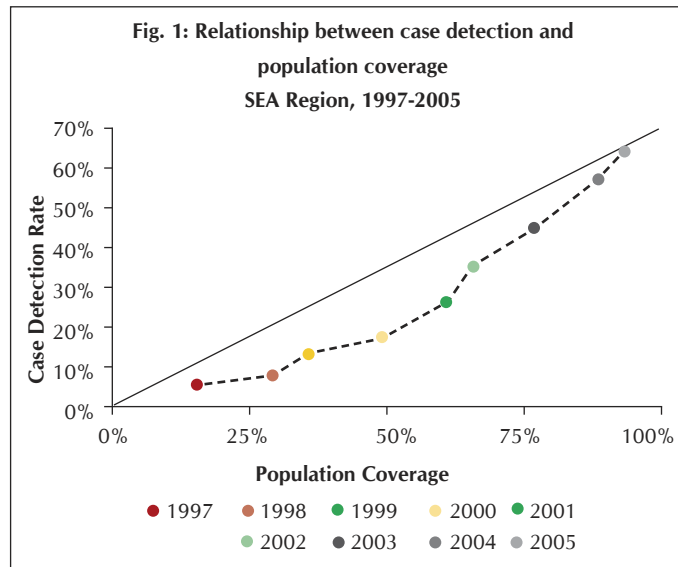


Achievements

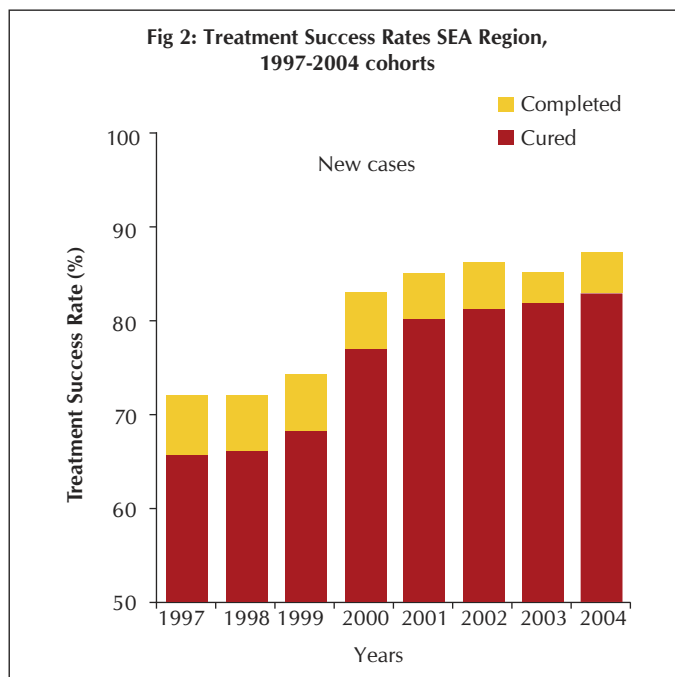
DOTS coverage has expanded

DOTS coverage, defined as the population living in administrative areas where DOTS services are available, was 93% in 2005 and approached 98% by March 2006 when India achieved nationwide coverage. Further expansion in coverage will be measured in terms of ease of access to diagnostic and treatment services at the community level.

Figure 1 shows the DOTS case-detection rate among new smear-positive cases in the Region in relation to the population covered. The increase in case-detection has been substantial, particularly in recent years.



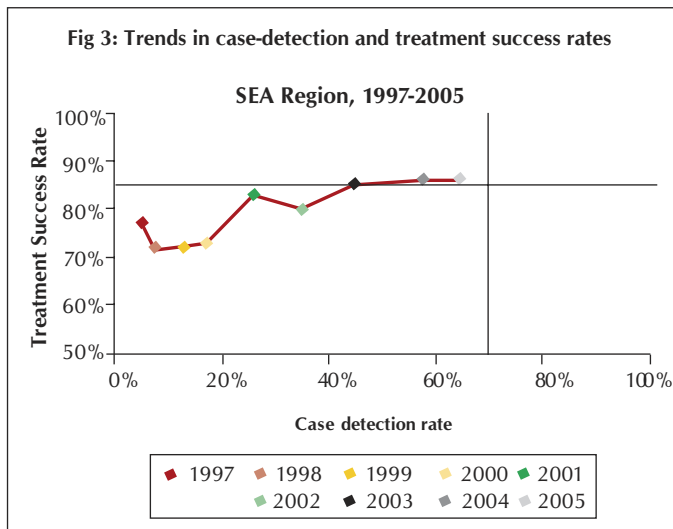
Source: National TB Programme Annual Reports, SEAR Member Countries, 1997-2006



Source: Tuberculosis Control in the South-East Asia Region, Annual Report 2006

Treatment outcomes are consistently improving

The treatment success rate for patients registered under DOTS in 2004 was 87%. This is an improvement over previous years and shows that the quality of programme implementation has not been compromised while further expanding services. (Figure 2).



Source: Tuberculosis control in the South-East Asia Region, Annual Report 2006

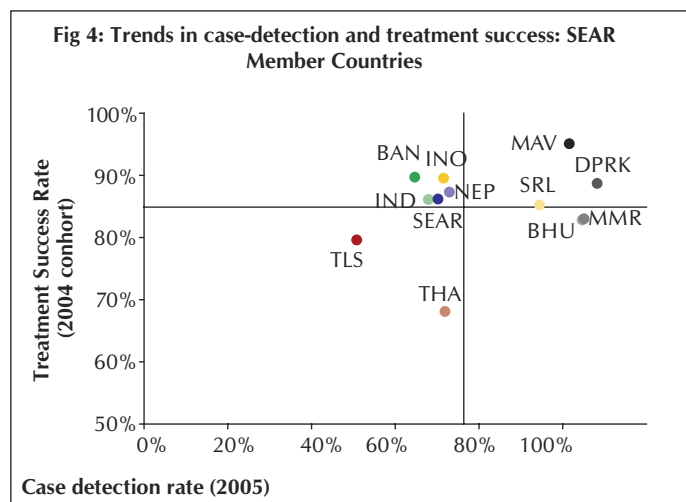
Case notifications have increased

There has been a gradual upward trend in overall notifications for all forms and smear-positive cases of TB in recent years (Figure 3). Case detection under DOTS further increased to 64% in 2005 for new smear-positive cases, surpassing the global case detection rate. Progress was made in most countries with significant increases in cases notified in Bangladesh, India, Indonesia, Myanmar and Sri Lanka.

The Region is steadily moving towards the “70/85” targets

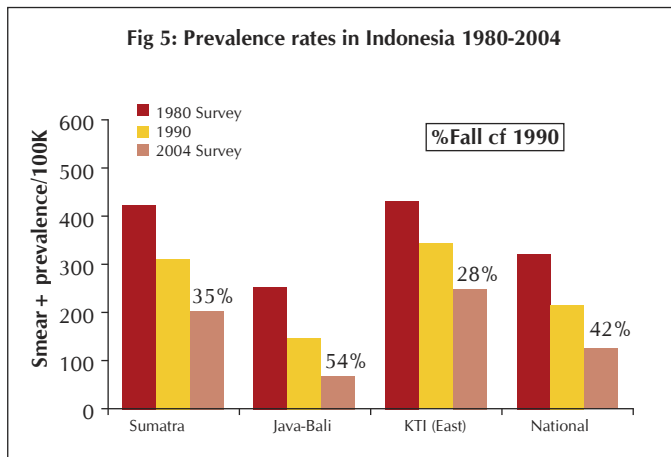
As shown in Figure 3, both case detection and treatment success in the Region as a whole are steadily progressing towards the set targets of 70% and 85% respectively.

Five countries have already achieved the set targets of 70% case detection and 85% cure rates, while several others are within reach of these targets (Fig 4). Bangladesh, India, Indonesia and Nepal progressed further towards the case detection target while maintaining cure rates above 85% during the year.

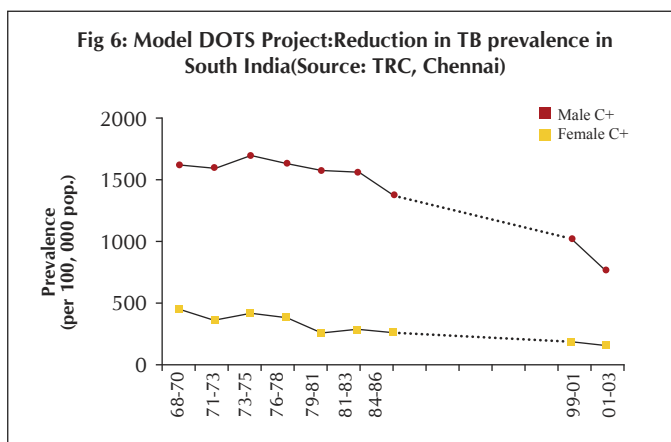


1.94 million TB patients were registered with NTPs last year, 15 million patients treated over past 10 years

Source: Tuberculosis Control in the South-East Asia Region, Annual Report 2006



Source: National TB Control Programme, Indonesia



Source: Tuberculosis Research Centre, Chennai, India

For the first time a significant impact on TB morbidity and mortality is being seen. A recent prevalence survey conducted in Indonesia showed that prevalence rates have been falling by 4% per year (Fig 5). A similar decrease in prevalence, particularly among males has also been reported from South India (Fig 6).

National TB control programmes (NTPs) have adopted the new Stop TB Strategy and have either initiated or are implementing several of the additional interventions under this broadened strategy. Alongside intensified efforts to improve the quality of services, programmes are strengthening partnerships with other providers, particularly nongovernmental organizations (NGOs), the private health sector, medical teaching institutions and large public employment sectors.

Private and public partnerships for TB are being scaled up in seven countries. Nine countries have actively involved NGOs in TB services. Reports from India, Indonesia and Myanmar indicate that, where initiated, private–public partnerships for TB have resulted in up to 25% increase in cases notified with good treatment outcomes. Medical schools in several countries have begun to teach and practise DOTS; more than 200 medical colleges in India have established DOTS centres in their practice areas.

DOTS services are also beginning to be provided at workplaces. Providers in the private sector and other sectors are being sensitized to the need for adhering to international

standards in TB care to ensure that standardized diagnostic and treatment practices are followed widely.

To improve the uptake of available services, NTPs are increasingly focusing on mass and point-of-service communication and social mobilization approaches, drawing on the many successful examples of community-based initiatives and community-care interventions.

Interventions for HIV-associated TB have been made available widely in India and Thailand and are being scaled up in Myanmar. Bangladesh, Indonesia, Nepal and Sri Lanka have prepared plans for the commencement of these activities.

The first priority in combating multi-drug resistant TB remains prevention of acquired drug resistance through effective implementation of DOTS. However, national TB programmes are faced with the challenge of a growing pool of patients with MDR-TB. Currently, TB patients with drug-resistant forms of TB are treated largely at tertiary hospitals and by the private sector. India and Nepal have established projects under their national programmes to treat patients with drug-resistant TB. Similar projects are planned in Bangladesh, Bhutan, Myanmar, Sri Lanka and Timor-Leste.

In terms of resources, the Global Drug Facility (GDF) continues its support to nine countries in the region. Additional funding through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other multilateral and bilateral donors has resulted in reducing the funding gap to less than 5% for TB programmes in the Region, for 2007, with the exception of DPR Korea and Myanmar.