PACIFIC STRATEGIC PLAN

to

STOP TB

2000

WORLD HEALTH ORGANIZATION
Western Pacific Regional Office

PACIFIC STRATEGIC PLAN TO STOP TB

World Health Organization

Western Pacific Regional Office

Prepared by

Taskforce for Stop TB in the WHO Regional Office for the Western Pacific.

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LIST OF ABBREVIATIONS

AIDS	-	acquired immune deficiency syndrome
DOT	-	directly observed treatment
DOTS	-	directly observed treatment, short-course
DRS	-	drug resistance surveillance
FDC	-	fixed dose combination
HIV	-	human immunodeficiency virus
HSD	-	health sector development
ICC	-	interagency coordinating committee
IUATLD	-	International Union Against Tuberculosis and Lung Diseases
JICA	-	Japan International Cooperation Agency
MDR	-	multidrug resistant
NZODA	-	New Zealand Official Development Assistance
PIC	-	Pacific island country
RIT	-	Research Institute of Tuberculosis (Japan)
SPC	-	Secretariat of the Pacific Community
TAG	-	Technical Advisory Group
TB	-	tuberculosis
WHO	-	World Health Organization
WPRO	-	Western Pacific Regional Office

PREFACE

In the Western Pacific Region, 2 million people contract tuberculosis every year, and 1000 people die from the disease every day. Tuberculosis kills more people among adults in this Region than any other infectious disease, including AIDS and malaria. The tuberculosis burden is even heavier in the small Pacific islands countries, where, in 1998, the average notification rate was 59 per 100 000 population. The rate is much higher than 51 per 100 000, the regional average.

In the small Pacific islands countries in 1998, the average notification rate for tuberculosis was 59 per 100 000 population which is much higher than 51 per 100 000, the regional average.

In response to the growing tuberculosis problem in the Region, the Regional Committee for the Western Pacific Region adopted a resolution in September 1999 to make *Stop TB in the Western Pacific Region* a special project. In February 2000, Stop TB special project was officially launched at the First Technical Advisory Group (TAG) Meeting to Stop TB in the Western Pacific.

Recognizing the unique social, economic and epidemiological realities of the Pacific, the First Stop TB Meeting in the Pacific Islands was convened and jointly organized by the Secretariat of the Pacific Community (SPC) and WHO, Western Pacific Regional Office, in June 2000. At this meeting, the *Pacific Stop TB Initiative* was launched and, as a framework, a Pacific Strategic Plan to Stop TB was reviewed and endorsed.

The Pacific Stop TB Initiative has two objectives:

- to reduce the tuberculosis burden in the Pacific by half by 2010; and
- to ensure that the DOTS strategy is incorporated into country plans for health system development

The Pacific Strategic Plan relies on the expansion and implementation of the directly observed treatment, short course (DOTS) strategy, which has proven to be the most effective measure for controlling the tuberculosis epidemic. This treatment can cure at least 90% of all tuberculosis patients and prevent the emergence of resistant strains. It is also quite affordable and hence, cost-effective.

The Pacific strategic plan is based on the Regional strategic plan, specifically adapted to the conditions and needs of Pacific island Member States.

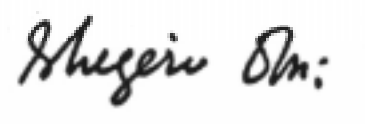
The DOTS strategy has the following five key components:

- government commitment to sustaining tuberculosis control activities;
- case detection by sputum smear microscopy among suspected patients;
- a standardized treatment regimen of six to eight months for at least all confirmed sputum smear-positive cases, with directly observed treatment (DOT) for the whole duration of treatment;
- a regular, uninterrupted supply of all essential anti-tuberculosis drugs; and
- a standardized recording and reporting system that allows assessment of treatment results for each patient and of the overall tuberculosis control programme.

Furthermore, the DOTS strategy strongly promotes and requires well-functioning health care systems. As a result, the DOTS programme and health system development will be mutually enhanced.

The Pacific strategic plan is based on the Regional strategic plan, specifically adapted to the conditions and needs of Pacific island Member States. It is intended for policy makers responsible for health policy and budgeting, and for tuberculosis programme managers and all stake holders active in tuberculosis control.

I hope that the Pacific Strategic Plan to Stop TB will be adopted and implemented extensively in the Pacific, taking into account the existence of wide differences in the national tuberculosis situation between countries.



Dr Shigeru Omi
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1 INTRODUCTION

Tuberculosis is the leading infectious killer of youths and adults in the Western Pacific Region, despite the existence of a highly cost-effective strategy known as DOTS (directly observed treatment, short-course), which can cure the disease. In the Region, all highly endemic countries have adopted the DOTS strategy within the last six years. The cure rate has improved from 50% in non-DOTS areas to 93% in areas where DOTS is implemented. In 1998, 59% of notified tuberculosis patients (all forms) were treated with DOTS; but among the 1.96 million estimated tuberculosis cases (all forms) in the Region, only about 25% (495 979) were notified and started treatment with DOTS.

The cure rate of tuberculosis has improved from 50% in non-DOTS areas to 93% in areas where DOTS is implemented.

About 355 000 people die of tuberculosis each year in the Region. The tuberculosis burden is even heavier in the small Pacific island countries where, in 1998, the average notification rate was 59 per 100 000 population, which is much higher than 51 per 100 000, the regional average.

Aware that the expansion of the DOTS strategy requires "effective political commitment", the 51st World Health Assembly accepted a resolution in May 1998 (WHA51.13) urging all Member States to turn policy into action. A few months later, the Stop TB Initiative was launched as a special project of the Communicable Disease Cluster in WHO Headquarters. In September 1999, the Regional Committee for the Western Pacific adopted resolution WPR/RC50.R5 (see Annex1) that declared a 'tuberculosis crisis' in the Western Pacific and urged Member States to give high priority to the crisis and to

allocate sufficient resources for strengthening tuberculosis control. The resolution also requested the Regional Director to make Stop TB in the Western Pacific Region a special project of WHO in the Region.

In recognition of the tuberculosis problem in the Pacific islands, the Secretariat of the Pacific Community (SPC), in collaboration with WHO and with support from the New Zealand Official Development Assistance (NZODA), established a Pacific Regional Tuberculosis Control Project in 1998, to address tuberculosis crisis in four Pacific island countries.

The Regional Stop TB special project aims to generate social and political commitment to tuberculosis control. The first step of the Stop TB special project, the first meeting of a Technical Advisory Group (TAG) to Stop TB in the Western Pacific Region, was held in February 2000. The meeting focused on reviewing and endorsing the Regional strategic plan, including regional objectives and targets, and collaboration with partners to reach the Regional targets for the special project. The Regional strategic plan emphasizes activities to expand DOTS in the context of health system development, surveillance, laboratory services, supporting activities and estimated budget requirements.

The Regional Stop TB special project aims to generate social and political commitment to tuberculosis control..

Recognizing the unique social, economic and epidemiological realities of the Pacific, the First Stop TB Meeting in the Pacific Islands was convened in June 2000. At this meeting the Pacific Stop TB Initiative was established and the Pacific Strategic Plan to Stop TB endorsed. This Pacific Strategic Plan to Stop TB is based on the Regional strategic plan, specifically adapted to the conditions and needs of Pacific island Member States. It is intended for policy makers responsible for health policy and budgeting, and for tuberculosis programme managers and all stake holders active in tuberculosis control.

2 OBJECTIVES AND TARGETS

Mission statement

To significantly reduce morbidity and mortality due to tuberculosis in the Pacific by promoting accessibility and sustainability of the DOTS strategy as part of health system development.

Objectives

The objectives of the Pacific Strategic Plan to Stop TB are to:

1. reduce the tuberculosis burden in the Pacific by half by 2010; and
2. ensure that the DOTS strategy is incorporated into country plans for health system development.

Targets to be reached by the end of 2005

1. DOTS implementation

- To adopt DOTS as the primary tuberculosis control strategy in all countries and areas and territories by 2002;
- To ensure that 100% of detected new smear-positive cases are enrolled under DOTS by 2005;
- To ensure a treatment success rate of at least 85% for smear-positive pulmonary cases in the DOTS programme; and
- To detect 70% of estimated new smear-positive cases in the Pacific.

2. Health System Development

- To expand the DOTS strategy by making DOTS available as part of primary health care for country- and area- and territory-wide populations.

3. Drug supply and quality of drugs

- To establish or expand effective procurement and distribution systems for anti-tuberculosis drugs;
- To strengthen quality assessment of anti-tuberculosis drugs.

4. Monitoring and evaluation

- To develop and implement a surveillance and communications system to assess DOTS expansion and quality;
- To establish TB/HIV co-infection surveillance;
- To monitor drug resistance in selected countries and areas/territories; and
- To make accurate assessments of the magnitude of the tuberculosis burden.

3 STRATEGY

Overall strategy

DOTS (directly observed treatment, short-course) has proved to be the most effective strategy for controlling the tuberculosis epidemic. DOTS is the basic strategy of the Stop TB Special Project in the Western Pacific and the Pacific Stop TB Initiative. DOTS has five key components:

DOTS is the basic strategy of the Stop TB Special Project in the Western Pacific and the Pacific Stop TB Initiative.

1. government commitment to sustaining tuberculosis control activities;
2. case detection by sputum smear microscopy among suspected patients;
3. a standardized treatment regimen of six to eight months for at least all confirmed sputum smear-positive cases, with directly observed treatment (DOT) for the whole duration of treatment;
4. a regular uninterrupted supply of all essential anti-tuberculosis drugs; and
5. a standardized recording and reporting system that allows assessment of treatment results for each patient and of the overall tuberculosis control programme.

The five components of DOTS represent the minimum package that is necessary for tuberculosis control. Implementation of the strategy requires flexibility and adaptation to a wide variety of contexts. Under the Pacific Stop TB Initiative, the main aspects of DOTS will be adapted to meet the specific challenges of the countries

and areas in the Pacific. Highest priority will be given to reaching the targets of achieving introduction of DOTS throughout the Pacific in 2002 and 100% coverage by 2005.

Key aspects of the Stop TB strategy in the Pacific

Political commitment and partnership development

The Pacific Stop TB Initiative is an extension of regional and global commitment to better tuberculosis control, as recognized and endorsed by countries around the world over the last few years. In the Western Pacific Region, following the declaration in 1999 of a tuberculosis crisis, the Stop TB Special Project was launched at the first Technical Advisory Group meeting in Manila in February 2000. The political commitment demonstrated by Member States at these international meetings must be put into practice at the country level. In order to expand DOTS for tuberculosis control in the Pacific, this political commitment must be supported by partnership at every other level. National governments must commit adequate funds to support the programme. Strong support is needed from the community, from all levels of the health system, and from regional agencies and bilateral partners.

Sustainable tuberculosis control in the context of the health system development

Collaboration between national tuberculosis programmes and planning units in Ministries of Health during the planning and implementation processes will ensure that the fundamentals of tuberculosis control are maintained in the context of the health system development and that tuberculosis control is strengthened. Indicators of tuberculosis programme, such as cure rate of new

sputum-positive tuberculosis patients, should be included in the indicators of health system development in the Pacific. Technical support for programme development will be available from the TAG to Stop TB in the Western Pacific, and through the outcomes of the First Stop TB Meeting in the Pacific Islands. Technical aspects of tuberculosis control may be defined and expressed in five-year national plans of action to stop tuberculosis, as components of overall health system development plans. In selected countries, new initiatives and accelerated activities may be considered to achieve rapid and substantial reduction in tuberculosis burden.

Technical support for programme development will be available from the TAG to Stop TB in the Western Pacific, and through the outcomes of the First Stop TB Meeting in the Pacific Islands.

To prevent the impact of HIV infection on the burden of tuberculosis, HIV prevention programmes and STI treatment programmes should be supported. Optimum management of TB/HIV co-infection requires close collaboration between those managing both diseases.

Regular and uninterrupted supply of anti-tuberculosis drugs

Regarding tuberculosis drugs, the aims of this Pacific Strategic Plan to Stop TB include:

1. promoting free access to tuberculosis treatment to improve treatment compliance;
2. improving procurement procedures for instance through collaborative arrangements;
3. strengthening quality assurance of tuberculosis drugs;
4. improving distribution of tuberculosis drugs, especially to remote areas; and
5. encouraging the use of fixed dose combinations (FDC), at least INH-RMP combinations, and/or blister packs to reduce the emergence of drug-resistance, to increase patient and doctor compliance, and to simplify drug management and distribution.

WHO and SPC may provide technical support to selected countries for procurement and distribution of tuberculosis drugs, and improvement of quality assurance. An overview of the current situation on procurement (suppliers, manufacturers, and tuberculosis drugs financing sources) should be prepared for each country. WHO may arrange for drug procurement for selected Pacific island Member States.

DOTS implementation

DOTS implementation in the Pacific is lower than in the rest of the Western Pacific Region.

DOTS was first introduced into the Pacific in the mid-1990s. DOTS coverage has increased slowly and is still in the early stages of expansion. DOTS implementation in the Pacific is lower than in the rest of the Western Pacific Region. The quality of tuberculosis epidemiological data could be improved. Health staff are scarce in small countries and remote islands, the population density is low and many communities are isolated. Communications are limited and health services are often concentrated in the capital on the main island, with limited primary health care services in outer islands.

The five components of the DOTS policy package remain the framework of the DOTS strategy in the Pacific. The essential components of the DOTS strategy need to be adapted to the two major operational situations prevalent in the Pacific. These scenarios include large islands with DOTS centres and small islands without DOTS centres. WHO policies should be followed, as outlined in the publication *Guidelines for the control of tuberculosis through the DOTS strategy in Pacific island countries*. Some of these policies are summarized below:

- Promoting government commitment to expand DOTS in all countries and areas of the Pacific to sustain tuberculosis control.

- Implementing case detection by sputum smear microscopy among symptomatic patients who self-report to health services. WHO does not recommend tuberculin testing in highly endemic countries because of its limited value (except for infants or young children). Similarly, preventive therapy (INH for 6 to 12 months) - except in HIV positive people and children under the age of five in contact with a smear positive case - is not generally recommended because of low cost-effectiveness, low compliance and the lack of resources to carefully follow up subjects receiving preventive treatment.
- Providing routine BCG vaccination at birth, and ensure that BCG is integrated into the EPI (to protect against the most severe forms of tuberculosis in children). However, a revaccination policy should not be implemented because of a lack of evidence for a protective effect.
- Reducing reliance on x-ray diagnosis, because of the excess case detection of smear- negative patients. A tuberculosis diagnostic committee should be introduced in each hospital applying DOTS to review all diagnoses of sputum smear negative tuberculosis cases.
- Applying standardized six to eight month treatments to all cases according to the guidelines appended in Annex 3.
- Implementing the continuation phase of treatment in outer islands by providing treatment kits for four (or five) months.[1] These can be provided to

Notes

[1] *Guidelines for the Control of Tuberculosis through DOTS Strategy in Pacific Island Countries*. WHO, WPRO, 1999 (p 22).

patients through health workers, or, in case there is no aid post, through community volunteers, village or religious leaders, traditional healers (under supervision of health personnel) or store keepers.

- At the end of the treatment, all sputum positive patients should visit a DOTS center with their treatment cards. Smear examinations (x-rays, if required), final clinical consultations and completion of the tuberculosis register should be performed in the DOTS centre.
- A regular, uninterrupted supply of anti-tuberculosis drugs should be ensured. Consideration should be given to collaborative arrangements for supply of drugs for several Pacific island countries through a common supplier.
- A standardized recording and reporting system that allows assessment of treatment results for each patient and of the tuberculosis control programme should be used, with quarterly reports on notification and treatment outcome.

Laboratory Support for DOTS

Microscopic examination of Ziehl-Neelsen-stained sputum smears not only identifies patients with active (infectious) disease, but also provides the basis for monitoring response to therapy and classification of patients as 'cured' or otherwise on completion of therapy.

Effective implementation of DOTS, therefore, requires:

1. establishment of a microscopy laboratory at each DOTS centre;
2. provision of adequate facilities, in particular electric binocular microscopes (x1000 objective); and

3. training of laboratory technicians to provide expertise in acid-fast microscopy.

Responsibility for establishment, staffing and maintenance of DOTS laboratories lies with individual countries. WHO and SPC may provide appropriate assistance and advice.

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In order to ensure accuracy of the microscopy result, there is need for:

1. adoption of standard laboratory methodologies (WHO publications);
2. regular provision of laboratory consumables, in particular staining reagents;
3. appropriate standard internal and external quality control programmes; and
4. regular supervisory visits by expert technicians.

WHO Collaborating Centres in Tuberculosis Bacteriology can provide training, technical advice, and other forms of support, including external quality control.

Table 1 summarizes the operational aspects of the Stop TB strategy in the Pacific, determined by island size and health system infrastructure.

Table 1:

Stop TB Operational Aspects in the Pacific

Types of islands in the same country	Big islands (usually with DOTS Centre*)	Small islands surrounding the big islands (usually without DOTS Centre)
Geographical setting	Usually one or two islands Accessible with regular transportation within the same island	Difficult to reach Regular boat. Need aircraft sometimes
Population occupancy	About 60% to 70% of the country's population	At least 30% to 40% of the country's population
Health system	General hospital in capital with microscope available Health centers operated by nurses or doctors existing in some cases with/without microscopes Functional; villages aid post may/may not exist	Aid post operated by nurse/ midwife may exist but not always Microscopic service not available
Strategy when DOTS being implemented	• Improve the quality of performance of DOTS Centres on main islands • Expand DOTS to remote islands to increase population coverage	• Improve performance of the AID post through monitoring from the central level
Strategy when DOTS not being implemented	• Introduce DOTS through developing DOTS Centres on the main island	• Introduce the DOTS treatment kit** • Develop a referral system from remote islands to the referral centre on the main island

Source: Guidelines for the Control of Tuberculosis through DOTS strategy in Pacific Island Countries,.

* See *Guidelines* page 4.

** See *Guidelines* page 22.

Monitoring and surveillance

To measure the achievements of the Pacific Stop TB Initiative, the following monitoring and surveillance activities will be carried out:

- Information systems: An information system and a set of indicators will be assured, to monitor DOTS expansion, the quality of DOTS, routine notification of cases and treatment outcomes, in addition to the supply of essential tuberculosis drugs. Guidelines should be developed to allow the measurement of the burden of tuberculosis in small populations.
- Communication systems: Systems will be developed to ensure efficient and timely transfer and follow-up of cases.
- Drug resistance surveillance (DRS): Accelerating DOTS expansion in the Pacific will help to maintain the current low level of multi-drug resistant (MDR) tuberculosis. However, drug resistance surveys will be undertaken in selected countries and areas, if required, to monitor effectively the status of MDR tuberculosis. Culture specimens may be sent to international reference laboratories to monitor the status of drug resistance.
- Tuberculosis/HIV co-infection monitoring: Tuberculosis/HIV co-infection surveillance will be implemented in countries and areas where relevant.

Capacity building for DOTS management

The capacity for an effective management of the DOTS strategy needs to be strengthened, including diagnosis by microscopy and directly observed treatment of patients at all levels. Skilled human resources are still needed in

countries and areas that have not been implementing DOTS and in DOTS areas that are experiencing high turnovers of staff. Priority should be given to in-service and pre-service training (with inclusion of tuberculosis issues in nursing and medical school curricula). The following activities will need to be organized:

At the country/area level:

- assessment of pre-service and in-service training needs, and identification of trainers;
- training workshops for the managerial team at central and peripheral levels, including nurses, laboratory technicians, pharmacists, and community workers in the public and private sector;
- training workshops on specific issues (such as advocacy, drug management and information systems for quality assurance of microscopic examination, programme monitoring and data analysis); and
- establishment of DOTS microscopy centres in each of the big islands

At the Pacific/regional levels:

- annual IUATLD international course in Viet Nam with participants from Pacific islands;
- RIT/JICA international and laboratory course in Japan with Pacific island participants;
- DOTS training workshop for Pacific island countries in collaboration with Centers for Disease Control and Prevention (CDC) and SPC;
- tuberculosis laboratory training in collaboration with the WHO collaborating centres;
- Stop TB Meeting in the Pacific islands, in collaboration with SPC;

- incorporation of the DOTS strategy in the curricula of medical, nursing and laboratory schools; and
- IUATLD regional conference.

Operational research

The Pacific Stop TB initiative will provide opportunities to build operational research capacity at the national level.

Research and development in the areas of treatment delivery and tuberculosis control in health systems will be promoted in collaboration with WHO/HQ and other partners. The Pacific Stop TB initiative will provide opportunities to build operational research capacity at the national level, including:

- alternatives to prevalence surveys to assess tuberculosis epidemiological trends;
- tuberculosis mortality surveys;
- guidelines for health system development and public health priorities;
- assessment of the socio-economic impact of tuberculosis; and
- development of special approaches to tuberculosis elimination in selected countries/areas with low prevalence of the disease.

4 PLANNING AND COORDINATION

Country level

a) Country plans of action to Stop TB

Country plans of action to Stop TB need to be developed or refined in close collaboration with WHO, SPC, as well as multilateral and bilateral agencies, and approved by national authorities. Plans should be oriented towards achieving the national and regional goals for 2005 and should be consistent with the Pacific strategy to Stop TB. Plans should identify and prioritize additional resources and inputs required from WHO and other partners.

Plans should be oriented towards achieving the national and regional goals for 2005 and should be consistent with the Pacific strategy to Stop TB.

b) Coordination within Ministry of Health and among other sectors of the government

Coordination should be facilitated with other departments and units in the Ministry/Department of Health, such as planning, budget and finance, human resource development, drug supply and distribution, surveillance, laboratory services, statistics, hospital, medical and nurse schools as well as other ministries/department including finance, education and communication.

c) Stop TB committee

It is recommended that the Pacific island Member States establish Stop TB committees involving domestic agencies and community groups to form a coalition against tuberculosis. One of the important roles of these committees will be to raise public awareness and social mobilization in the fight against tuberculosis.

Regional/Pacific level

a) WHO Technical support

The WHO Regional Office for the Western Pacific will coordinate activities related to the Pacific Stop TB Initiative. WHO, in collaboration with CDC and SPC, will provide technical cooperation to countries in all areas of tuberculosis control.

b) Stop TB Task Force in the Western Pacific Region (WPRO)

A Task Force has been formed at the Regional office to coordinate tuberculosis activities within WHO. The Stop TB Task Force in WPRO has been formed to ensure a broad approach to tuberculosis control and to develop close coordination with other WHO activities in areas such as health sector development, economic analysis, surveillance of HIV/AIDS, drug quality and management, and social mobilization. The WPRO Task Force will have responsibility for coordination with neighboring WHO Regions.

c) TB Technical Advisory Group (TB TAG)

A TB Technical Advisory Group composed of international experts and government officers has been formed to provide technical guidance to the Stop TB Special Project in WPRO and the Pacific Stop TB Initiative. The core group of members will call on additional experts, including experts from the Pacific islands, wherever possible, to address special problem areas as they arise. The WPRO Task Force will serve as secretariat for the TB TAG.

5 PARTNERSHIP AND RESOURCE REQUIREMENTS

To ensure the coordination of all international agency inputs, at the country and the regional levels, a Regional Interagency Coordinating Committees (ICC) has been formed, with representatives from all agencies collaborating in the Stop TB special project. The committee will meet as frequently as required to review progress and the need for partner inputs. The first meeting of the regional ICC was held during the TB TAG meeting to review the Regional Stop TB strategic plan and to identify the type of assistance that each of the agencies can provide for the Stop TB special project. The Stop TB Task Force in WPRO will serve as the secretariat to the ICC. The Pacific Stop TB Initiative will require close coordination with the ICC and with various national and international partners in the Pacific.

The Pacific Stop TB Initiative will require close coordination with the ICC and with various national and international partners in the Pacific.

Additional funds for the Pacific Stop TB Initiative will be needed to achieve the objectives and targets of the Pacific Stop TB Strategic Plan. Funds for sustaining tuberculosis control must also be allocated with the cooperation of Ministries of Finance of Pacific island Member States. In addition, there is a need for partner agency support to fund a Pacific tuberculosis Medical Officer position based in WHO, Fiji, to continue and expand the Pacific Regional Tuberculosis Control Project at SPC beyond August 2001.

ANNEX 1

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

RESOLUTION

REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

COMITE REGIONAL DU PACIFIQUE OCCIDENTAL

WPR/RC50.R5
17 September 1999

TUBERCULOSIS PREVENTION AND CONTROL

The Regional Committee,

Noting that tuberculosis kills more youths and adults than any other infectious disease in the world;

Noting further that tuberculosis is re-emerging as a major public health problem in the Region, as demonstrated by the steady increase in notified tuberculosis cases during the last decade and the fact that 29% of global tuberculosis cases are found in the Western Pacific Region;

Noting that political commitment has not yet been translated into increased resources for tuberculosis control;

Recognizing that tuberculosis has far-reaching socioeconomic impacts, especially in developing countries, because the disease mainly affects the poor and people of productive age;

Recognizing further that tuberculosis is also a serious public health problem in newly industrialized and developed countries;

Acknowledging that the directly-observed treatment, short course (DOTS) strategy is the most cost-effective way of controlling tuberculosis, saving the lives of patients and preventing the emergence of drug resistance;

Expressing concern that only 46% of notified tuberculosis cases were enrolled in DOTS programmes in 1998;

Expressing further concern at the negative impact of HIV on tuberculosis in some countries of the Region;

1. DECLARES a 'Tuberculosis crisis' in the Western Pacific Region;

2. URGES Member States:

(1) to give high priority, and to allocate sufficient resources, to strengthening tuberculosis control;

(2) to aim to increase the percentage of tuberculosis patients enrolled in DOTS programmes so that the regional targets of 60% of notified cases to be treated by DOTS by 2001 and 100% by 2005 are achieved;

(3) to achieve and maintain a cure rate of at least 85% by ensuring high quality DOTS implementation, as a minimum;

(4) to implement surveillance for drug-resistant tuberculosis by 2001;

(5) to establish regular surveillance and reporting of the impact of HIV on tuberculosis by 2001, if this is appropriate;

REQUESTS the Regional Director:

(1) to give tuberculosis control high priority and to make "Stop TB in the Western Pacific Region" a special project of the Western Pacific Regional Office;

(2) to take all possible steps to raise awareness of the tuberculosis problem based on evidence from epidemiological studies and cost-benefit and socioeconomic analysis and to take all necessary measures to influence leading political figures to translate political commitment into increased financial resources;

(3) to strengthen technical collaboration with Member States in order to introduce and expand the DOTS strategy in the Region in the context of health sector reform and poverty alleviation;

(4) to strengthen partnerships with other technical and funding agencies in the Western Pacific Region;

(5) to report annually on progress in tuberculosis control to the Regional Committee.

Seventh Meeting,
17 September 1999
WPR/RC50/SR/7

ANNEX 2

Targets and expected results for 2005 and milestones in 2002 for Pacific Island Member States

Targets	End 2002	End 2005
1. DOTS expansion		
Detection of estimated new smear-positive TB cases in DOTS, i.e., DOTS detection rate*	50%	70%
Treatment success rate in DOTS areas	85 %	85%
Proportion of detected sputum positive cases enrolled in DOTS	80%	100%
Pacific Countries/Areas adopting DOTS	All	All
DOTS microscopy center with quality assurance	All	All
2. Health System Development (HSD)		
Implementation of National plans of action to Stop TB as part of HSD	All	All
Assessment of HSD impact on TB control if required	In selected countries/ areas	All Pacific island countries
Indicators for DOTS as indicators for HSD	Set developed	Indic. used routinely
Plan to ensure DOTS sustainability as part of HSD		Plans implemented
3. TB Drugs		
Increase national resources for drugs	Yes, over prior year	At least 80% drugs from national resource
System for collaborative arrangements	Yes	Yes, expanded
System for distribution to remote areas	Yes	Yes. Expanded
Pacific quality assurance (QA) network for TB drugs	Design QA	Implement QA
4. Monitoring and Evaluation		
Information systems to assess DOTS expansion and quality with common indicators	System developed	System used routinely in all PICs
HIV/TB surveillance	Sel. countries	Sel. countries & re-surveys
Drug resistance surveillance/surveys	Sel. countries	Re-surveys 4 countries

*DOTS case detection is the notified new smear-positive tuberculosis cases in DOTS areas over estimated new smear-positive tuberculosis cases. To attain a 70% DOTS case detection rate, it is necessary to detect 70% of estimated smear-positive cases and to enroll all detected cases in the DOTS.

ANNEX 3

Summary of the mechanisms of DOT according to the different treatment categories and types of patient

Treatment Categories and Types of Patient	Category I: New cases pulmonary smear positive	Category II: Pulmonary smear positive —relapse —failure —Treatment after interruption (default)	Category III: —New cases pulmonary smear negative (other than in Category I) —New less severe forms of extrapulmonary Category I —Pulmonary smear negative with extensive parenchymal involvement —Severe extrapulmonary forms
Regimen	2RHZE/ 4RH	2RHZES/ 1RHZE/ 5RHE	2RHZ/ 4RH or 2RHZE/ 4RH
Routine sputum follow-ups	End of second month. During the sixth month. At the DOTS Centre.	End of third month. During the eighth month. At the DOTS Centre.	None as routine.
Drugs administration	**Intensive Phase** DOT daily as inpatient for 2 months. If patient is positive at the end of the second month, the intensive phase in the hospital is extended for one more month. **Continuation Phase** DOT daily* —Outpatient (patient within 1 hour of health facility) —Patient at home (> than 1 hour).	**Intensive Phase** DOT daily as inpatient for 3 months. If patient is positive at the end of the third month, the intensive phase in the hospital is extended for one more month. **Continuation Phase** DOT daily. —Outpatient (patient within 1 hour). —Patient at home (> than 1 hour).	Self-administered with weekly drug supply. First dose must be administered under direct observation. Severely ill cases should be hospitalized for a short period. **Outpatients:** for patient living within 1 hour of health facility. **Treatment at home:** for patient living more than one hour away from health facility.
Treatment partner	Health worker for outpatients. Outreach health worker or community volunteer for home treatment.	Same as Category I.	Same as Category I.

* DOT should be at least 5 days in a week but the patient should take 7 days medication in a week.

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