

7.6 Western Pacific Region: summary of planned activities, impact and costs

Achievements

In the Western Pacific Region, DOTS coverage and case detection have increased steadily from 58% and 44%, respectively, in 1998 to 90% and 52% in 2003. Preliminary data show continued progress in 2004 and early 2005, which makes it likely that the Region will reach the 2005 targets for DOTS coverage and case detection (70%). The treatment success rate has exceeded the 2005 target of 85% for several years. The implementation of the regional strategy to Stop TB in the Western Pacific has been critical to achieving this progress. Large investments have been made to ensure focused technical support, capacity strengthening, effective coordination, information exchange, advocacy, monitoring and supervision, strengthened partnerships and mobilization of resources for TB control.

Four TB high-burden countries—Cambodia, China, the Philippines and Viet Nam – together account for 95% of the estimated TB cases in the region. Viet Nam has a high-performing programme that has reached the 2005 TB targets for several years, although this success has not yet resulted in a decline in TB incidence. China has made huge progress in recent years because of strong political commitment and increased local and external funding. As a result, DOTS coverage has rapidly increased and the quality of DOTS improved. Recently a large-scale initiative has been launched to involve China's huge hospital sector in DOTS implementation and to improve disease notification. This initiative has led to a rapid increase in case detection. The Philippines has continuously improved programme performance since 2001 and is scaling up public-private mix for DOTS to further boost case detection and improve TB case management in the private sector. DOTS-Plus is being expanded in the country with support from the GFATM. Cambodia has improved DOTS quality and access in parallel with strengthening general primary health care services.

Collaboration between HIV and TB programmes has been established in Cambodia and pilots have been set up in Viet Nam. In China a national framework to address TB/HIV has been outlined. In addition to the existing DOTS-Plus project in the Philippines, national plans for pilot-testing and scaling up DOTS-Plus have been developed in China, Mongolia and Viet Nam.

The Region has invested in the development of a strong laboratory network. With support from supranational reference laboratories in Australia, Hong Kong SAR, Japan and the Republic of Korea, an extensive programme of quality assurance of laboratory services and drug resistance surveillance has been established throughout the Region.

Challenges

Recent successes need to be maintained through sustained levels of political commitment and funding. The rapid expansion of services has put pressure on programme management and

quality control. Full attention is needed to secure and sustain high quality DOTS services. The large number and diversity of health care providers in the region who are not yet involved in DOTS present a major challenge.

The impact of the HIV epidemic on TB control in parts of the region and among certain populations (such as injecting drug users) will need to be closely monitored and addressed. China is reporting high MDR-TB prevalence and it is estimated that more than 30% of the global MDR-TB cases are in China. MDR-TB patients are currently treated outside the national TB programme on an individual basis and have to pay for services. Second-line drugs are produced in the country and are widely available.

Priority actions 2006–2015

First and foremost, intensified efforts are needed to further strengthen laboratory services, supervision and central programme management throughout the Region. For this, it is essential to increase and sustain human resources and strengthen their capacity to implement TB control. Another priority is to complete the scale-up of PPM DOTS, with a special focus on public and private hospitals in China and the Philippines by 2010 and in selected parts of Cambodia and Viet Nam by 2015.

Implementation of DOTS-Plus will be very important in several countries in the Region, including China, Mongolia, the Philippines and Viet Nam. Quality-assured culture and drug susceptibility testing should be available to cover 100% of new and previously treated TB cases by 2015. Population coverage of DOTS-Plus should expand to more than 50% in 2010 and 100% in 2015.

Collaborative TB-HIV activities will be pilot-tested in China and scaled up in Cambodia and Viet Nam. HIV surveillance among TB patients will be established across the region, with 100% regional coverage by 2010. Community DOTS initiatives will be an important part of the strategy for rural areas in some countries. The Practical Approach to Lung Health will be pilot-tested and scaled up in selected countries by 2015.

Expected effects and costs

With successful implementation of the intensified efforts described above, case detection is expected to increase further to 80% in 2010 and then be sustained at this level. The treatment success rate is already above the Partnership's target of 85%. The current downward trends in TB incidence, prevalence and death rate are predicted to continue, ensuring that the Partnership's 2015 targets linked to the MDGs will be exceeded by a significant margin.

About 9 million people with TB will be treated under DOTS from 2006 to 2015, and 126 000 people will be treated under DOTS-Plus. Almost 12 000 HIV-positive TB patients will receive antiretroviral therapy. The combined effect of all interventions will be to prevent about 3 million deaths, in comparison with a situation in which no DOTS programmes are implemented, or about 99 000 deaths in comparison with a situation in

which TB control efforts are sustained at 2005 levels. With the implementation of sound TB control, it is expected that the estimated proportion of re-treatment cases will decrease from 32% in 2005 to 15% in 2015.

The estimated total cost of all planned TB control activities in the Western Pacific Region from 2006 to 2015 is US\$4.3 billion.

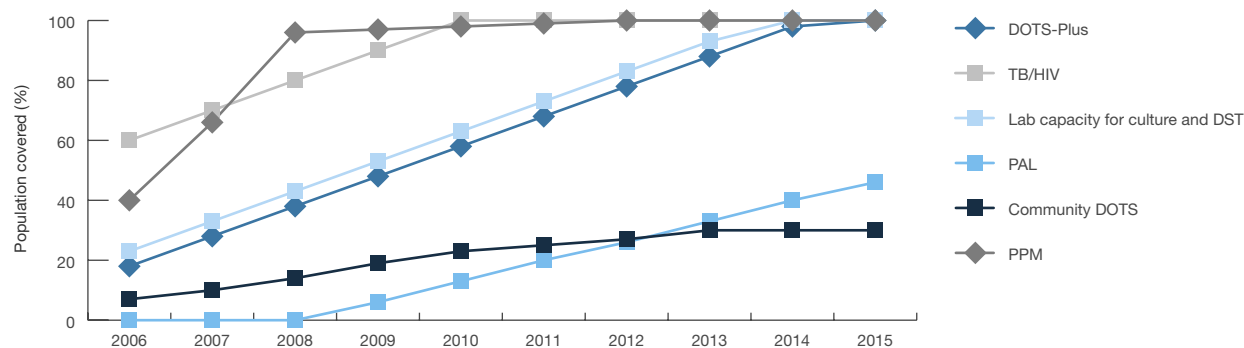
TABLE 16: COST OF PLANNED TB CONTROL ACTIVITIES, WESTERN PACIFIC REGION 2006–2015

Planned activities	US\$ millions
DOTS expansion and quality	3,434 (79%)
DOTS-Plus	782 (18%)
TB/HIV collaborative activities	137 (3%)
TOTAL	4,353 (100%)

SUMMARY CHARTS FOR WESTERN PACIFIC REGION

FIGURE 29: PLANNED SCALE UP OF ACTIVITIES 2006-2015

Western Pacific Region



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

Western Pacific Region	2006 (b)	2010 (b)	2015 (b)
DOTS EXPANSION			
DOTS coverage	100%	100%	100%
Total number of new ss+ patients treated in DOTS programmes (thousands)	504 (692)	412 (514)	284 (349)
Case detection rate new ss+ (%)	73%	80%	81%
Treatment success rate new ss+ (%)	87%	87%	87%
Total number of new ss-/extra-pulmonary patients treated in DOTS programmes (thousands)	624 (856)	516 (641)	357 (439)
Percentage of new ss-/extra-pulmonary patients treated in DOTS programmes	73%	80%	81%
DOTS-Plus			
Total number of detected MDR-TB patients treated in DOTS-Plus programmes (thousands)	2.1 (12)	13 (23)	20 (20)
Percentage of detected MDR-TB cases treated in DOTS-Plus programmes	17%	54%	100%
MDR-TB treatment success rate (%)	71%	73%	75%
Percentage of culture positive cases that are re-treatment cases	30%	23%	15%
TB/HIV			
Total number of PLWHA attending HIV services screened for TB (thousands)	17 (25)	51 (51)	67 (67)
Percentage of PLWHA attending HIV services screened for TB (c)	66%	100%	100%
Total number of newly diagnosed and eligible PLWHA offered IPT (thousands)	3.6 (185)	15 (301)	21 (380)
Percentage of PLWHA offered IPT	2%	5%	6%
Total number of TB patients in DOTS programmes HIV tested and counselled (thousands)	115 (225)	157 (185)	108 (127)
Percentage of TB patients treated in DOTS programmes HIV tested and counselled	51%	85%	85%
Total number of TB patients (HIV positive and eligible) in DOTS programmes enrolled on ART (thousands)	0.7 (2.4)	1.3 (3.2)	1.3 (2.9)
Percentage of TB patients (HIV positive and eligible) in DOTS programmes enrolled on ART	31%	39%	40%

(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.

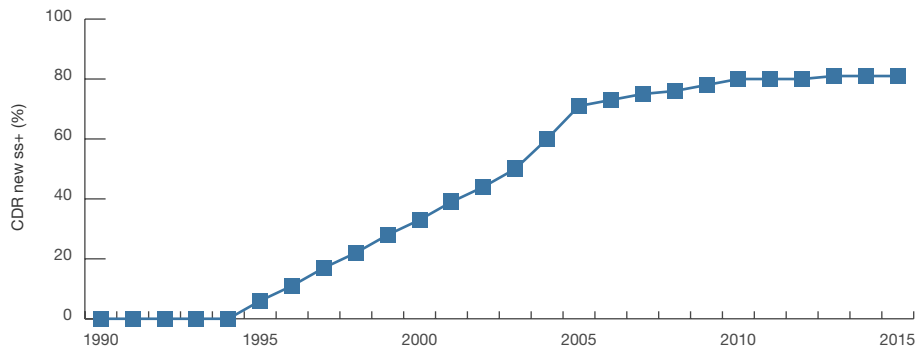
For TB patients HIV tested and counselled it is the total number of TB patients treated under DOTS in areas covered by TB/HIV collaborative activities.

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.

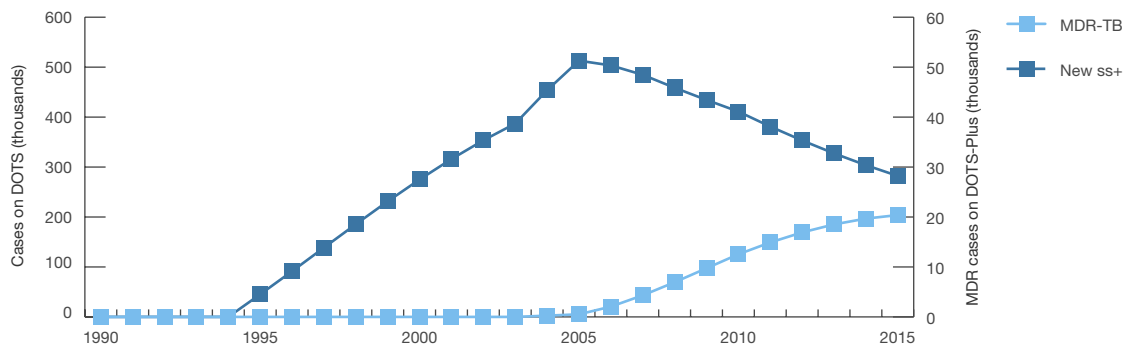
(c) HIV services include testing and counselling and HIV treatment and care services.

FIGURE 30: ESTIMATED IMPACT AND COSTS OF PLANNED INTENSIFIED ACTIVITIES 2006–2015

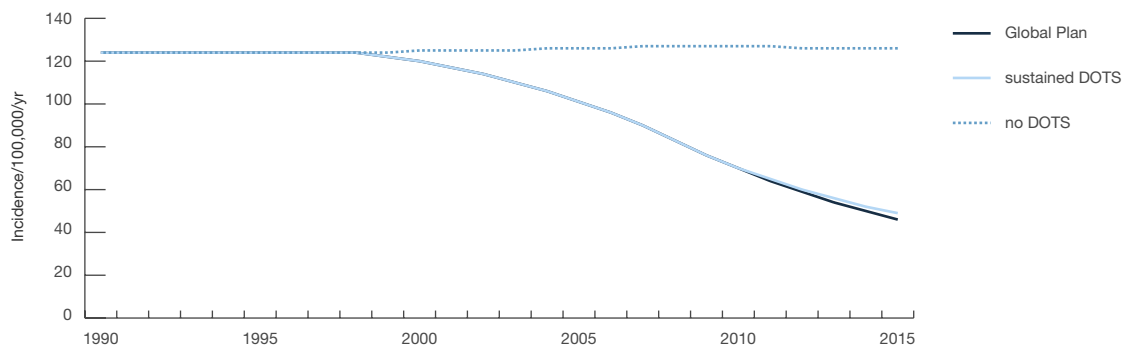
Western Pacific Region: Case detection rate, new ss+ cases



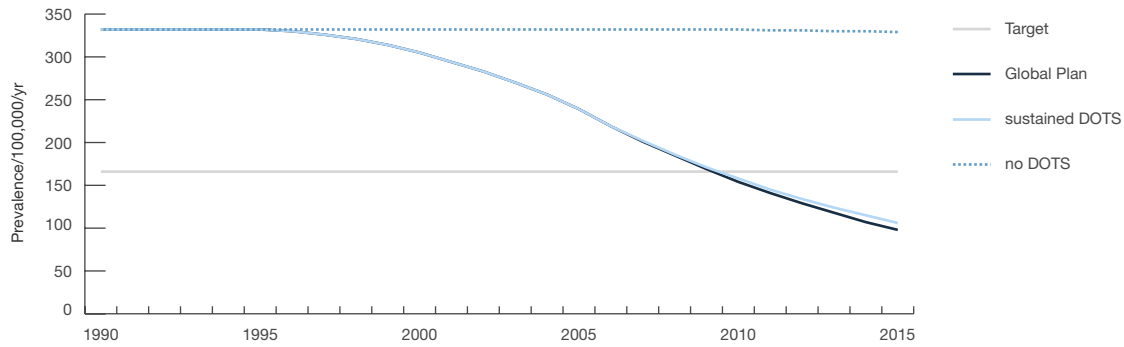
Western Pacific Region: Number of cases treated under DOTS/DOTS-Plus



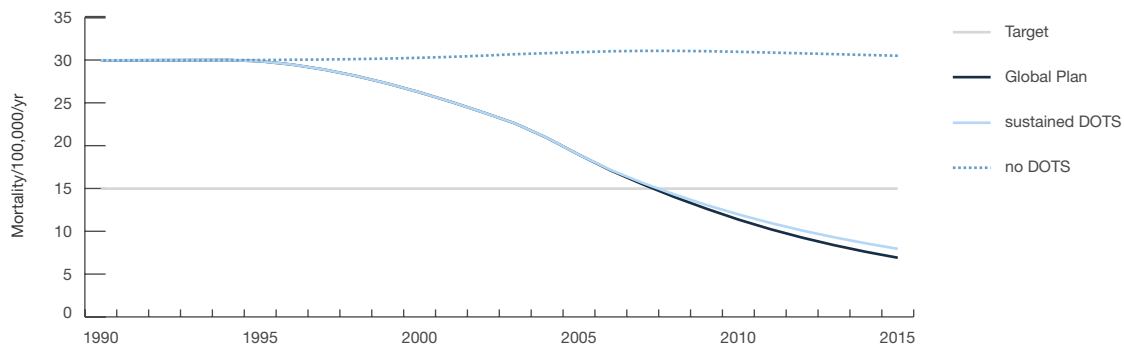
Western Pacific Region: Incidence



Western Pacific Region: Prevalence



Western Pacific Region: Mortality



Western Pacific Region: Total costs

