

Technical Brief

Reaching the Millennium Development Goals: The New Stop TB Strategy and the South-East Asia Regional Plan 2006-2015

Goals and Targets

Goal

To halt and reverse the incidence of TB by 2015 (Target 8, Goal 6, Millennium Development Goals (MDGs))

Outcome targets

- Detect at least 70% of new sputum smear-positive TB cases
- Successfully treat at least 85% of the detected new smear-positive cases
- Halve TB cases and deaths by 2015 vis a vis the 1990 baseline.
- Halt and reverse the incidence of TB by 2015.

Over the years since its launch in the early 1990's, the application of the DOTS strategy has resulted in significant gains in TB control in Member States of the Region. At the same time, the environment in which national TB control programmes were operating also evolved; new challenges called for a revised strategy. A more comprehensive Stop TB Strategy was therefore developed and launched in early 2006.



The new Stop TB strategy underpins the Regional and National Strategic Plans for TB control 2006-2015 in the Region

A resolution supporting full implementation of the Stop TB Strategy in Member States of this Region was endorsed at the 60th meeting of the SEA Regional Committee in September 2007.

What does the Stop TB Strategy aim to do?

- Ensure equitable access to the highest quality of care (diagnosis and treatment) for all TB patients
- Accelerate progress and impact of TB control in order to reduce deaths and disease, in line with MDGs, by 2015
- Protect populations from TB, TB/HIV and MDR-TB
- Reduce human suffering and socio-economic burden due to TB on families and communities
- Help address health systems constraints that impede TB control
- Support the development of new tools and enable their timely and effective use.

What are the main challenges?

- **Overstretched national public health care systems;** limited technical and managerial capacity
- **Weak national laboratory networks** and surveillance mechanisms
- **Uncertainties regarding sustainable financial** and operational resources
- **Difficulties in effectively scaling up interventions** for TB/HIV and emerging drug resistance
- **Provision of care by private and public sectors not yet sufficiently linked** to national programmes
- **Low community awareness and utilization** of services;
- **Insufficient attention to addressing social, economic and behavioural determinants** that impact TB control

What is required?

- **Better programme management and implementation,** including human resource planning and development
- **Quality assured laboratory networks** for microscopy, culture and drug susceptibility testing
- **Improved surveillance,** impact evaluations, analysis of data to guide programme policy, interventions
- **Closer collaboration between TB and HIV programmes for joint service** delivery for those dually affected by HIV and TB
- **Diagnosis and treatment of the existing multidrug resistant TB**
- **Research for new tools**
- **Improved procurement, logistics management for uninterrupted supplies** of high-quality first- and second-line drugs and rational use of drugs
- **Wider partnerships with all health providers** to reach quality services to all population groups
- **Advocacy, community involvement and empowerment** to avail of existing services and to overcome social, cultural and economic barriers

Expected outcomes

Towards achieving the Millennium Development Goals in the Region:

- Treat and cure 25 million TB patients including those with HIV coinfection and drug-resistant TB
- Save at least five million people from dying of TB, and
- Prevent at least one million cases of multidrug-resistant TB

Tuberculosis and the Stop TB Strategy

■ Tuberculosis in the SEA Region

With 25% of the world's population, the 11 Member States of the South-East Asia Region (SEAR) carry more than one-third of the global burden of TB. Three million people develop active TB and over half a million die of the disease every year in the Region. While the proportion of cases with multidrug-resistant TB (MDR-TB) is low at 2.8%, the absolute numbers of TB patients with multi-drug resistance is large. The HIV epidemic has had a variable impact in the Region. Of the 3.6 million people living with HIV/AIDS in the Region, 40% are estimated to be co-infected with TB.

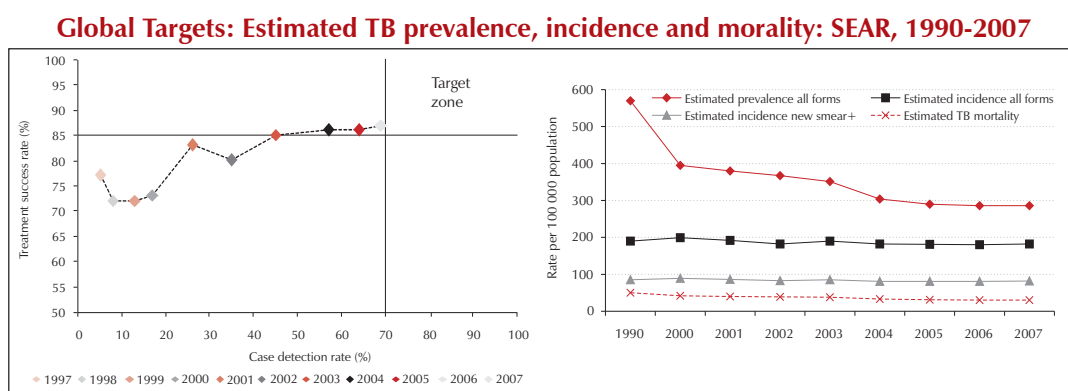
■ What has been achieved so far?

Many National TB control programmes are close to achieving the 70% case detection and 85% treatment success targets and beginning to demonstrate the impact of interventions on TB prevalence and mortality. As a result, there has been a slow but gradual decline in TB prevalence, incidence and mortality over the years in the South-East Asia Region. It has been recognized that the progress in the Region given the burden of disease, has had a significant impact on global tuberculosis control.

■ Progress in Implementing the Stop TB Strategy

DOTS: Case notifications are steadily rising due to increasing detection of smear negative and extra-pulmonary cases; notification of smear positive cases is however leveling off.

MDR-TB: Six countries in the Region have established MDR-TB services under their national programmes; Nepal is the first in the Region to offer MDR-TB diagnostic and treatment services country-wide.



Source: Annual reports on TB programmes in SEAR, WHO/SEARO 2009

TB-HIV: Seven Member States have developed national policies and strategies for TB/HIV. TB/HIV activities are widely available in Thailand, and are being expanded in India and Myanmar, while Indonesia has established services in Papua and Java Bali. The Regional Strategic Framework for TB/HIV is being revised and updated, given evolving changes in the two epidemics and country responses.

Involving all care providers: Over 360 medical colleges, 22,000 private practitioners, 1500 large public and private hospitals, 150 corporate institutions, 2,500 nongovernmental organizations and 550 prisons are now working with national TB control programmes across the Region.

Engaging Communities: Several models and approaches for community based TB care are in place in all 11 Member States.

Contributing to Health Systems Strengthening: Health systems strengthening components are included in GAVI and or Global Fund supported plans for health systems strengthening in all 11 Member States.

Research: Operations research geared to widening the scope and reach of services for all TB patients is on-going in many Member States.

Financial Resources: All countries of the Region, with the exception of Myanmar and DPR Korea, have sufficient funds in the short and medium term for TB control. All countries benefit from drugs through the Global Drug Facility through either continuing grants or direct procurement services. Myanmar and DPRK have received an exceptional 7th year of free grants .

A Special Focus on Multi-Drug Resistant (MDR) and Extensively Drug Resistant TB (XDR-TB)

- MDR-TB is defined as resistance to both Rifampicin and Isoniazid. XDR-TB refers to a form of TB which in addition, is resistant to two second-line drugs—fluoroquinolones and one injectable drug
- Levels of MDR-TB remain low in the Region, at less than 3%
- XDR-TB has been so far reported in all five countries with the highest burdens of TB in the Region
- Prevention of both MDR and XDR-TB is based on good quality DOTS
- WHO/SEARO has developed an MDR/XDR-TB response plan and established an expert group on MDR/XDR-TB to advise countries on operationalizing this plan. The plan covers proposed actions for strengthening surveillance, building laboratory and programme capacity for diagnosis and case management, ensuring uninterrupted supplies of quality drugs, and infection control measures.
- Countries with the highest burdens of MDR-XDR TB (Bangladesh, India, Indonesia and Myanmar) will participate in the forthcoming Ministerial meeting on MDR/XDR TB in Beijing in April 2009.