



# WHO Regional Perspectives

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# Regional Overview



- **Has the largest TB burden including DR TB (11 countries)**
- **India, Indonesia, Bangladesh and Myanmar have bulk of MDR TB in the Region**
- **National Laboratory Network for Smear Microscopy in place**
- **Culture & DST facilities available in India, Thailand, Myanmar, Sri Lanka, Indonesia and Nepal but not adequate with limited culture capacity in rest of the countries (except TL, DPRK and MAL)**
- **India – 13 Quality Assured C & DST state level labs for MDR, Plan for establishing – 43 LPA and 33 Liquid culture units to undertake >180000 DSTs to treat at least 30,000 cases annually**

# What works well with SRLs in the Region?



- **Only two SRLs in the Region – TRC India & Bangkok Thailand**
- **Over burdened and unable to provide TA to all countries**
- **TRC- supports India, Sri Lanka and Maldives (C&DST/ QA)**
- **Thailand – Supports Thailand, Bhutan, Myanmar (C&DST /QA)**
- **SRL Adelaide – INO & TL**
- **SRL HongKong – DPRK - DRS**

# What SRL support is needed in the region?



- **Improve staffing in SRL to provide TA**
- **Sustained funding for activities**
- **Updated training for SRL staff**
- **Increase the capacity for SLDST**
- **Identify additional SRLs to support countries of the Region**

# Sources of funding available for SRL support at regional level?



- **The only support that is available is \$50,000 annually through the Regional Office (USAID) for the past 2 years**
- **Prior to this \$5000/ year available through HQ for OSE/PT**

# Proposed next steps

- **Strengthen the existing SRLs**
  - **Strengthen Staffing**
  - **Updated training**
  - **Improve capacity for SLDST by use of MGIT 960 and linking with NRLs to generate SLDST from countries**
- **Identify additional Labs to be designated as SRL (? NTI Bangalore, India)**
- **Sustained funding for providing TA**
- **Increased coordination between SRLs and NRL (Inf Cons)**