



In the Name of God, the Compassionate, the Merciful

Address by

DR HUSSEIN A. GEZAIRY
REGIONAL DIRECTOR
WHO EASTERN MEDITERRANEAN REGION

to the

**MEETING OF THE NATIONAL MANAGERS OF TUBERCULOSIS CONTROL
PROGRAMMES IN THE EASTERN MEDITERRANEAN REGION**
Damascus, Syrian Arab Republic, 15-17 September 2002

and

**INTERCOUNTRY WORKSHOP ON NATIONAL STRATEGIC PLAN
DEVELOPMENT FOR COUNTRIES WITH HIGH BURDEN OF
TUBERCULOSIS IN THE EASTERN MEDITERRANEAN REGION**
Damascus, Syrian Arab Republic, 18 September 2002

Ladies and Gentlemen, Dear Colleagues,

It gives me great pleasure to welcome you all to the meeting of national managers of tuberculosis control programmes in the Eastern Mediterranean Region and the intercountry workshop on national strategic plan development.

I wish first to extend my sincere thanks to the Government of the Syrian Arab Republic for its kind offer to host both the meeting and the workshop, and to His Excellency

Dr Mohamed Eyad Chatty, Minister of Health, for honouring us with his presence today to inaugurate the meeting.

I am sure that you are all fully aware of the extremely serious burden of tuberculosis in the world and in the Region. Tuberculosis still kills almost 2 million people in the world every year. The situation in the Region, where tuberculosis kills almost 140 000 people every year, is also serious. Someone in the Region develops tuberculosis every minute and someone dies of tuberculosis every five minutes. Such a situation is not acceptable and we must change it.

The efforts made so far in this regard are commendable. DOTS has expanded widely across the public health services and DOTS ALL OVER has been achieved in 18 countries to date, from only one country in 1996. Three other countries, namely Somalia, Sudan and Yemen are achieving more than 70% DOTS coverage, while even in the two countries with low DOTS coverage, namely Afghanistan and Pakistan, we are starting to witness positive changes with the support of international partners and strengthened national capacity. We are witnessing innovative approaches in countries, such as the private–public mix, community participation, involvement of medical schools, and cross-border collaboration. I have no hesitation in saying that we finally have the capacity, for the first time in the history of the Region, to get tuberculosis under real control and reduce the burden significantly.

However, we still have a long way to go. Let me use tuberculosis elimination as an example, because it is the goal for all of us. Tuberculosis elimination is defined as 1 case of tuberculosis per 1 million population a year. In our region, with 482 million people, achieving elimination means reducing the tuberculosis incidence from almost 630 000 cases at present to only 482 cases per year. If you will allow me to use the Syrian Arab Republic also as an example, because it has very well functioning DOTS activities, this means we can declare tuberculosis elimination in the Syrian Arab Republic only when there are 17 cases of tuberculosis in a year, while currently we have almost 5000 cases notified every year. Tuberculosis elimination is, therefore, a long-term goal.

More importantly, we still have many challenges in our DOTS activities. To start with, we have to admit that our DOTS activities are not complete. In the two high-burden countries, which account in total for 55% of the regional burden of tuberculosis, DOTS coverage is low. In Afghanistan, reconstruction of tuberculosis control has just started following 23 years of civil war. In Pakistan, although DOTS is expanding rapidly, many areas of this highly populated country are still not covered with DOTS. Without expanding DOTS in these countries, we will not be able to control tuberculosis in the Region.

Even in countries that have achieved wider DOTS coverage or DOTS ALL OVER, DOTS is incomplete. The treatment success rate is not high enough in many countries to meet the global target of 85%. We have a problem in laboratory network development, particularly with regard to quality assurance, since there is no regional reference laboratory for tuberculosis control yet. Managing high-risk groups needs further strengthening. Moreover, DOTS activities are in principle expanded only through public health services under ministries of health. Other governmental health services, health insurance and the private health sector in particular are not fully involved in DOTS activities.

As a result, the DOTS case detection rate is still low in the Region. The regional average rate of case detection was only 21% in 2000, while the global average was 27%, more importantly the global target is 70%. The low DOTS coverage in Afghanistan and Pakistan contributes significantly to the low case detection rate. However, I must emphasize here that even in countries with DOTS ALL OVER, the case detection rate is also low, being within the range of 30% to 50%. Quite simply, we are not detecting sufficient tuberculosis cases.

Ladies and Gentlemen, Dear Colleagues

I would like to remind you of the regional targets for tuberculosis control. These are to detect 70% of all cases of tuberculosis and successfully treat 85% of them by 2003 in

all countries except for Afghanistan, Pakistan and Somalia, and to achieve these targets at the regional level by 2005. I am sorry to tell you that, unless we drastically improve our DOTS case detection rate while maintaining a high treatment success rate, we will not be able to attain the targets on time.

In the past several years, our efforts have concentrated on DOTS expansion in general. Now our challenges are more focused. In Afghanistan and Pakistan, rapid DOTS expansion is needed. The efforts made recently in these countries, particularly in terms of development of partnership and national capacity need further strengthening. In countries that have achieved DOTS ALL OVER or wider DOTS coverage, improvement of quality of DOTS activities is needed to ensure appropriate detection and treatment of tuberculosis cases. Moreover, we need to achieve wider comprehensiveness of DOTS activities by involving all health care providers.

To manage each challenge I have mentioned, tremendous efforts are needed. The meeting and the workshop are therefore designed to enable you to discuss in detail these issues and concerns, and to find suitable and feasible solutions through exchanging experiences between countries and other regions. Since our challenges have become much clearer, I would like you to have focused and productive discussions in the meeting and workshop so that we can move forward to achieve the global targets on time. We have cultivated and enjoyed our “family” spirit in the field of tuberculosis control. The time has now come to make this family really united and to work hard.

You have a very concentrated programme ahead of you. I wish you all a successful meeting and productive results, and a pleasant stay in Damascus.

Thank you.