries in the WHO South-East Asia Region.

The meeting is being held in conjunction with the 11<sup>th</sup> Meeting of the Coordinating Board of the Stop TB Partnership.

Minister of Health expects that the meetings will discuss and address to the following issues:

1. Priority of stop TB strategies for countries with large populations, decentralized administration and access to drugs and treatment for the poor;
2. How investments in TB could strengthen the whole health system;
3. Social and economical advantages obtained from TB control and how drug industry in Asia could cooperate with their counterparts from developed countries;
4. Strengthening of partners (TB control at national levels, director-generals and other partners) to sustain and strengthen country TB control plans in Asia and how the TB control efforts could be supported and discussed in regional forums like ASEAN and SAARC;
5. Resource mobilization to support activities in line with the Global Plan to Stop TB.

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