3. Stop TB and Leprosy Elimination

Tuberculosis. TB continues to be a major public health problem in the Western Pacific Region. In 2003, there were approximately 1.9 million new TB cases and an estimated 330,000 TB deaths. More than 90% of the Region’s TB burden falls in seven countries. China accounts for about 70%. Following the 1999 declaration by the Regional Committee of a “tuberculosis crisis”, remarkable progress has been made towards achieving targets set for 2005. Roughly 90% of the Region’s population has access to directly observed treatment, short-course (DOTS)—an increase of more than 30% since 1998. The Region’s treatment success rate already exceeds the target of 85%, and the case detection rate has increased from 40% in 2002 to 52% in 2003, still short of the target of 70%.

In December 2004, a joint WHO-China High-Level Meeting to Accelerate Tuberculosis Control took place in Xian, China. The officials, mostly vice-governors from 12 provinces with high TB burdens, pledged to meet the 2005 targets.

In an effort to increase case detection, WHO is drawing in private health care providers in TB services through the so-called public-private mix or PPM DOTS. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, PPM DOTS activities are rapidly expanding throughout the Philippines. In some areas, PPM DOTS increases case detection by more than 10%. In China, WHO works with the Government to strengthen the cooperation between general hospitals and TB dispensaries, and this has contributed to an increase in the case detection rate from 30% in 2002 to approximately 64% at the end of 2004.

Laboratory quality assurance mechanisms have been introduced in several countries and areas, including Cambodia, China, the Lao People’s Democratic Republic, the Philippines and the Pacific. WHO collaborated with China, the Philippines, Viet Nam and the Pacific in the preparation of quality assurance guidelines for sputum microscopy. The Pacific TB Laboratory initiative was established to address the need for external quality assessment and drug resistance surveillance (DRS) in selected countries and areas. In the Lao People’s Democratic Republic, WHO provided technical support with the establishment of the National Reference Laboratory.

TB-HIV. WHO supported national AIDS and TB programmes in initiating and expanding TB-HIV collaboration based on the regional framework for TB-HIV. Cambodia has made good progress with TB-HIV collaborative activities, which are part of the continuum of care for HIV/AIDS. In China, WHO and the Ministry of Health jointly organized a workshop to develop the national framework for TB-HIV. The Ministry of Health in Viet Nam, in collaboration with the WHO Regional Offices for the Western Pacific and South-East Asia, organized a TB-HIV conference in the Mekong region allowing countries and areas to share experiences in setting up collaborative TB-HIV activities.

Multidrug-resistant TB. To respond to the threat of MDR-TB, WHO is intensifying technical support to countries to assess their MDR situation. In China, WHO provided technical support for drug resistance surveillance, and with the Ministry of Health organized a workshop to introduce a framework for the establishment of DOTS-plus, as a first step to address the problem of MDR. WHO, in collaboration with the Japan International Cooperation Agency, is...
assisting the Philippines in the analysis of the results of the recent DRS. WHO continues to support the DOTS-plus project in the Philippines. Mongolia is establishing a DOTS-plus programme funded by the Global Fund, with WHO collaboration in planning and training.

**Human Resource Capacity.** Human resource capacity has been one of the persistent challenges of the Region in TB control, most notably in China, the Lao People’s Democratic Republic and Papua New Guinea. WHO is providing technical support to China to develop a training plan for human resources. WHO also has provided support to 24 TB control staff members from various countries to participate in the International Union of Tuberculosis and Lung Diseases TB training course, held twice in Viet Nam in 2004. In March 2005, WHO organized the Second Pacific TB Course for TB control officers from 20 Pacific island countries and areas.

**Partnerships and Resources.** Collaboration between the Western Pacific and South-East Asia Regions was strengthened in 2004. Biregional activities have been implemented, and for the first time both regions jointly published an annual TB report.

WHO continues to provide effective coordination of the Stop TB Partnership for TB control within the Region. WHO is helping generate and sustain international support by collaborating with countries in programme development, implementation and evaluation. With assistance from WHO, three of the five Round Four TB proposals amounting to $64 million over five years were approved by the Global Fund. WHO also collaborated with China, the Lao People’s Democratic Republic, Mongolia, the Philippines, and several Pacific island countries and areas to prepare a workplan for continuation of support from the Global Fund for the programme’s second phase. To date, the proposals from countries in the Region approved by the Global Fund will generate a total of $148 million during all four rounds.

**Leprosy.** With the advent of multidrug therapy for the treatment of leprosy, most countries and areas in the Region had eliminated leprosy as a public health problem by the end of 2000. The prevalence rate stood at less than 1 case per 10 000 population, with the exception of a few endemic pockets. That status has been sustained with a further reduction in disease burden and transmission.

During 2003, special activities conducted in Kiribati, the Marshall Islands and the Federated States of Micronesia detected 75 new cases. Between 1996 and 2003, a total of 84 special projects were implemented covering about 40 million people in the
Region and detecting a total of 5129 new cases.

At the end of 2003, pilot projects for a post-elimination surveillance system was evaluated in Cambodia. Based on the success of those projects, WHO supported the implementation of surveillance systems in all Cambodia provinces in 2004. A pilot surveillance system project in Viet Nam has also been extended to 10 more provinces.

Technical support has been provided to large countries that still have some leprosy endemic pockets at provincial and district levels. This support included national training workshops and surveys in high endemic pockets. That enhanced the early detection of new cases and ensured high treatment completion rates. This, in turn, strengthened monitoring and supervision at subnational levels.

WHO continued successful collaboration with the Sasakawa Memorial Health Foundation, the Pacific Leprosy Foundation and other partners actively involved in leprosy elimination activities in the Region. Coordination meetings with governments and nongovernmental organizations for leprosy elimination were held in a number of Member States.

A biregional meeting of the Western Pacific and South-East Asia Regions on post-elimination strategy for leprosy in Asia and the Pacific took place in Manila late in 2004 and included the national programme managers from both Regions, international experts and partner organizations. The meeting finalized the Strategy to Sustain Leprosy Services in Asia and the Pacific with four key elements: integration of leprosy services into general health services; subnational approaches; monitoring, supervision and evaluation; and sustaining political commitment and partnerships.

Next steps will include the distribution of the finalized strategy to the Member States for adoption; provision of technical support for the preparation of action plans; support for pilot implementation in three countries during 2005; and the extension of strategy implementation in phases to all countries and areas in the Region by 2010.