WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
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منظمة الصحة العالمية
المكتب الإقليمي لشرق المتوسط

In the Name of God, the Compassionate, the Merciful

Message from

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WHO EASTERN MEDITERRANEAN REGION

to the

THE TENTH NATIONAL TUBERCULOSIS PROGRAMME MANAGERS MEETING

Muscat, Oman, 12–14 June 2005

Dear Colleagues, Ladies and Gentlemen,

It is my great pleasure to welcome you all to the Tenth Meeting of National Tuberculosis Programme Managers. It is always encouraging to meet with people working hard for the control of tuberculosis, which is still an important public health problem in the Region. I would firstly like to extend my sincere gratitude to H.E. Dr Ali Bin Mohammed Bin Musa, who has kindly agreed to host and inaugurate this meeting. I would also like to extend my special welcome to the members of the Regional Strategy and Technically Advisory Group for Tuberculosis Control.

2005 is extremely important for us as we have the global targets to achieve by the end of the year. The targets are to detect 70% of the existing cases of tuberculosis and successfully treat 85% of them. We introduced DOTS almost 10 years ago and we need to critically review the progress to date.

Expansion of DOTS services, which is the first stage in the development of tuberculosis control, is almost complete in the Region. The countries have all expanded DOTS through the network of Ministry of Health services and most countries have achieved 100% DOTS coverage. Even Pakistan, which has by far the highest burden of tuberculosis in the Region, has achieved 100% DOTS coverage by last month (May 2005). We have problems in countries with complex emergencies; however all in all, the countries have laid the groundwork for effective tuberculosis control.

The next stage is to improve DOTS quality and to achieve the global targets. In this regard, we have made progress but problems remain. Almost all countries have achieved good rates of treatment success and the regional average is already 84%. This means that we are providing good care to tuberculosis patients who have been detected within DOTS services.

However, case detection is a serious problem: the regional average stood at only 28% in 2003, while the global target is 70%. Low case detection rates in Afghanistan and Pakistan are the main cause for the very low regional detection rate, as their rates are still only around 20%. However, case detection in other countries is also not as high as it should be: the average for the other 20 countries is only around 50%. We need to rapidly increase case detection; otherwise we may not achieve the global targets, not only on time in 2005, but also by 2010.

Achieving the global targets is essential as this is the only way to step up to the third stage in the development of tuberculosis control: namely to reduce the burden of tuberculosis in the community. This is thus the only way to achieve the Millennium Development Goals. Encouragingly some countries in the Region, such as Morocco and Tunisia have achieved the global targets, and have started showing a reduction in

tuberculosis incidence. We need to see this good progress in all countries in the coming years.

Ladies and Gentlemen,

In light of the above, we have three main issues to address in this meeting.

The first is to review where we are now in 2005. We will review tuberculosis epidemiology and programme performance in each country. The review will of course highlight the progress towards the global targets. At the same time, we will review the situation comprehensively by using the indicators given in the "Compendium of Indicators for Monitoring and Evaluating National Tuberculosis Programmes." Let us be critical in looking at where we are now, as this will be a good starting point for the next 10 years to come.

The second issue is to identify where we want to go in the next 10 years, and how. DOTS will remain the fundamental vehicle for tuberculosis control as DOTS can deliver good care for the community. At the same time, we have learnt that we need to address relevant issues more comprehensively. Our proposal in this regard is to introduce the concept of DOTS.2, or the new Stop Tuberculosis Strategy. DOTS.2 has three components. One is to expand DOTS coverage in the countries under complex emergencies which have yet to achieve 100% DOTS coverage. The second is to improve classical DOTS activities. This includes laboratory network development, surveillance, drug management and also, more importantly, human resources development. These are critical issues that have to be addressed in order to improve the quality of DOTS activities.

The third component of DOTS.2 is to embrace new approaches comprehensively. Partnership development and advocacy, communication and social mobilization are important in order to enhance political support for tuberculosis control. Comprehensive delivery of care is needed through involving all health care providers (public–private DOTS), collaborating with national AIDS programmes (HIV/TB), and taking care of patients suffering from chronic tuberculosis (DOTS Plus). Epidemiological review of

tuberculosis is also important as it directly influences case detection. You may find these components are not new. What is new in fact is to address these components comprehensively and develop a universal standard of care for tuberculosis.

Another important aspect for the next 10 years is the development of a 10-year strategic plan to achieve the global targets and the Millennium Development Goals. This is extremely important as we need to define our strategic directions and activities, and the cost. I am pleased to inform you in this regard that we have started this exercise already with the help of WHO headquarters. In April we held an intercountry workshop to develop strategic plans on tuberculosis control which was attended by nine countries with high tuberculosis burden in the Region.

The exercise was quite productive. We identified the activities required to implement the DOTS.2 strategy and the cost involved. The entire cost of achieving the Millennium Development Goal target relating to tuberculosis in these nine countries will probably be around 2.2 billion US dollars in the next 10 years. In this meeting, we will carry out a similar exercise for the 13 countries who were not present in that workshop. We would like to develop a regional 10-year strategic plan before this year's WHO Regional Committee for the Eastern Mediterranean, and would like to publish it by the end of this year.

The third issue is to identify the important steps to make in the next 2 years. Each country will develop national plans of action for the next biennium 2006–2007 during the Joint Government/WHO Programme Review and Planning exercise. The DOTS.2 strategy (or the new Stop Tuberculosis Strategy) is the framework for the biennium plans. In addition, we are planning to start a Regional Stop Tuberculosis Partnership so as to provide comprehensive support to all countries. We will discuss this in the meeting.

Ladies and Gentlemen,

In summary, in this meeting we will critically review the current status, identify the strategic directions for the next 10 years, and define practical steps for the next 2 years. All of these exercises are important to continue to improve tuberculosis control. It

is 10 years since the introduction of DOTS. We have seen good progress and have faced big challenges, particularly low case detection. Our activities in the years to come are critical to solving the challenges and to making progress a permanent reality, and finally to reducing the burden of tuberculosis in the community. This will entirely depend on your hard work as leaders in tuberculosis control, and I know I can count on you.

Thank you very much for your attention, and I wish you all success in the meeting and a pleasant stay in Muscat.