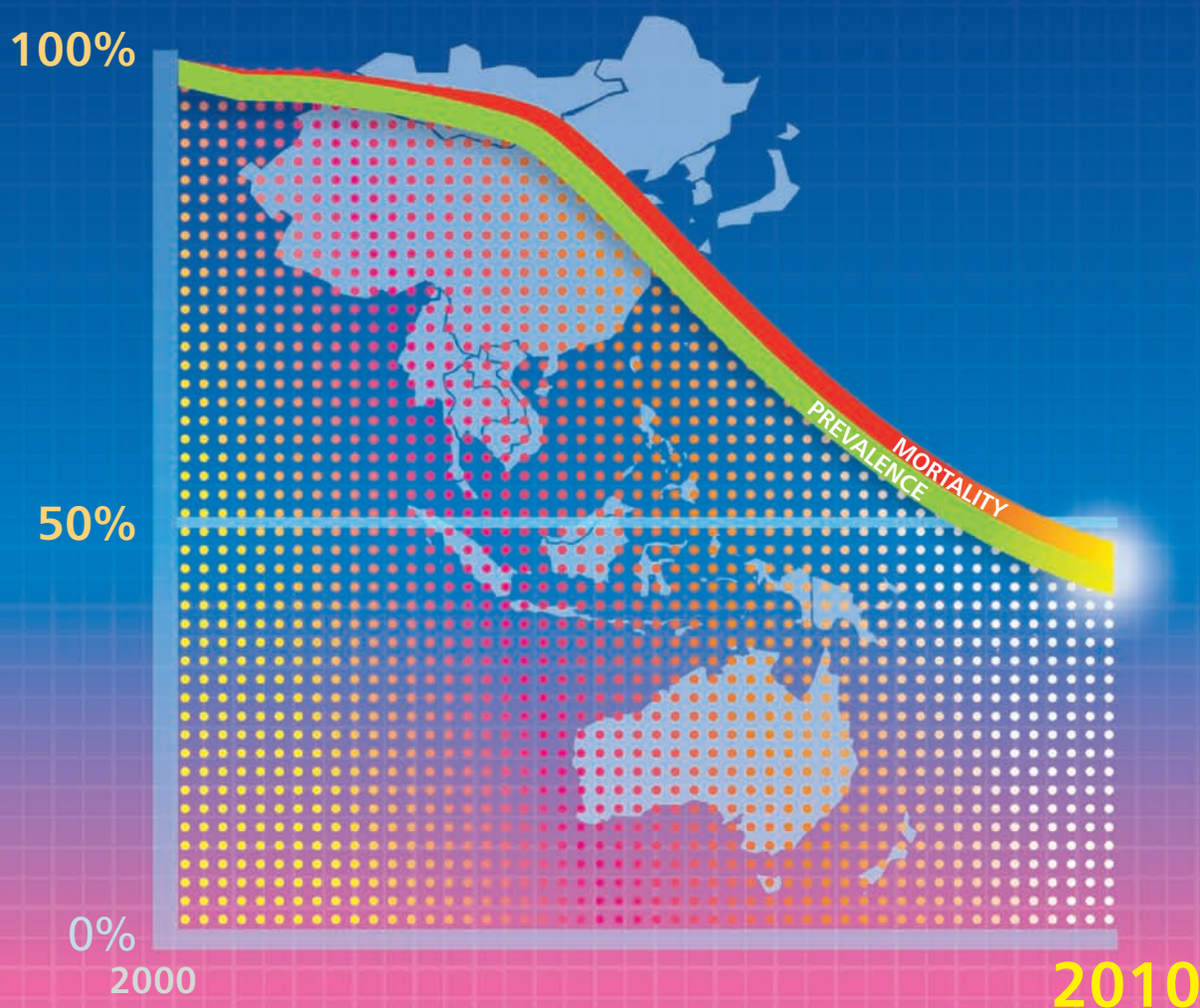


# Strategic Plan to Stop TB in the Western Pacific

2006–2010





# **Strategic Plan to STOP TB in the Western Pacific**

**2006–2010**

Prepared by the Stop TB Unit in the WHO Regional Office for the Western Pacific Region, with inputs from the TB officers of the WHO Country Offices.

## Acknowledgements

We would like to thank the national TB control programme (NTP) managers from all the countries and areas, and the Technical Advisory Group members for their contribution to the development of this document.

WHO Library Cataloguing in Publication Data

Strategic Plan to Stop TB in the Western Pacific 2006–2010

1. Tuberculosis -- prevention and control. 2. Western Pacific.

ISBN 92 9061 241 X (NLM Classification: WF 200)

© World Health Organization 2006

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791 2476; fax: +41 22 791 4857; email: [bookorders@who.int](mailto:bookorders@who.int)). Requests for permission to reproduce WHO publications, in part or in whole, or to translate them – whether for sale or for noncommercial distribution – should be addressed to Publications, at the above address (fax: +41 22 791 4806; Email: [permissions@who.int](mailto:permissions@who.int)). For WHO Western Pacific Regional Publications, request for permission to reproduce should be addressed to Publications Office, World Health Organization, Regional Office for the Western Pacific, P.O. Box 2932, 1000, Manila, Philippines, Fax. No. (632) 521-1036, Email: [publications@wpro.who.int](mailto:publications@wpro.who.int)

# Contents

List of Abbreviations .....	iii
Foreword .....	iv
Section 1: Introduction .....	1
1.1 Regional Situation .....	1
1.2 The Rationale for a Strategic Plan for 2006–2010 .....	4
Section 2: The Framework of the Strategic Plan .....	7
2.1 Strategic Objectives and Targets .....	9
2.2 Expected Results .....	17
2.3 Cross-cutting and Health Systems Components .....	23
Section 3: Resource Needs and Gaps .....	27
Section 4: Risk Assessment .....	31
Annexes	
1. Hierarchy of Desired Outcomes of the Strategic Plan .....	33
to Stop TB in the Western Pacific 2006–2010	
2. Data on Main TB Indicators .....	34
3. Key Resolutions by the WHO Regional Committee .....	35
on Tuberculosis Control in the Western Pacific Region	
4. References .....	41

## List of Abbreviations

<b>ART</b>	antiretroviral treatment
<b>ACSM</b>	advocacy, communications and social mobilization
<b>CDR</b>	case detection rate
<b>CR</b>	cure rate
<b>DOTS</b>	directly observed treatment, short-course (the internationally recommended strategy for TB control)
<b>DST</b>	drug sensitivity testing
<b>EQA</b>	external quality assessment
<b>HBC</b>	countries with a high burden of TB
<b>HIV</b>	human immunodeficiency virus
<b>IBC</b>	countries with intermediate burden of TB
<b>ISTC</b>	International Standards of Tuberculosis Care
<b>GDF</b>	Global Drug Facility
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GLC</b>	Green Light Committee
<b>M&amp;E</b>	Monitoring and evaluation
<b>MDR-TB</b>	multidrug-resistant tuberculosis
<b>NTP</b>	National Tuberculosis Programme
<b>PAL</b>	Practical Approach to Lung Health
<b>PPM DOTS</b>	Public–Private or Public-Public Mix DOTS
<b>QA</b>	quality assurance
<b>TB</b>	tuberculosis
<b>TB-HIV</b>	Tuberculosis and Human Immunodeficiency Virus coinfection
<b>MDG</b>	United Nations Millennium Development Goals
<b>VCT</b>	voluntary counselling and testing
<b>WHO</b>	World Health Organization
<b>WPR</b>	Western Pacific Region

# Foreword

Tuberculosis has probably caused more suffering, impoverishment and death than any disease in human history. During the 1990s, TB reemerged in the Western Pacific Region on an alarming scale. About one third of 8 million cases globally occurred in the Western Pacific Region alone and led to approximately 1000 deaths per day. The need for forceful action was urgent. The WHO Regional Committee for the Western Pacific, at its fiftieth session, established the Stop TB Special Project and set the goal of halving the TB prevalence and mortality by 2010 relative to 2000. This was followed by the adoption of the Regional Strategic Plan to Stop TB in the Western Pacific for 2000 to 2005.

Those major efforts resulted in the expansion of the DOTS, an internationally recommended strategy for TB control, with the number of countries and areas implementing DOTS increasing from only 17 to all 37 countries and areas of the Region within five years. The tide has definitely turned in the regional battle against TB. The Region is on its way to halting the spread and reducing the burden of one of the world's most devastating diseases. The data for 2005 is expected to show that intermediate TB control targets of detecting 70% of estimated cases, successfully treating 85% of estimated cases and reaching 100% of the population with DOTS access have already been achieved. This major accomplishment is largely due to the commitment of countries and areas in the Region, including their leaders and the health workers who have dedicated themselves to TB control, as well as the work of our partners in the Region.

Tremendous momentum has been generated, but the job is not finished. Building on the achievements of the first phase of the Stop TB Special Project, the major task over the next five years will be to achieve the eventual goal of reducing the number of cases and deaths by one half by 2010 from the 2000 level and contribute to the achievement of the Millennium Development Goals (MDG). To do this, we need a solid plan and greater support for TB control in the Region.

The Strategic Plan to Stop TB in the Western Pacific 2006–2010 has been developed within the context of the new global Stop TB strategy. The plan provides a road map with strategies clearly laid out for achieving the 2010 goal relative to 2000. Ensuring quality of TB services, responding to emerging challenges of multidrug-resistant TB and TB-HIV coinfection, increasing the case detection rate, and intensifying efforts to get both the private and public health sector involved in TB control are among the priorities included in this plan.

The plan will guide countries and areas in further developing and implementing their national five-year TB control plans. The need for bolder action called for by this plan will require further strengthening of efforts and increased funding at the regional and country levels. With the successful implementation of this plan, I am confident that we can achieve yet another victory against TB in 2010 and bring us closer to our vision of a TB-free world.

**Shigeru Omi, MD, Ph.D.**  
Regional Director





## Section 1

# Introduction

### 1.1 Regional Situation

Following the declaration by the WHO Regional Committee of a 'tuberculosis crisis' in the Western Pacific Region in September 1999, a resolution on tuberculosis prevention and control was adopted to establish the Special Project to Stop TB<sup>1</sup>. The Regional Committee in 2000 endorsed the regional goal of reducing by one-half the TB prevalence and mortality and set the target for 2010, compared to the level in 2000<sup>2</sup>. As an intermediate step towards reaching this goal, three regional targets were set to be achieved by 2005—detecting 70% of estimated TB cases, successfully treating 85% of these cases and 100% DOTS coverage in the Region.

The first regional strategic plan, which laid out strategies and activities for 2000 to 2005, has been instrumental in achieving this success. The cornerstone of the first part of the Strategy was based on expanding DOTS to curb the TB epidemic in the Region. With DOTS expanding rapidly, ensuring high-quality DOTS implementation became an important concern. Therefore, national TB programmes were encouraged and assisted in building technical and managerial capacity to ensure high quality while continuing to expand DOTS to cover entire populations.

Achieving a 70% case detection rate, an 85% treatment success rate and regionwide DOTS coverage, or so-called '70/85/100' targets, has been the major focus of TB control efforts over the last five years. Tremendous progress has been made in achieving these intermediate targets. There has been remarkable progress in the Region in terms of case detection and DOTS expansion. From 2000 through 2004, case detection increased from 45% to 67% and DOTS coverage from 67% and 94%. The treatment success rate has been exceeding the target of 85% for several years. With the momentum generated in recent years, the Region is now poised to achieve the intermediate targets of 70% case detection and 100% DOTS coverage by 2005<sup>3</sup>. But achieving the '70/85/100' targets is only an intermediate step towards achieving the goals set by the Regional Committee for 2010.

Achieving and sustaining these targets over a number of years should substantially cut disease prevalence and deaths.

---

*“Achieving the ‘70/85/100’ targets is only an intermediate step towards achieving the regional goal set by the Regional Committee by 2010.”*

---

## Estimated Burden

Based on 2004 data, the most recent available, there were an estimated 4 million prevalent cases of TB in the Western Pacific Region (236 per 100 000 population). Nearly 2 million of those cases were new. The seven countries with a high burden of TB (Cambodia, China, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam) account for more than 95% of the total estimated cases in the Region. There were about 300 000 deaths due to TB in 2003. Published estimates based on 2000–2004 data showed an overall decline of 15% in prevalence and 12% in mortality, with an annual average rate of decline of 4% and 3%, respectively<sup>4</sup>.

## Case Detection

Increasing case detection was a particular concern in the last five years because, with the exception of Viet Nam, most countries with a high burden of TB were detecting less than 40% of their estimated TB cases. Several strategies were implemented, not only for accelerating DOTS expansion in public facilities, but also for improving the collaboration of a wider range of health providers for TB control. In the last three years, the Region accelerated DOTS expansion particularly in the countries with a high burden of TB. This resulted to an improvement in the regional case detection rate and overall access to TB services. The acceleration in the Region's case detection was largely due to progress in Cambodia, China and the Philippines, which together accounted for about 92% of the case detection gap. The remarkable acceleration in China, which doubled its case detection from 30% in 2002 to 65% in 2004, was mainly the result of strengthened political commitment and increased financing for TB control.

## Treatment Success

The overall percentage of registered new TB patients completing anti-TB treatment has been consistently above the 85% target for the last 10 years. The Western Pacific Region was the first WHO region to achieve this target. Five of the seven countries with a high burden of TB (Cambodia, China, Mongolia, the Philippines and Viet Nam) have been able to reach and sustain the 85% treatment success target. The two remaining countries with a high TB burden (the Lao People's Democratic Republic and Papua New Guinea) are making strong progress towards the 85% target. Rapid progress has been made in the Lao People's Democratic Republic with treatment success rate increasing from 60% in 2000 to about 80% in 2003. In Papua New Guinea, efforts need to be intensified to expand DOTS and improve the treatment success rate.

## Multidrug-resistant Tuberculosis

Multidrug-resistant tuberculosis (MDR-TB) is posing a substantial threat to TB control in several countries and areas in the Region. Varying levels of MDR-TB prevalence were found in almost all settings surveyed in the Western Pacific Region, ranging from 0.5% in Cambodia to 10.4% in Liaoning Province in China<sup>5</sup>. Data from drug resistance surveillance (DRS) in nine out of 31 provinces in China reveals alarming rates of MDR-TB in more than half of these provinces. WHO estimates that China has the world's largest MDR-TB epidemic, approximately 25% of the world's cases.

*“Varying levels of MDR-TB were found in almost all settings surveyed in the Western Pacific Region, ranging from 0.5% in Cambodia to 10.4% in Liaoning Province of China.”*

DOTS-Plus<sup>a</sup> projects, which are designed to address MDR-TB, are being scaled up in the Philippines and being initiated in Mongolia. China has developed a national plan for pilot testing and scaling up DOTS-Plus and has begun building the necessary technical capacity for implementation. However, the scope of the threat of MDR-TB in the Region needs to be matched by a systematic, progressive and quality-assured expansion of DOTS-Plus. These initiatives are currently supported by the Green Light Committee<sup>b</sup> (GLC) mechanism. In several more developed countries in the Region, such as the Republic of Korea, MDR-TB patients are treated with second-line drugs in a number of specialized centres, which were established outside the GLC mechanism.

### TB-HIV Coinfection

TB associated with HIV infection is a growing threat in the Region, particularly in areas of China, among specific risk groups in Malaysia, and in Papua New Guinea and Viet Nam. The prevalence of HIV infection among people with TB was 13% in Cambodia and 4% in Viet Nam, but there are specific areas or groups within those countries where TB-HIV prevalence is comparable to the high rates seen in sub-Saharan Africa<sup>5</sup>. In most countries and areas in the Region, the level of TB-HIV coinfection is not determined because surveillance has not yet been established.

To address the emerging threat of TB-HIV coinfection, a collaborative approach between the national TB and HIV/AIDS programmes was advocated. In 2004, the Region published Tuberculosis and HIV: A framework to address TB-HIV coinfection in the Western Pacific Region,<sup>6</sup> that provides guidance to countries and areas to establish collaborative activities between their national TB programme and the national AIDS programme. 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 developed. However, access to antiretroviral treatment by HIV-infected TB patients is still very much limited, as HIV/AIDS programmes have not fully embraced HIV-TB as a key component of their strategy. This will likely change because of the increasing recognition that addressing TB-HIV will contribute to reducing mortality among HIV-infected persons. The joint WHO and UNAIDS approach to “universal access” may improve access to antiretroviral therapy overall, including for HIV-infected TB patients<sup>7</sup>.

### Access of Poor and Vulnerable Populations

TB is a disease of poverty that thrives on deprivation and inequality. Within countries, the distribution of TB is higher among the poor than among non-poor. For example, in the Philippines, where poverty prevalence is still close to 40%, the prevalence rate of sputum smear-positive TB was found to be 1.6 times higher in urban poor communities than in urban non-poor communities<sup>8</sup>. Of the seven countries with a high burden of TB, five (Cambodia, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea and Viet Nam) are low-income countries. China and the Philippines are considered to be low-to middle-income countries.

<sup>a</sup> DOTS-Plus - a term that refers to piloting of the management of drug resistant TB within the context of basic DOTS programmes. More recently, DOTS-Plus is referred to as **programmatic management of MDR-TB**.

<sup>b</sup> Green Light Committee - a global mechanism that aims to ensure access to cheaper and quality-assured second-line drugs, to assist countries develop and implement high quality DOTS-Plus projects, and to develop evidence-based policies related to DOTS-Plus.

*“TB associated with HIV is a growing threat facing the Region, particularly in Cambodia, areas of China, Malaysia, Papua New Guinea and Viet Nam.”*

















































































