

**STRATEGIC AND TECHNICAL ADVISORY GROUP  
FOR TB CONTROL  
IN THE WHO EASTERN MEDITERRANEAN REGION (STAG/EMR)**

**Observations and Recommendations for the year 2003/2004  
on the occasion of  
Meeting of National Managers of Tuberculosis Control Programmes  
in the Eastern Mediterranean Region,  
Rabat, Morocco, 17 – 19 June 2003**

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## **1. THE STAG OBSERVES THAT:**

- 1.1 The previous STAG recommendations of NTP managers meeting in Damascus, September 2002, have been extraordinarily well implemented.
- 1.2 The surveys carried out on the role of the private sector and laboratory services have been very useful for defining the current situation and areas of concern.
- 1.3 The plan for operational research was well carried out, including dissemination of results and translation of research results into policies.
- 1.4 The key issue to be addressed to achieve the global targets for TB control remains case finding.
- 1.5 Five countries account for 87% of the estimated missed cases. They are: Pakistan (54%), Afghanistan (14%), Sudan (9%), Iraq (5%) and Somalia (5%) (data: WHO)
- 1.6 The global targets can be achieved by 2005 only if current plans of expansion of case finding are implemented.

## **2. THE STAG RECOMMENDATIONS CONCERN:**

- 2.1 How to improve comprehensiveness of TB control in the region
- 2.2 How to improve quality of TB services
- 2.3 How to ensure that targets are achieved

## **3. HOW TO IMPROVE COMPREHENSIVENESS OF TB CONTROL IN THE REGION**

The STAG recommends that the Regional Office:

- ?? Ensure that countries complete the survey on role of private sector, and review roles of all service providers including e.g. universities, general hospitals, insurance organisations, and prisons, by end 2003.
- ?? Develop mechanisms to engage medical schools and other health training facilities in a plan to implement the DOTS Strategy, by end 2003.
- ?? Design a clear plan for TB/HIV (at a minimum, HIV surveillance among TB patients), by end 2003.

## 4. HOW TO IMPROVE QUALITY

The STAG recommends that the Regional Office:

- ?? Ensure that countries that did not respond to the first round of the laboratory capacity survey complete the survey by end 2003.
- ?? Identify a limited number of key indicators of quality of services (laboratory, patient care treatment success, supplies and their management), by end 2003.
- ?? Emphasize human resources capacity development plans for TB services, management and quality assurance, throughout the year.
- ?? Plan and monitor intercountry and cross border collaboration to improve case holding and treatment outcome by September 2004.
- ?? Develop regional surveillance guidelines, including materials, tools and definitions, by July 2004.
- ?? Carry out a critical evaluation of the results, impact and human resource capacity of operational research in improving quality of TB services, by July 2004.

The STAG recommends that countries:

- ?? Strictly follow international guidelines for assuring quality of medications for tuberculosis (e.g. WHO / IUATLD guidelines on ensuring bioavailability of fixed-dose combinations), including all medications licensed for sale for tuberculosis in the country.
- ?? Identify their policies for surveillance of tuberculosis and tuberculosis services (e.g. district-based or nominal), by July 2004.

## 5. HOW TO ENSURE THAT TARGETS ARE ACHIEVED

The STAG recommends that the Regional Office:

- ?? Continue the very productive estimation of the TB incidence, including population estimates.
- ?? Focus on the 5 priority countries that together contain 87% of the missed cases for reaching the 70% case detection target: Pakistan, Afghanistan, Iraq, Sudan and Somalia, during the next year.
- ?? Develop a regional strategic plan for Practical Approach to Lung Health (PAL) implementation, by July 2004.

STAG recommends that the programmes in all countries:

- ?? Give priority to the issues raised at the NTP managers' meeting in preparing the JPRM plans for the next biennium, by September 2003.
- ?? Develop plans for intercountry collaboration to address the priority issues outlined in the NTP managers' meeting, by September 2003.

### 5.1 PAKISTAN

STAG observed that

- ?? Although DOTS coverage has expanded considerably, the reported number of smear positive cases diminished.
- ?? The data provided probably do not reflect what is happening in the field, as the routine reporting system is deficient

- ?? NTP understands well the issue of case detection and has a logical, but ambitious plan for expansion.
- ?? The quality of services is not as good as it could be, reflected by low smear confirmation and treatment success rates.

STAG recommends that the programme:

- ?? Ensure that resources are immediately available in order to achieve the ambitious plan of DOTS expansion, as the regional targets depend crucially on the achieving of the targets of Pakistan.
- ?? Implement the plan for the engagement of social security, private sector and community mobilization, by April 2004.
- ?? Improve quality of services with attention to improving accuracy of diagnosis and planning a means to ensure the quality of medications, by end 2003.
- ?? Strengthen the information system in particular improving case notification from basic management units, by September 2003.

## **5.2 AFGHANISTAN**

STAG observed that

- ?? Major progress has been made in expanding DOTS.
- ?? A clear and reasonable plan has been developed; however, it is likely that only 55% of estimated cases will be reported by the end of 2005.
- ?? The following obstacles hamper further expansion: lack of security in certain areas of the country; insufficient qualified human resources; lack of finances to complete the plan as developed

STAG recommends that the programme:

- ?? Strengthen leadership of NTP to coordinate and harmonize inputs from multiple partners, by September 2003.
- ?? Develop a plan for human resource development, by end 2003.
- ?? Strengthen management systems including logistics, laboratory network, by April 2004.
- ?? Hold a planning workshop on cross border collaboration with neighbouring countries, by September 2003.

## **5.3 SUDAN**

STAG observed that

- ?? There is a disparity in population estimates used by various UN agencies, influencing the case estimates.
- ?? Case finding reports from the southern part of the country are not received by EMRO and therefore not included in the total case finding reports.
- ?? While DOTS expansion has been successful in most of the country it is lagging substantially in the southern and western parts of the country.

STAG recommends that the programme:

- ?? Submit all case finding reports to WHO / EMRO to make a single comprehensive report for the whole country, by September 2003.
- ?? Review the information presently available and the need for new information to arrive at a definitive assessment of case estimation, e.g. a prevalence survey, by end 2003.

- ?? Identify finances, technical assistance and means to strengthen DOTS expansion in the southern and western part (transport, implementation plan and strengthening PHC, stakeholder coordination), by September 2003.
- ?? Develop plans, as appropriate, for engagement of military and police health services in TB control, by September 2003.

## **5.4 IRAQ**

STAG observed that

- ?? The current situation is entirely unacceptable for providing tuberculosis services, leaving large numbers of patients without care and risking transmission of TB in the community.
- ?? Under the current situation (lack of access to drug supplies and finances) there is little hope that Iraq will achieve the targets.
- ?? The programme has developed clear, sensible and logical plans including an emergency action plan for TB services.

STAG recommends that:

- ?? The responsible government authority, at the highest level, ensure that the emergency plan for TB services is implemented, immediately.
- ?? In particular the drugs, supplies, personnel and finances already prepared be made available for use, without further delay.
- ?? TB in-patient facilities in Baghdad be restored to functional order, by September 2003.
- ?? WHO take the lead in supporting preparing a comprehensive and coordinated plan (including urgent situation analysis and partnership development) for reconstruction of the TB services, by September 2003.

## **5.5 SOMALIA**

STAG observed that

- ?? In spite of serious challenges to security, NTP has achieved important progress in DOTS implementation, e.g. even in the insecure area (where the majority of the population lives), 16 centres provide TB services.
- ?? However, 37 out of 48 districts in the secure area do not yet have TB services and in 11 centres where TB services are provided, the quality of laboratory services is not optimal.
- ?? There are differences in the population estimates used by various UN agencies.
- ?? HIV has been detected among TB patients and is likely to increase.

STAG recommends that:

- ?? The TB officer begin his work without any delay and Somali TB experts should participate in the CCM, by July 2003.
- ?? Finances to strengthen and expand TB services be identified, by September 2003. In particular, priority should be given to management and quality improvement of the services.
- ?? Surveillance of HIV in TB patients should be started, by September 2003.
- ?? Population estimates utilized for case finding estimates should be discussed with WHO headquarters, by 2003.

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