TUBERCULOSIS

Following the declaration of a “tuberculosis crisis” in the Western Pacific Region by the Regional Committee at its fiftieth session in 1999, the Stop TB special project was established in 2000.

The three regional targets to be achieved by 2005 are: 100% directly observed treatment, short-course (DOTS) coverage, an 85% cure rate and a 70% case detection rate. In 2002, DOTS coverage was 77%, the cure rate exceeded the 85% target and the case detection rate was 40%. Funding for tuberculosis (TB) control has increased dramatically because of close collaboration between WHO and its partners.

With only one and half years remaining until the 2005 target date, significant challenges remain. In particular, the case detection rate is well short of the target. To address this, WHO will work with countries to improve the quality of laboratory services, strengthen public-private cooperation, enhance surveillance systems, and increase community awareness of TB in order to extend DOTS coverage. Establishing strong central management units in countries will be another important challenge.

Most of the undetected cases are in China. The Ministry of Health in China has identified priority provinces where political commitment needs to be raised if DOTS coverage is to expand rapidly and if case detection is to be improved. In early 2004, China established an Internet-based disease reporting system, which is likely to lead to increased notification of TB cases.

HIV-related TB and multidrug-resistant TB remain causes for concern. WHO has developed a regional framework to support countries to set up collaborative TB/HIV activities, including surveillance, diagnosis and care. WHO has also further strengthened surveillance of multidrug-resistant TB.

This report is presented for information of the Regional Committee and for discussion at its fifty-fifth session.
1. CURRENT SITUATION

A detailed discussion of the tuberculosis (TB) situation in the Region can be found in *The work of WHO in the Western Pacific Region: 1 July 2003-30 June 2004* (pp. 34-38).

1.1 Closing in on the 2005 targets

A "Regional strategic plan to Stop TB in the Western Pacific Region" was endorsed at the fifty-first session of the Regional Committee in September 2000. In order to reach the strategic plan’s 2010 goal of reducing TB prevalence and mortality by half from 1999 levels, it will be necessary to reach the following three targets by the end of 2005: 100% DOTS coverage, an 85% cure rate and a 70% case detection rate.

In 2002, DOTS coverage increased to 77%. Of the seven countries with a high burden of TB, China, the Lao People’s Democratic Republic and Papua New Guinea have made rapid progress expanding DOTS. The regional cure rate continues to exceed the 85% target and it is anticipated that 100% of the Region’s population will have access to DOTS by the end of 2005. However, not enough progress has been made in case detection, which at 40% remains well below the 70% target for 2005. Low case detection in China accounts for most of the existing gap.

The fourth TB Technical Advisory Group (TAG) meeting in November 2003 commended countries for progress made in expanding implementation of DOTS and urged them to step up their efforts to reach the 2005 targets.

The second Stop TB Meeting in the Pacific in March-April 2004 noted that the 20 Pacific island countries represented had made good progress in TB control since the first meeting in 2000. The meeting covered a range of issues including approaches to TB/HIV in the Pacific, external quality assessment for laboratories in remote settings, and increasing the case detection rate in Pacific island countries.

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2 Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam.
1.2 Emerging challenges

HIV-related TB poses a serious threat to the success of the Stop TB special project, as HIV fuels the TB epidemic. WHO has published a regional framework for TB-HIV, which will guide countries to strengthen national TB-HIV surveillance activities. In Cambodia, WHO works in close coordination with the Government and partners in collaborative TB/HIV activities in pilot sites in four provinces. In one of the provinces in the southern part of Viet Nam, where TB/HIV co-infection rates are high, the Government is piloting a number of referral mechanisms between the TB and HIV/AIDS programmes.

Multidrug-resistant TB is an ever-present danger in the Region. Following the identification of high levels of multidrug-resistant TB in several provinces in China, drug resistance surveillance activities are being expanded to cover additional provinces. Pacific island countries will further strengthen drug resistance surveillance during the year ahead.

2. ISSUES

2.1 Towards 2005: case detection

2.1.1 DOTS expansion

In 2002, the Region’s case detection rate for new smear-positive cases was only 40%, significantly below the 2005 target of 70% case detection. Five of the seven countries with a high burden of TB have yet to reach this target. Implementing DOTS is the best way for countries to increase their case detection rate. In 2002, for example, the case detection rate for new smear-positive cases in areas implementing DOTS was 47%, compared with 15% in other areas. Improvements in case detection rates are vital if the 70% target is to be reached by 2005.

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2.1.2 Quality of TB laboratory services

Laboratory services are an essential element of case detection. WHO has developed regional guidelines for quality assurance of TB microscopy, which have been adopted by many countries, including China and Philippines. In collaboration with the Secretariat of the Pacific Community (SPC) and the Centers for Disease Control (CDC), United States of America, WHO is strengthening its support to the Pacific island countries to implement quality assurance with partner laboratories in Australia, New Zealand and the United States of America.

2.1.3 Public-private cooperation

In many countries in the Region, including China and the Philippines, a significant percentage of TB patients are diagnosed and treated by private practitioners and in general hospitals. These cases are generally not reported to national TB programmes and in some countries, including China, they form a significant part of the gap between the estimated number of cases and those reported by the national tuberculosis programme.

WHO supports a number of projects in the Philippines to promote collaboration between the public and private sectors in DOTS implementation. The Regional Office is monitoring the impact of this initiative on the national case detection rate. In China, efforts are being made to ensure that TB cases and suspected cases in general hospitals are notified to the Ministry of Health as a part of a new surveillance system for infectious diseases. This is one of the measures taken by the Government of China following the SARS outbreak in 2003. In addition, moves are being made to institutionalize referral of TB patients from general hospitals to the national TB programme. These initiatives will all contribute to a reduction in the case detection gap.

2.1.4 TB and poverty

TB and poverty are closely related. The limited access to TB services by the poor contributes to the Region's low case detection rate. In early 2004, WHO published *Reaching the poor: challenges for TB programmes in the Western Pacific Region* which is designed to support countries to pilot innovative approaches to addressing the barriers poor patients face in accessing diagnosis and treatment.

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2.2 Human resources capacity building

Human resources capacity has been strengthened at the central level in some countries with high burdens of TB. However, staff capacity is still a critical issue in these countries, including China, and it has to be addressed if the 2005 and 2010 targets are to be met. If management and other human resources shortcomings are not properly resolved, there is a risk that national programmes will not be able to step up their efforts, even if additional resources have been made available from the Global Fund and other donors. This could jeopardize the effective mobilization of resources in future.

2.3 Emerging challenges

Many countries in the Region have not yet set up effective surveillance systems to monitor TB-HIV coinfection.

It is essential that national TB and HIV programmes collaborate to ensure appropriate case management, reduce transmission of TB and mitigate the impact of the HIV epidemic on levels of TB in the Region. Such collaboration will also reduce deaths among AIDS patients, for whom TB is the leading cause of death.

WHO’s “3 by 5” Initiative will increase the availability of antiretroviral treatment for HIV in the Region and, since it is also likely to increase detection of people living with HIV, will provide an opportunity to treat people living with HIV who also have TB.

WHO’s TB/HIV framework, which was published in early 2004, will guide countries to develop systems to ensure that people living with HIV are screened for TB and treated appropriately.

TB patients are more likely to develop and transmit multidrug-resistant TB in areas where DOTS services are not yet available. Drug resistance surveillance is being extended throughout the Region, particularly in China, where multidrug-resistant TB is an increasing threat and where DOTS is not yet available to the whole population.
3. ACTIONS PROPOSED

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

1. implement DOTS acceleration plans for 2004-2005 in countries with a high burden of tuberculosis;

2. increase the TB case detection rate by:
   - ensuring the delivery of high-quality TB laboratory services;
   - improving public-private cooperation with regard to DOTS;
   - strengthening TB surveillance systems;
   - ensuring and improving access to DOTS for difficult to reach and vulnerable populations;

3. in areas affected by TB and HIV co-infection, ensure TB and HIV programmes collaborate to ensure timely detection and treatment of both TB cases and people living with HIV;

4. improve drug resistance surveillance in order to address the emerging problem of multidrug-resistant TB;

5. strengthen human resources capacity at the provincial level in order to accelerate implementation of TB control activities and to improve case detection.