



*REGIONAL COMMITTEE*

*Forty-seventh Session*

SEA/RC47/27

25 August 1994

**RECOMMENDATIONS  
ARISING OUT OF THE TECHNICAL DISCUSSIONS  
ON  
RESURGENCE OF TUBERCULOSIS  
- THE CHALLENGE**

## **1. INTRODUCTION**

Technical Discussions on "Resurgence of Tuberculosis - The Challenge" were held on 25 August 1994 under the chairmanship of Dr Hadi M. Abednego, Director-General of Communicable Disease Control and Environmental Health, Ministry of Health, Indonesia. Mr Sangay Ngedup, Secretary, Health Division, Ministry of Health and Education, Bhutan, was elected rapporteur. The agenda and annotated agenda, as approved by the Regional Committee (SEA/RC47/5 and SEA/RC47/5 Add.1) and the working paper for the Technical Discussions (SEA/RC47/8) formed the basis for the discussions.

### **1.1. Opening Remarks by the Chairman**

In his opening remarks, Dr Hadi M. Abednego highlighted the seriousness of the problem of tuberculosis in the countries of the Region, which accounted for half of the tuberculosis cases in the world. The subject was assuming greater importance in view of the link between tuberculosis and HIV and estimates that this problem was going to get worse in the near future. The subject needed to be dealt with seriously and urgently with a view to strengthening the existing control measures and facing the challenge. Besides the conventional approaches being adopted in most countries, there was a great need to formulate new practical strategies aimed at integrating the control measures with primary health care. In this regard, he commended the ongoing WHO technical collaborative activities and support to the Member Countries, which, to a large extent, formed the basis of tuberculosis control in the countries.

### **1.2 Introductory Remarks by the Director, Health Protection and Promotion, WHO/SEARO**

Introducing the subject, Dr Z. Jadamba stated that tuberculosis was an ancient public health problem which continued to pose a challenge to Member Countries. The emergence of HIV/AIDS and drug-resistant tuberculosis was likely to aggravate the situation further since it had a direct bearing on the socioeconomic status and productivity of the affected populations. In the South-East Asia Region, more than 2.1 million TB cases had been notified, India and Indonesia being the major contributors. Though almost all countries in the Region had established national tuberculosis control programmes, the lack of diagnostic facilities and appropriate manpower were serious impediments in tackling the problem.

He then highlighted the objectives and targets of WHO collaborative activities with the Member Countries aimed at (a) curing 85 per cent of the detected smear cases, and (b) detecting 70 per cent of the existing cases by the year 2000. He drew the attention of the Technical Discussions group to the issues for consideration contained in the working paper, which would facilitate recommendations and practical action points.

### 1.3 Remarks by Dr A. Kochi, Programme Manager, TUB/WHO/HQ

Giving a global perspective of the tuberculosis situation, Dr Kochi stated that it was estimated that 3.5 million TB cases in young people, representing 40% of the global figure and one million TB deaths – one third of global deaths – would occur in this region in 1994 and the situation would get worse without urgent effective action. The main reasons for the worsening situation were:

- the increasing number of young adults in the population, which is the age-group at highest risk in the Region,
- the increasing population movements which were occurring for economic and political reasons,
- the rapid spread of the HIV epidemic, and
- the inadequate efforts towards TB control in the Region.

Unfortunately, until recently, TB control efforts in the Region had been hampered, as in other parts of the developing world, by the inadequate and centralized approach adopted for control activities and the general neglect of TB during the last 20 years. WHO had recently developed a new control strategy and policy package which had been, or was being, implemented by Bangladesh, Bhutan, India, Maldives and Mongolia. Nepal and Indonesia were also adapting the new strategy to suit their needs. Given the well-developed PHC networks in Member Countries in the Region, it was not difficult to successfully implement this new strategy to achieve the target by the year 2000.

However, many countries in the Region faced two major constraints. One was the low level of awareness of the tuberculosis problem and the cost-effectiveness of the TB control strategy. The second was the acute shortage of leadership and technical expertise for tuberculosis control.

## 2. DISCUSSIONS

During the discussions, the participants voiced their concern at the seriousness of the tuberculosis situation and stressed the need to strengthen national tuberculosis programmes in line with WHO guidelines. While WHO technical support was useful, they urged further mobilization of resources to effectively mount comprehensive measures to control the disease. WHO support to strengthen and sustain political commitment to the TB control programme and the necessity of extending it to cover the entire country was underscored.

Considering that microscopic examination was the only way to detect tuberculosis bacilli in sputum and the high cost of binocular microscopes, experiences of the countries in overcoming these problems should be shared. Since advanced level laboratory facilities were not available in many countries, WHO's support was sought in setting up a regional laboratory which could be utilized by Member Countries.

The need for appropriate training for field level workers was stressed. The WHO training module – Managing Tuberculosis at the District Level - was quite useful in this regard. Strengthening of technical capabilities at all levels was also highlighted.

Tuberculosis control activities should be comprehensively integrated with the general health services including the primary health care system. This is particularly important for the sustainability

of a tuberculosis control programme. Necessary information on the efficacy of blister packs in the control of TB, which were used in some countries, needed to be disseminated to all the countries.

The participants felt that, in view of the stigma attached to tuberculosis, there was an urgent need to create the necessary awareness in the population using IEC methods to stress that TB was curable if treatment was proper and timely.

It was felt that there were shortcomings and operational problems in the conventional method of sputum examination for the detection of tuberculosis. In order to overcome these shortcomings there was an urgent need to strengthen operational research.

Integration of activities under tuberculosis and leprosy control programmes in some countries had been carried out. It was, however, felt that this integration only had some logistical advantages.

In view of the growing link between HIV and tuberculosis, participants stressed the urgent need to strengthen sentinel surveillance. WHO should formulate suitable guidelines in this regard to be adopted by the countries. Member Countries in the Region should examine the possibility of setting up a high level mechanism for a joint and coordinated policy on HIV and TB control. At the same time, it must be recognized that the nature of the two diseases is quite different requiring different control strategies. Experience in other parts of the world had clearly indicated the difficulty in integrating the operational aspects of these two diseases.

Considering that almost 50 per cent of the adult population in this Region was infected with tuberculosis, there was an urgent need to mobilize additional sources and focus global attention to the problem of TB control in the South-East Asian Region.

### 3. RECOMMENDATIONS

#### *(1) Advocacy*

The low priority given to tuberculosis in a majority of the countries had resulted in inadequate funding and, consequently, lack of drugs. Advocacy efforts must be devised to improve the visibility of the problem and of the national tuberculosis programme in each country.

There is an urgent need to articulate the burden of the disease, the resulting impact on economic and social development, and the cost-effectiveness of the TB control strategy in each country. This is a prerequisite for greater political commitment; financial and human resources mobilization; endorsement of technical policies by the medical community; and the trust of patients and of the community in the programme.

#### *(2) Resource Mobilization*

For effective TB control, all Member States need to mobilize additional resources for the tuberculosis control programme internally. At the same time, many Member States need increased resources from external sources, which they could request directly from donor agencies. WHO should assist in these efforts at all levels of the Organization.

### ***(3) Adoption of WHO's new TB Control Strategies***

Bangladesh, Bhutan, India, Maldives and Mongolia have already adopted WHO's new TB control strategy and policy package. The remaining countries are urged to adopt it as soon as possible with WHO assisting them in developing appropriate national TB control manuals and action plans.

### ***(4) Effective Implementation of WHO's new TB Control Strategy***

All Member States are urged to effectively implement WHO's new TB control strategy and policy package. To successfully do so, the following elements are crucial:

- (a) Full utilization of the existing PHC network to develop effective TB case management.
- (b) Development of a detailed approach to implement the new strategy and policy package through a pilot project. Once this approach proves effective and feasible, it could be expanded gradually to cover the whole country.
- (c) To overcome the scarcity of technical expertise at both central and district levels, WHO's training module "Managing TB at the District level" should be adapted and utilized. WHO is requested to provide support in further improving the practical skills and knowledge in TB control of senior health officials in Member Countries.
- (d) To overcome a weak network of microscopic centres and reference laboratories in many countries, special attention should be paid to strengthening the laboratory system in each country. WHO is requested to establish a regional reference laboratory to provide the necessary support to the countries in this regard.

### ***(5) Tuberculosis and HIV***

While recognizing the essential difference between HIV and tuberculosis and considering the growing link between them, it is essential to develop a coordinated policy on HIV prevention and tuberculosis control. Many aspects of the TB-HIV interrelation, with its operational problems in integration, have become clear based on experience in other countries. To develop effective TB control programmes in the face of the HIV epidemic, WHO is requested to issue a policy paper, in the light of which Member States may explore the possibility of setting up a high level mechanism for a joint and coordinated policy on HIV and TB control.