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## **TUBERCULOSIS**

Tuberculosis (TB) continues to be the leading infectious killer of adults and young people in the Western Pacific Region. Approximately 1000 people in the Region die from the disease every day. At its fiftieth session in September 1999, the Regional Committee declared a tuberculosis crisis in the Region and requested the Regional Director to make “Stop TB in the Western Pacific Region” a special project of the Regional Office.

The first Technical Advisory Group (TAG) meeting for the Stop TB special project in February 2000 endorsed a regional goal of a 50% reduction in TB prevalence and mortality by 2010, from 1999 levels. A “Regional strategic plan to Stop TB in the Western Pacific” was endorsed at the fifty-first session of the Regional Committee in September 2000. At its second meeting in June 2001, the TAG recognized the five-year Stop TB plans that had been developed by the countries in the Region with a high burden of TB as technically sound and recommended that they be fully implemented. At its third meeting in February 2002, the TAG analysed factors contributing to the stagnation of TB decline in countries with an intermediate burden of TB; supported the draft of the regional framework for TB/HIV co-infection; and made recommendations on accelerating directly observed treatment, short-course (DOTS) expansion, enhancing surveillance and coordinating partnerships. The TAG noted the additional funding opportunities to accelerate DOTS expansion in the Region following the establishment of the Global Fund to Fight AIDS, TB and Malaria.

This report is presented for the information of the Regional Committee and for discussion at its fifty-third session.

## 1. CURRENT SITUATION

Detailed analysis of the tuberculosis (TB) situation in the Region is included in *The Work of WHO in the Western Pacific Region: 1 July 2001–30 June 2002* (pp. 37-46). This report describes the progress of the Stop TB special project, highlighting the major issues being addressed and proposing actions for Member States.

### 1.1 Foundation building completed

During its initial phase (1999-2001), the special project to Stop TB in the Western Pacific Region laid the groundwork for future work. A regional strategic plan<sup>1</sup> was prepared and five-year action plans for the seven countries in the Region with a high TB burden were finalized. At its second meeting in Beijing in June 2001, the Stop TB Technical Advisory Group (TAG) recognized these action plans as technically sound and recommended that they be fully implemented.

A financial plan for Stop TB has been drawn up, based on an increased allocation of resources. Partner collaboration has been strengthened with the establishment of a regional interagency coordination committee (ICC). The regional ICC has resulted in increased resources for TB prevention and control and this is expected to continue in future. Partner collaboration is also being strengthened at the national level with the establishment of national ICCs in most countries with a high burden of TB. Resources to support country action plans are expected to increase as these national ICCs begin to function.

At the global level, new funding mechanisms to support TB prevention and control have recently been established, notably the Global Fund to Fight AIDS, Tuberculosis and Malaria. The seven successful proposals from the Western Pacific Region in the first round of grants announced by the Global Fund in April 2002 included TB projects from China and Mongolia. Another proposal for TB control, from Viet Nam, was included in an additional group of proposals approved for deferred funding subject to adjustments or clarifications. The proposal for China, the nationwide expansion of directly observed treatment, short-course (DOTS), was the seventh largest of the approved projects in the first round.

An important part of the foundation building for Stop TB has been the increase in DOTS coverage in the Region. The number of countries and areas in the Region implementing DOTS

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<sup>1</sup> Endorsed by the Regional Committee in 2000 (resolution WPR/RC51.R4).

increased from 21 in 1999 to 28 in 2000. The total reported regional population coverage for DOTS rose from 58% in 1998 to 67% in 2000.

Stop TB has supported strengthening of technical capacity for DOTS implementation in all parts of the Region by organizing training courses for national programme staff. For example, tuberculosis programme managers and DOTS programme staff from 18 Pacific island countries participated in a Pacific TB Training Course in Fiji in November 2001.

## **1.2 Emerging challenges**

The Stop TB Special Project is tackling emerging issues in TB control, such as the threat posed by the HIV/AIDS epidemic. A regional strategic framework for addressing TB/HIV co-infection has been published. This framework will be adapted to country-specific situations, in collaboration with national TB and HIV/AIDS programmes.

Multidrug resistance (MDR) is a growing concern. In China, six provinces have completed drug resistance surveys since 1995 and prevalence of MDR-TB in new and retreatment cases was found to range from 6.3% to 9.1% in some provinces. The level of MDR-TB is closely related to the effectiveness of DOTS programmes. The prevalence of drug-resistant TB in parts of the Region suggests that DOTS implementation needs to be strengthened to prevent further expansion of MDR-TB. MDR surveillance is also being expanded in the Region.

## **2. ISSUES**

### **2.1 DOTS expansion**

DOTS coverage is not expanding quickly enough to achieve the goal of providing the Region's entire population with access to DOTS by 2005.<sup>2</sup> The next two years will require a redoubling of efforts by all stakeholders. Despite support from the international community and, in particular, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the financial gap remains a challenge, especially with respect to ensuring an uninterrupted TB drug supply. Strong coordination between national TB programmes and partners is critical for the smooth functioning of various aspects of

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<sup>2</sup> In 1999 the Regional Committee urged Member States to increase DOTS coverage so that this goal could be achieved (resolution WPR/RC50.R6).

DOTS. However, the most important challenge is to improve and maintain the quality of DOTS implementation. National TB programmes need to strengthen their human resources in order to enable better supervision and monitoring. Programme management, especially in relation to drug procurement and supervision and monitoring, also needs to be improved in most countries. The regional tuberculosis laboratory network needs to be reinforced and quality control procedures emphasized.

## **2.2. TB rates in countries with an intermediate burden**

Although the main focus of the special project will continue to be on those countries with a high burden of TB, the fact that TB is no longer declining in the seven countries and areas in the Region with an intermediate burden of the disease (Brunei Darussalam; Hong Kong (China); Japan; Republic of Korea; Macao (China); Malaysia; and Singapore) is cause for concern. With the exception of the Republic of Korea, TB is no longer declining in these countries. General factors contributing to this stagnation include ageing, the mobility of certain population groups and the existence of HIV/TB co-infection. However, many of the contributing factors are specific to particular countries, especially with respect to transmission (e.g. changes in notification systems; urban problems, including increases in high-risk groups such as the homeless; immigration; HIV prevalence; and diabetes prevalence). Further analysis is necessary to determine the specific factors operating in each country. Cohort analysis of treatment outcomes, which is currently not regularly undertaken in most of these countries, needs to be carried out in order to arrive at accurate country-specific assessments.

## **2.3. Emerging challenges**

The threat of increasing HIV rates fuelling the TB epidemic is an important emerging challenge in the Region. To help countries to respond to this threat, WHO has drafted a regional strategic framework for the prevention, surveillance and care of TB/HIV, which is intended to be adapted and adopted in countries high rates of TB/HIV co-infection.

Rising levels of multidrug resistance in China indicate that DOTS expansion is urgently required to prevent further emergence and transmission of MDR-TB. Systematic surveillance of drug resistance will enable the impact of DOTS to be monitored and assessed.

Another emerging challenge is the engagement of the private sector, which is not currently implementing the DOTS strategy in some countries, including the Philippines. Maximizing the

private sector's role in DOTS implementation will require sustained efforts in collaboration with private doctors and nongovernmental organizations.

### 3. ACTIONS PROPOSED

The following actions by Member States are proposed for consideration by the Regional Committee:

1. Ensure the timely implementation of five-year national action plans in order to achieve the goal of ensuring that, by 2005, 100% of notified cases in the Region are treated by DOTS.
2. Use all opportunities, including the Global Fund, to maintain partnerships for Stop TB in the Region, translate political commitment into financial commitment, and bridge the resource gap that currently affects further DOTS expansion.
3. Strengthen management capacity for TB control from central to local levels. As a first step, organize a broad programme review to strengthen systematic monitoring and supervision.
4. Set up an efficient drug management system, including detailed planning and monitoring. Strengthen coordination between national TB programmes and drug procurement agencies.
5. Pilot the regional TB/HIV framework in selected countries, adapting it to the local context as required. Carry out TB/HIV surveillance activities.
6. Ensure high-quality DOTS implementation and strengthen quality assurance mechanisms for laboratory services.
7. Improve surveillance systems for TB prevalence and drug resistance through capacity building at all levels.
8. Ensure that DOTS is available for all who need it. Encourage the involvement of all care providers, including those in the private sector.