

7.2 American Region (Latin American countries): summary of planned activities, impact and costs

Achievements

Major progress has been made in TB control in the American region. A number of countries in the region have had excellent TB control programmes following DOTS principles for some time (such as Chile, Cuba, and Uruguay), and since 2003 the DOTS strategy has been implemented in 33 countries, giving an estimated regional DOTS coverage of 78%. The case detection rate under DOTS reached 50% in 2003 and is predicted to increase to 67% in 2005. The treatment success rate for new smear-positive cases in DOTS areas has increased from 77% (1994 cohort) to 81% (2002 cohort) and is expected to reach the 2005 target of 85% in the 2005 cohort.

TB prevalence and incidence are already decreasing. From 1994 to 2003, the incidence of TB in the WHO Region of the Americas showed a downward trend of 1.6% per year for all forms, and 2.6% per year for smear-positive cases. This downward trend is essentially attributed to fewer cases in Brazil, Chile, Costa Rica, Cuba and Peru. Data from drug resistance surveys are available for most countries in the region, as a result of existing laboratory networks and the commitment of national TB programmes to monitor the emergence of drug resistance. Nine countries have already implemented DOTS-Plus pilot projects and several others are planning to introduce sound MDR-TB management schemes.

Challenges

Although the region is on track to reach the Partnership's 2015 targets linked to the MDGs, it should be emphasized that current achievements essentially reflect results in countries with successful long-standing national TB programmes, which have shown sustained improvement against their indicators (such as Brazil, Chile, Costa Rica, El Salvador and Peru). Reaching the MDG target will depend mainly on progress over the next 10 years in low- and middle-income countries with a high TB burden,²⁷ and on ensuring that TB services reach the poorest and marginalized groups of society in all countries in the region.

Furthermore, some countries where DOTS needs to be strengthened have recently implemented health sector reforms, or are subject to political or social instability, impoverishment, or rapid spread of HIV/AIDS. All these pose challenges, and technical assistance will need to be tailored to the epidemiological, social, operational, and developmental situation of the health system and the national TB programme in each country.

Priority activities 2006–2015

Regional efforts will focus on countries with weak health systems, a high degree of poverty, a high TB burden, high MDR-TB or high HIV/AIDS prevalence. A regional TB control plan for 2006–2015 has been developed with the involvement of a range of partners and regional experts. It aims to strengthen DOTS implementation and to improve the quality of TB care by following the Stop TB strategy. This includes fostering TB/HIV

and MDR-TB management at primary care level and promoting community participation, particularly in those countries and for those minority groups where poor access to health care remains a significant barrier to adequate implementation of DOTS. The plan includes: further improvements in the quality of diagnostic and treatment services; implementing the Practical Approach to Lung Health in countries with a low TB burden (Chile, Costa Rica, El Salvador, Uruguay and Venezuela), as well as in countries requiring intensified case-finding (Bolivia and Peru); and expansion of public-private mix for DOTS (PPM DOTS) initiatives, with a focus on urban areas.

Collaborative TB/HIV activities will be scaled up in countries with a generalized HIV epidemic (the Dominican Republic, Guatemala, Guyana, Haiti and Honduras), Brazil and the English-speaking Caribbean. HIV testing for all TB patients, accompanied by the provision of ART for all those found HIV-positive, will be promoted in settings with a high TB/HIV burden. All other countries in the region will implement surveillance of HIV among TB patients.

The regional laboratory network will be consolidated further to help strengthen country laboratory networks and support drug-resistance monitoring in all countries. Implementation of the DOTS-Plus strategy will be scaled up widely, with the aim of making DOTS-Plus available to at least 90% of all diagnosed MDR-TB patients by 2015. By the end of 2015, it is expected that drug susceptibility testing will be provided for 20% of targeted new TB cases and 100% of previously treated TB cases.

The regional plan also involves the development of human resources and implementation of advocacy and communication strategies for tuberculosis control, in order to stimulate greater government commitment, and enhance community participation and social mobilization. In-country capacity-building for operational research is high on the region's agenda. The WHO regional office will continue working with partners to identify resources to support the consolidation, analysis and dissemination of the results of current operational research projects, as well as to encourage new projects, particularly in key areas such as TB/HIV diagnosis and case management, monitoring the impact of PPM DOTS initiatives, reducing default rates, identifying risk factors for relapses, and outcomes of MDR-TB treatment in some countries.

Expected effects and costs

Given successful implementation of planned activities, case detection is expected to increase to 86% by 2010 and 91% by 2015. Treatment success rate is expected to reach 87% in 2010 and remain at this level until 2015. Provided that this is achieved, a continued decline in incidence, prevalence and death rate is expected and the region will meet the Partnership's targets for 2015.

During the period of the Plan, it is estimated that about 2 million patients in the region will be treated in DOTS programmes and 20 000 in DOTS-Plus. In addition, 33 000 TB patients will be enrolled on ART. The combined effect of all interventions will

prevent about 406 000 deaths, in comparison with a situation in which no DOTS programmes are implemented, and about 28 000 deaths, in comparison with a situation in which TB control efforts are sustained at 2005 levels only.

The total estimated cost of DOTS Expansion, DOTS-Plus and TB/HIV control activities in the American region for 2006–2015 is about US\$1.7 billion.

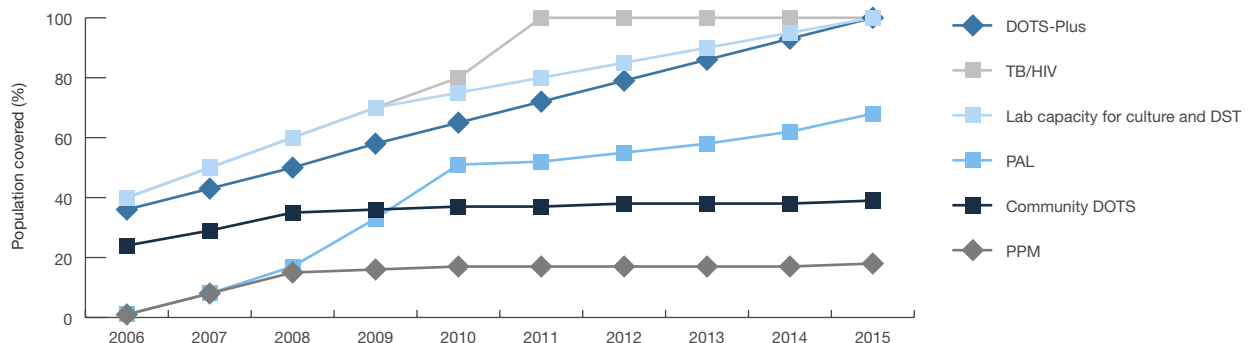
TABLE 8: COST OF PLANNED TB CONTROL ACTIVITIES, AMERICAN REGION (LATIN AMERICAN COUNTRIES) 2006–2015

Planned activities	US\$ millions
DOTS expansion and quality	1,383 (83%)
DOTS-Plus	121 (7%)
TB/HIV collaborative activities	166 (10%)
TOTAL	1,670 (100%)

SUMMARY CHARTS FOR AMERICAN REGION (LATIN AMERICAN COUNTRIES)

FIGURE 21: PLANNED SCALE UP OF ACTIVITIES 2006-2015

American Region (Latin American countries)



N.B. Population coverage is the percentage of the population that lives in an area where the activity is implemented. For TB/HIV collaborative activities the percentage refers to the proportion of the eligible population, i.e. the population living in areas with an HIV prevalence above 1%. For DOTS-Plus, it is the percentage of detected MDR-TB cases that are enrolled in DOTS-Plus programmes.

TABLE 9: MILESTONES RELATED TO IMPLEMENTATION OF DOTS EXPANSION, DOTS-PLUS AND TB/HIV ACTIVITIES (a)

American Region (Latin American countries)	2006 (b)	2010 (b)	2015 (b)
DOTS EXPANSION			
DOTS coverage	71%	100%	100%
Total number of new ss+ patients treated in DOTS programmes (thousands)	87 (123)	88 (104)	71 (80)
Case detection rate new ss+ (%)	71%	85%	90%
Treatment success rate new ss+ (%)	85%	85%	87%
Total number of new ss-/extra-pulmonary patients treated in DOTS programmes (thousands)	114 (159)	117 (136)	97 (108)
Percentage of new ss-/extra-pulmonary patients treated in DOTS programmes	72%	86%	90%
DOTS-Plus			
Total number of detected MDR-TB patients treated in DOTS-Plus programmes (thousands)	1.1 (3.0)	2.0 (3.1)	2.6 (2.6)
Percentage of detected MDR-TB cases treated in DOTS-Plus programmes	36%	65%	100%
MDR-TB treatment success rate (%)	71%	73%	75%
Percentage of culture positive cases that are re-treatment cases	16%	13%	10%
TB/HIV			
Total number of PLWHA attending HIV services screened for TB (thousands)	178 (408)	621 (760)	957 (957)
Percentage of PLWHA attending HIV services screened for TB (c)	44%	82%	100%
Total number of newly diagnosed and eligible PLWHA offered IPT (thousands)	22 (1,011)	58 (1,304)	65 (1,657)
Percentage of PLWHA offered IPT	2%	4%	4%
Total number of TB patients in DOTS programmes HIV tested and counselled (thousands)	41 (121)	119 (174)	122 (143)
Percentage of TB patients treated in DOTS programmes HIV tested and counselled	34%	68%	85%
Total number of TB patients (HIV positive and eligible) in DOTS programmes enrolled on ART (thousands)	1.3 (5.4)	4.0 (10)	4.2 (12)
Percentage of TB patients (HIV positive and eligible) in DOTS programmes enrolled on ART	24%	33%	33%

(a) The percentages are not always exactly the numerator divided by the denominator due to rounding errors.

(b) Numbers in parentheses indicate the denominator. For DOTS Expansion it is new TB cases.

For DOTS-Plus it is the total number of detected MDR-TB cases.

For PLWHA screened for TB it is the total number of PLWHA attending HIV services. For PLWHA offered IPT it is the total number of PLWHA.

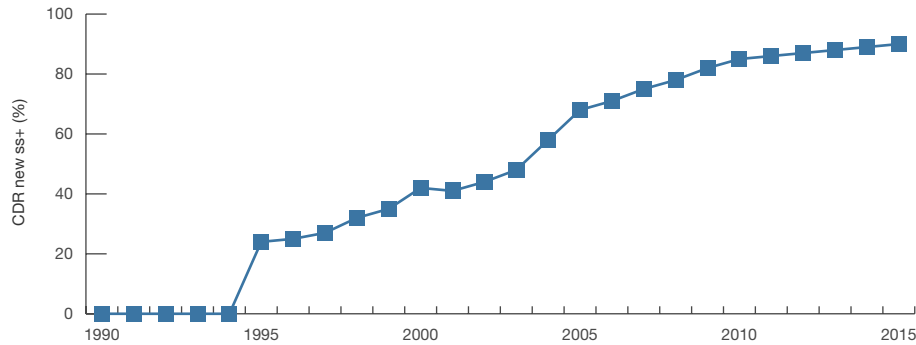
For TB patients HIV tested and counselled it is the total number of TB patients treated under DOTS in areas covered by TB/HIV collaborative activities.

For TB patients enrolled on ART it is the total number of HIV positive TB patients in DOTS programmes that are eligible for ART in areas covered by TB/HIV collaborative activities.

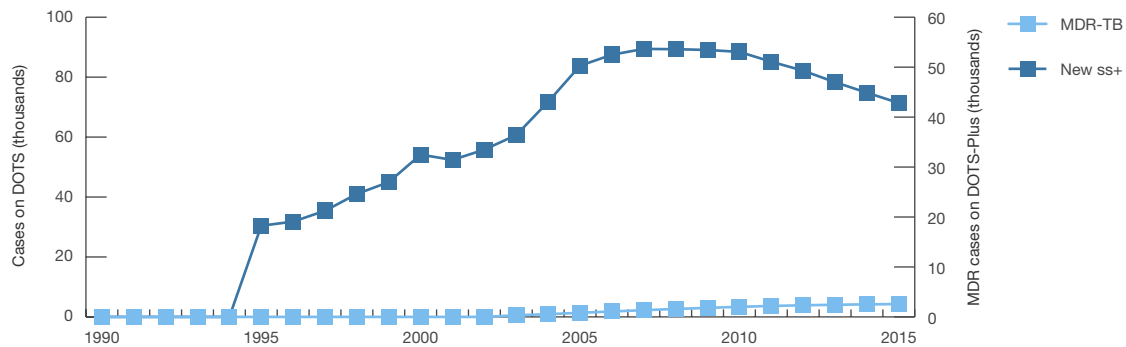
(c) HIV services include testing and counselling and HIV treatment and care services.

FIGURE 22: ESTIMATED IMPACT AND COSTS OF PLANNED INTENSIFIED ACTIVITIES 2006–2015

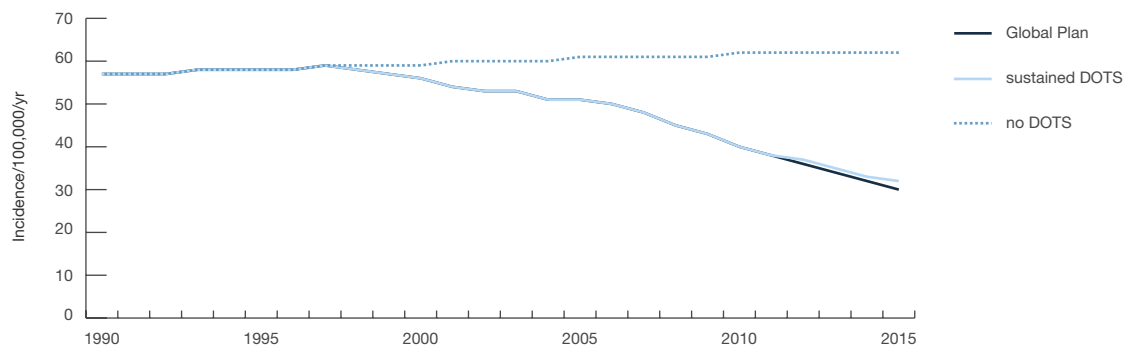
American Region (Latin American countries): Case detection rate, new ss+ cases



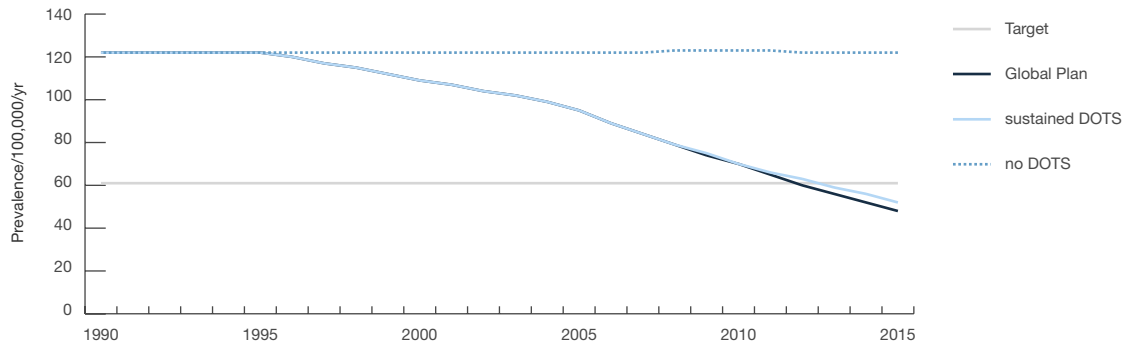
American Region (Latin American countries): Number of cases treated under DOTS/DOTS-Plus



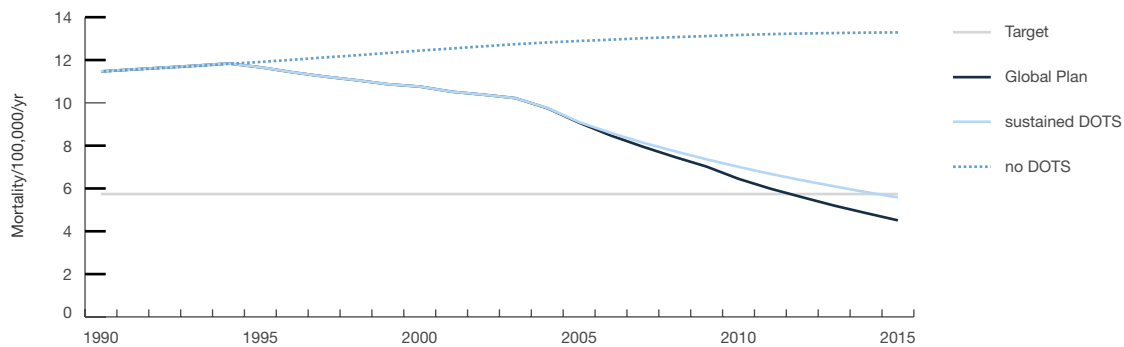
American Region (Latin American countries): Incidence



American Region (Latin American countries): Prevalence



American Region (Latin American countries): Mortality



American Region (Latin American countries): Total costs

