

Closing remarks, Philipp du Cros

Ladies and gentlemen, Добрый день, good afternoon. Thank you very much for allowing me to add some closing remarks.

I hope you will permit me to step out from behind the podium because as we are closing this symposium, it's been very nice to have these discussions, but we know that next week we return to work, and we must continue to turn these words into actions.

You've been a very adherent audience; I haven't seen any loss to follow up. And I've been very pleased to see the interaction and the many questions during the plenary sessions. I think we've had some great presentations in the two days and what I have seen, as I might interpret from the many questions, is I see that there are many people here working in TB for many years, who continue to be motivated by the patients that they see and that's why I have chosen a picture here with some patients and I think that that came out in some of the talks we had today and yesterday, that we must remain patient-centred as we try and plan our programs.

Now, I have had the pleasure of being in Uzbekistan, this is my third time and I have also visited Tajikistan. And as I look back over the years, I see that there has been a lot of work done. As we heard from Dr Tsogt and others with the scale up of DOTS and some work on starting pilot programs we've seen some mortality rates reduced in this region. But also as we heard from many speakers, this is obviously not enough and as we stand here today, the targets set by WHO are not being met in this region like in many many countries in the world. So, as we turn and look to the future, the question that was asked „What do we face in ten years?“ We stand now having climbed a small hill, seeing some achievements, but maybe facing us we see, that there are many hills ready to climb. And we have heard many of the obstacles and the difficulties we will face. And I was very happy to see the coming together of implementing countries under the leadership of the national TB programs, of implementing agencies, of many experienced people from countries close to the region – Azerbaijan amongst others – and even as far away as South Africa, amongst others. And I think it is this kind of collaboration that will be needed to tackle these problems.

So I am just going to summarize a few points but I think you will agree with such a long and rich discussion and interesting presentations, I'd be foolish to try to summarize every point or recommendation. So I tried to limit myself to five. I had to do this in a rush, so I hope the translation is ok.

So we have that point of **Universal Access** and I think that point was made throughout the two days and we know from our colleagues from WHO, there is now **a need to scale up universal access to effective diagnosis and treatment**. One of my colleagues on the right over here mentioned the word „hurry“. I heard other speakers talk about „this very important issue“, I heard the mention of the word „urgency“ and I hope you forgive me for moving around because there have been so many words spoken that I just want to see things moving to action. Because I think you all agree with me, that we need more action to achieve universal scale up.

But it's not just enough to say that we need to scale up these pilot programs. We really **need to pay attention to early diagnosis and treatment**. The WHO report recently in 2010 showed that worldwide there are now more MDR cases from primary transmission than in cases that are amplified resistance. So I think we need to look at early diagnosis and treatment.

We need, as we heard from many of the presentations from the different countries **we need political commitment**. Political commitment obviously starting at the very top of the national TB programs but I think the political commitment also needs to be reflected in the budgets provided by the

countries, in the budgets provided by donors. I think **political commitment needs to be at each level**: at oblast level, at rayon level, we need to see it all the way down to the primary health care clinics. It is not enough for one person at the head of the program to have political commitment, we need to come together to unite to scale up.

We need to really take into consideration those that might be left behind as we scale up. Those patients that are particularly more difficult to diagnose or those patients more difficult to keep on treatment. I've listed two here: paediatrics, HIV and TB. But we can think of others as well, and it's been mentioned in some of the presentations about use of alcohol, intravenous drug use and prisoners and I could go on. So we need to make sure that as we achieve **universal access it is indeed universal, it is aimed at all**.

So, some of the presentations from the countries reminded us that as we hurry into scale up, we might encounter problems, we might not perform a quality program. Some of the pilot projects have aimed at making sure that there is quality at every level. And I think that we were reminded at the presentation from FIND that we need quality at all the diagnostics. We were reminded in the presentation on drugs that we need quality drugs. Of course we need quality human resources. **On every level we need to try and maintain the quality**. And I think there were some interesting lessons shared from different countries about perhaps how we can avoid this worsening of outcomes as we scale up.

We must pay attention, was one of the messages, at the start to a multi-disciplinary approach. As a doctor, I am only one member of a team, it's how the team functions that will ensure the patients achieve a successful outcome. And I think from Cynthia and also from other presentations, we clearly heard the importance of adherence, of actually getting to know our patients, of making sure that our message is heard, that the bottle goes from the podium out to our audience, the patients. I think that we can't just talk about the complexity of care and the side effects. There is a saying I was taught in medical school many years ago that „to know TB is to know medicine. “ And I think with the variety of presentations on the need for laboratory scale up, on the need for human resource management plans, on the need for proper drug and supply management, truly in the two days we have really covered not just the patients' aspects but through to what is needed on a health system level because to achieve what we need to achieve **we need a lot of health system strengthening and a lot of changes**. And we even heard how some of the countries in this region have started to tackle those changes. And our colleagues from the Ministry of Health in Uzbekistan mentioning about seasonal treatment being now replaced with new guidelines I fully applaud, I think it is a big step forward. We also heard an example from Tajikistan about controlling access to TB drugs on the private market – again, changes in the health system with political commitment, showing what can be done.

Paediatric TB: I think that we all agree that it was a fascinating session and the time was too short to cover everything. I think that we all felt that like in most countries in the world, paediatric TB is underdiagnosed and underrecognized and we face many many challenges. I didn't hear anyone say it but I would like to suggest my own little input, that perhaps a regional workshop on pediatric TB or some training with some experts or sharing experiences between countries would be a good next step in the very near future.

At the very first talk from Mario Raviglione we heard that **ambulatory treatment** is now the advised model of care from WHO wherever possible. That the ideal is to keep hospitalization for those who are very sick, and we had lots of discussion around the difficulties of achieving this and what would be needed. I think we heard an excellent presentation and discussion about **infection control** and the risk of cross-contamination within health care settings and the difficulties of doing infection control well. Infection control needs to be scaled up as we scale up care, we must scale up

our prevention activities adequately.

I think it is very exciting to hear that pilot programs of ambulatory comprehensive TB care are starting. I don't think the region can afford to wait for one or two pilot programs to show their results. I think we should also be looking at experience from other countries where perhaps there is evidence from South Africa and other countries, and also Peru, around the effectiveness of ambulatory treatment.

We had a brief discussion around **migrants and also two very interesting presentations on the difficulties and the adaptations needed in the penitentiary system**. And I think that you'll agree the shockingly high rates of TB that have been described in prisons and also in migrants, in this region and in other regions in the world is cause for hurried action. I think I was also struck by the mention from one of the presenters from Kyrgyzstan of the high rate of HIV in the penitentiary system and I think we should be looking to get more information about this and to provide adequate treatment because this can also worsen the TB situation.

I think Jaap Veen made a very good point when he talked about simple **operational research** within our programs, within our standard monitoring and evaluation. Whether it is at oblast or rayon level, whether it's at the country level, we should be looking at what more can we learn from this data? How can we question our data to inform what we can do better in our programs? I think there is some very interesting research having come out of this region. There was one study talking about interviewing defaulters. I hope that in one or two years we will hear a presentation from the same people talking about how that study has brought better treatment to patients. And I think the people who have done that study should be applauded, because they are one of the few countries in the world that has actually taken the effort to do that. I think we need local involvement in the response; it's not just operational research at a high level, but continued collaboration within the region and outside to share results.

So, I will limit my points to that although I am sure that you will agree that I have not covered every single point because it has been such a rich discussion.