

**Plenary Lecture  
Opening Lecture  
Lecture**

**Plenary 1**

THURSDAY · MARCH 23

9 : 00 - 9 : 30

Room 1 (Hall C)

**Chair:** Yi-Wen Huang  
(Chang-Hua Hospital/Taiwan Society of Tuberculosis and Lung disease, Taiwan)

**PL1 Contribution of Japan to the global TB control**

**Speaker:** Tadao Shimao  
(Japan Anti-Tuberculosis Association, Japan)

**Plenary 2**

THURSDAY · MARCH 23

11 : 15 - 12 : 15

Room 1 (Hall C)

**Chair:** Shimao Fukai  
(National Hospital Organization Ibarakihigashi National Hospital, Japan)

**PL2 The Innate Immunity on Mycobacteriosis**

**Speaker:** Henry Koziel  
(Harvard Medical School Teaching Hospital, USA)

**Plenary 3**

THURSDAY · MARCH 23

15 : 20 - 16 : 10

Room 1 (Hall C)

**Chair:** Chen-Yuan Chiang  
(International Union Against Tuberculosis and Lung Disease, Taiwan)

**PL3 National TB Prevalence Surveys: Results, Programmatic Implications, and Lessons**

**Speaker:** Ikushi Onozaki  
(WHO, Myanmar  
Former Team Leader, TB Prevalence Survey, WHO Global Task Force on TB Impact Measurement, WHO, Geneva.)

**Summary**

The WHO Global Task Force on TB Impact Measurement began supporting National TB prevalence surveys to measure the impact of TB control efforts from 2008. 19 countries completed the National Survey with Chest X-ray

screening and diagnostic culture between 2009 and 2015. The results of the survey often led the upper revision of global/country burden estimates. Country surveys showed not only a better estimate of the TB burden but also programmatic implications to develop evidence based strategy to improve TB control and care. Results, lessons and challenges from experiences in last ten years will be discussed in the session.

**Plenary 4**

FRIDAY · MARCH 24

9 : 00 - 9 : 50

Room 1 (Hall C)

**Chair:** Xiexiu Wang  
(The Union, APR, China)

**PL4 Implementing the End TB Strategy in Asia and Pacific**

**Speaker:** Nobuyuki Nishikiori  
(WHO Regional Officer for the Western Pacific, Philippines)

**Summary**

The End TB Strategy envisions "ending the global TB epidemic" by 2035 in line with the Sustainable Development Goals (SDGs). It set three ambitious global targets: (1) 90% incidence reduction, (2) 95% reduction in TB deaths, and (3) no families suffer from catastrophic cost due to TB. WHO in the Western Pacific and South East Asia Regions, developed region-specific guidance documents to facilitate the adaptation of the strategy, namely "Regional Framework for Action on Implementing the End TB Strategy in the Western Pacific" and "Ending TB in the South East Asia Region: Regional Strategy Plan 2016-2020".

Countries are progressively adopting the End TB Strategy and transforming national TB control policies and systems. The critical areas that require substantial attention and investment include rapid adoption and scale-up of innovations to address the MDR-TB crisis, progressive realisation of people-centred TB services with a strong focus on equity, attaining universal health coverage and enhancing social protection, multi-sector collaboration and actions.

The Moscow Ministerial Conference in 2017 and the UN high-level meeting in 2018 will provide tremendous opportunities to secure political commitment, raise TB high on the agenda and join the forces of all partners together.

**Plenary 5**

SATURDAY · MARCH 25

9 : 00 - 9 : 50

Room 1 (Hall C)

**Chair:** Faisal Yunus  
(University of Indonesia-Persahabatan Hospital, Indonesia)

**PL5 Current priorities for research in tuberculosis**

**Speaker:** Wing Wai Yew  
(The Chinese University of Hong Kong, Hong Kong, China)

**Summary**

To achieve better control of tuberculosis (TB) towards its elimination worldwide, research and innovations are of paramount importance. Setting of research priorities paves the way to establish the research agenda, which may require tailoring to country/ region specificity. The highest priorities for TB research focus on the development of new diagnostic tools, new drugs/ regimens and vaccine(s), alongside their implementation in patient-centred care of TB. Building a multidisciplinary team, based on individual/ institution/ organization, is the best approach to enable optimal translation of knowledge harvested from TB research.

**Opening Lecture**

THURSDAY · MARCH 23

18 : 10 - 18 : 40

Room 1 (Hall C)

**Chair:** Sang Jae Kim

(Korean Institute of Tuberculosis, The Korean National TB Association, Korea)

**OL Steps toward lower prevalence of TB and tobacco-free Asia****Speaker:** Toru Mori

(Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association, Japan)

**Summary**

Japan has experienced the *evolutionary or transitional* trends of interactions between TB and human population with its socioeconomic and demographic conditions during last 100 years. Each Asian country's current situations could be compared to one or some of them. However, under the End TB strategy worldwide we are expected to create a new evolution, not leaving ourselves to the ongoing trends, by employing all possible technologies and societal tools in most effective ways. In contrast to TB, tobacco disaster is a man-made problem and then should be controlled by the people. The complete implementation of the FCTC is a model of solution for which the Asian countries, with Japan being in a top urgency, must make more efforts.

**Lecture 1**

THURSDAY · MARCH 23

15 : 20 - 16 : 20

Room 2 (Hall B5-1)

**Chair:** Hideaki Nagai

(National Hospital Organization Tokyo National Hospital, Japan)

**L1 What is the real situation of TB/HIV in Asia ?****Speaker:** Charoen Chuchottaworn

(Central Chest Institute of Thailand, Department of Medical Services, Ministry of Public Health, Thailand)

**Summary**

In 13 countries with high TB, TB/HIV and MDR-TB burden, 6 countries are in Asia. Coverage of HIV screening in TB cases and accession to ARV treatment varied in a wide range and lower than expected. There was a large number of TB/HIV cases pool which were spreading diseases and with high economics growth in Asia will facilitate spreading. Tuberculosis in newly diagnosed HIV cases is not higher than other region of the world and drug resistant tuberculosis. Integration of TB and HIV care, universal health coverage, PPM, laboratory strengthening and advocacy are main strategies to control TB/HIV situation in Asia.

**Lecture 2**

FRIDAY · MARCH 24

15 : 50 - 16 : 50

Room 1 (Hall C)

**Chair:** Toshio Takatorige

(Kansai University, Japan)

**L2 Addressing social determinants****Speaker:** Chi Chiu Leung

(Tuberculosis and Chest Service, Hong Kong, China)

**Summary**

Various social determinants are known to increase tuberculosis risk, either directly or via other intermediate factors. The current strategy of controlling tuberculosis at source relies critically on sound social and health infrastructures. Programmatic failure breeds drug resistance and further complicates the problem. With political commitment and community mobilization, careful strategical planning is essential to tailor-made sustainable interventions to suit specific local needs. Intensified research efforts are required to fill major knowledge gaps, especially in view of the various limitations of the current tools in tackling either the social inequities or tuberculosis itself.