

Highlights and Conclusions

- Good progress since Mekong Conference. High level uptake of PITC, ICF varied, low IPT and IC, 4th I promising
- Collaboration between NAP and NTP improving, though still insufficient in many countries. Structural corrections?
- Multi-sectoral developments needed (private sector Min of Labour, Unions, Civil society, NGO's, Faith based organizations)

Conclusions 2

- Communities involvement and participation: great potential PLHA, rights based approach, TB heavy medical
- Encouraging examples of extension of TB services among MARPS (Harm reduction services for IDU). Issues of stigma (triple when TB in HIV/IDU)
- Need to strengthen monitoring functions → better and more reliable data needed by programmes, to sustain advocacy and document achievements

Conclusions 3

- Engage/include TB services into linked responses (HIV/STI/RSH services)
- Concerns about women's vulnerability and social exclusion. Include TB services for HIV+ mothers through PMTCT
- Slow progress of IC efforts. Risk of fragmentation, but opportunity to integrate IC into HSS and submit proposals for funding

Conclusions last

- Urgent need to improve communication, especially in support of ICF (TB Diagnostic algorithm), and IPT (addressing decision makers, professional bodies-experts, and beneficiaries)
- Investment on operational research, in developing better tools for ICF (diagnostic algorithm) and IPT (cost effectiveness and benefit analysis)
- Momentum for funding, especially for TB