Tuberculosis. TB continues to cause immense suffering in the Western Pacific Region. In 2004, the most recent year for which statistics are available, nearly 2 million new cases of tuberculosis were reported and more than 300 000 people died from the disease. The HIV/AIDS epidemic and multidrug-resistant tuberculosis are increasing threats to tuberculosis control. WHO is collaborating with Member States to make a strategic shift from the expansion of directly observed treatment, short-course (DOTS) to improving the quality of DOTS services and addressing emerging threats.

Through the Stop TB special project, established following the declaration of a tuberculosis crisis in the Western Pacific Region in 2000, substantial progress has been made in achieving the targets set for 2005—providing access to DOTS to 100% of the Region’s population, detecting 70% of estimated TB cases and successfully treating 85% of detected cases. From 2000 to 2004, case detection increased from 45% to 67% and DOTS coverage from 67% to 94%. The treatment success rate has exceeded the target of 85% for several years.

Early reports suggest that the Region has met the targets for 2005. However, the 2005 targets are only an intermediate step towards achieving the 10-year regional goal of reducing cases and deaths by one half, targets in line with the Millennium Development Goals.

Considering the large-scale expansion of DOTS in recent years, it is vital to ensure that the quality of service is not compromised. All countries with a high burden of tuberculosis are implementing quality assurance programmes for tuberculosis laboratories. WHO is collaborating with international reference laboratories in Australia, Hong Kong (China), Japan and the Republic of Korea to strengthen laboratory services throughout the Region.

WHO has established and continued to implement the Pacific TB Laboratories Initiative (PATLAB) in the Pacific island countries and areas in collaboration with the Secretariat of the Pacific Community and the United States Centers for Disease Control and Prevention. The initiative aims both to improve the quality of sputum microscopy through external quality assessments and to expand surveillance for drug resistance. In January 2006, a consultation of laboratory experts agreed on essential steps in developing a regional policy on sputum culture for diagnosis and drug-sensitivity testing services. WHO has assisted and participated in several programme reviews and evaluations in the past year. In collaboration with the Global Drug Facility, a workshop on drug management was organized in September 2005.

The guiding principle of tuberculosis control is the identification of infectious cases and their successful treatment to prevent further transmission of the disease. For this to occur, DOTS services must be accessible to all tuberculosis patients. The Philippines has taken the lead in involving private health care providers in tuberculosis services through an approach called public-private mix DOTS, resulting in a 10% increase in case detection in some areas. China, Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Viet Nam.
following the success of its initiative to improve collaboration between general hospitals and tuberculosis dispensaries, is now planning to improve access for its poor and migrant populations. Cambodia is further decentralizing services through community-based DOTS.

The Lao People’s Democratic Republic is decentralizing DOTS services to the health centre level in an effort to improve access to tuberculosis services. Mongolia is implementing a special programme to address the high burden of tuberculosis among prisoners and the homeless. WHO has helped secure funds and is providing technical assistance to these countries to push this initiative forward.

**Multidrug-resistant TB.** MDR-TB is an ongoing challenge in the Region and a major problem in countries such as China, Mongolia and the Philippines. Approximately one quarter of the world’s MDR-TB cases are in China. In some provinces of China, the rate of MDR-TB in previously untreated cases ranges from 4.5% to 10%. Routine data from Ulaanbaatar in Mongolia show high rates of MDR-TB in previously treated cases—43% in 2005. Preliminary data from the Philippines indicate a significant level of MDR-TB. WHO, in collaboration with other partners, is assisting countries to conduct drug-resistance surveillance and implement DOTS-Plus programmes for the management of MDR-TB patients.\(^2\) With funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, China and the Philippines are scaling up DOTS-Plus projects and Mongolia has initiated a pilot project. However, activities to address MDR-TB need to expand faster to meet needs in the Region.

Overcoming the challenges in all areas of TB control will require a further strengthening of efforts over the next five years. Currently, TB prevalence and mortality is declining by 4% annually. But that rate of decline must double to an annual average of 8% if the Region is to achieve its target for 2010—a reduction of the number of TB cases and deaths by one half as compared to the 2000 level. Mathematical modelling projections indicate the need to increase the case detection rate to more than 80%. In consultation with Member States, WHO developed the **Strategic Plan for Tuberculosis Control in the Western Pacific Region, 2006–2010** to address future challenges. Consistent with the regional plan, seven countries in the Region with a high burden of tuberculosis have developed five-year national TB control plans.

**TB-HIV.** The TB-HIV coinfection has the potential to undermine gains made in tuberculosis control because of the high mortality rate of HIV-positive tuberculosis patients. The estimated prevalence of HIV in new adult tuberculosis patients is 13% in Cambodia, 3% in Viet Nam and 2.5% in Malaysia. The TB-HIV coinfection is reported to be on the rise in Papua New Guinea. The 2005 national estimates for China indicate a continuing rise in people with HIV/AIDS, pointing to a potential increase in the TB-HIV coinfection. WHO is assisting countries and areas to carry out TB-HIV collaborative activities based on **TB and HIV: A framework to address TB/HIV coinfection in the Western Pacific Region.** Cambodia has expanded TB-HIV collaborative activities, while Viet Nam is implementing such activities in several areas with high HIV prevalence. China has formulated a national framework for collaboration. All countries and areas, particularly those with a high and intermediate burden of tuberculosis, are being encouraged to monitor TB-HIV through HIV surveillance among tuberculosis patients. Responding to the need for skilled personnel, WHO organized an intercountry training-of-trainers workshop on TB-HIV in

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\(^2\) DOTS-Plus is a comprehensive management strategy under development and testing that includes the basic tenets of DOTS. DOTS-Plus takes into account specific issues that need to be addressed in areas where there is a high prevalence of MDR-TB.
February 2006 for countries of the Western Pacific and South-East Asia Regions.

**Human Resource Capacity.** WHO supported the attendance of participants from 14 countries in international tuberculosis training courses and conferences over the past year. WHO also assists countries in preparing proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria and in implementing, monitoring and evaluating approved projects. In 2005, tuberculosis proposals from Cambodia, China and the Philippines amounting to more than US$ 100 million over five years were approved by the Global Fund.

WHO has played an important role in raising awareness of tuberculosis and in the successful implementation of tuberculosis control activities in the Region. It also has been instrumental in strengthening partnerships and mobilizing resources for tuberculosis control.

Despite the achievements, current rates of progress in tuberculosis control are insufficient to halve tuberculosis mortality and prevalence by 2010. In the coming years, WHO's assistance will be critical to countries and areas hoping to effectively implement their national plans as part of the effort to meet the regional goal.

**Leprosy.** Most countries and areas in the Western Pacific Region had eliminated leprosy as a public health problem by the end of 2000. With the exception of a few endemic pockets, a prevalence rate of less than 1 case per 10 000 people has been sustained.

In 2004, the most recent year for which statistics are available, 6195 new cases were reported in the Region. China and the Philippines registered more than 1000 cases each, while 22 countries and areas had less than 10 cases. Five countries and areas reported zero prevalence and detected no new cases.

Between 1996 and 2004, a total of 86 special projects were implemented covering about 42 million people in the Region and detecting 5241 cases. In 2005, WHO provided technical support to set up cost-effective post-elimination surveillance systems throughout Cambodia, in nearly one half of the provinces in Viet Nam, and in six areas in the Lao People's Democratic Republic.

Technical support has been provided to Cambodia, China, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam, which still have leprosy endemic pockets at provincial and district levels. Continuous technical support also has been extended to the Marshall Islands and the Federated States of Micronesia.

Continuous collaboration has been maintained with the partners involved in leprosy elimination activities in the Region. Coordination meetings with governments and nongovernmental organizations for leprosy elimination have been held in a number of Member States.

A biregional post-elimination strategy for leprosy, which was developed with the WHO South-East Asia Region, has been
distributed to Member States. The Strategy to Sustain Leprosy Services in Asia and the Pacific set out broad post-elimination activities. The Strategy was translated into Chinese, Japanese, Khmer and Vietnamese. Workshops were conducted for provincial coordinators in Cambodia and Viet Nam and are scheduled in other countries.

Leprosy elimination now must be sustained over the long term. This entails integrating leprosy services into general health services and providing technical support for the preparation of action plans for implementation of the Strategy in China, the Lao People’s Democratic Republic and Papua New Guinea during 2006. In addition, implementation of the Strategy must be phased in throughout the Region by 2010 and awareness campaigns must be sustained, particularly in the Pacific island countries and areas. Targeting interventions to mobile populations also is needed in a number of countries and areas.