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)