

# STRATEGIC PLAN FOR TB CONTROL IN EMR

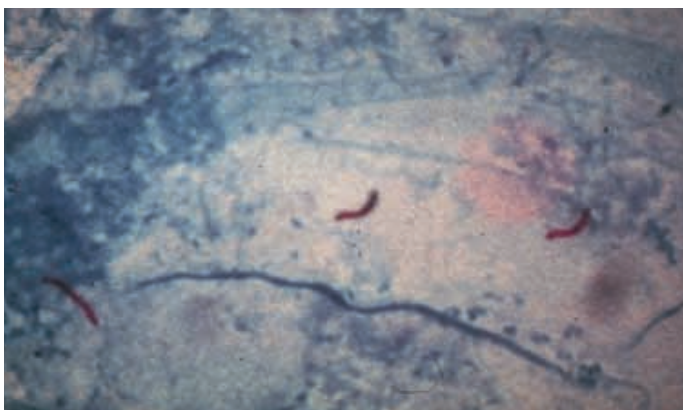
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# STRATEGIC PLAN FOR TUBERCULOSIS CONTROL IN THE EASTERN MEDITERRANEAN REGION 2002-2005

## BACKGROUND

The countries of the WHO Eastern Mediterranean Region have made good progress in tuberculosis (TB) control. Eighteen countries achieved nationwide implementation of the DOTS (directly observed treatment, short-course) strategy (DOTS ALL OVER) by 2000. Five countries are lagging in DOTS



expansion; of these, two will achieve DOTS ALL OVER in 2002. The remaining three countries are working to expand coverage of the DOTS strategy while facing obstacles such as civil strife (Afghanistan and Somalia) and/or extremely high TB incidence (Pakistan). All in all, countries of the Region have laid the

groundwork for establishing effective and sustainable TB control.

Three challenges must be met for further progress in TB control in the Region. One of these challenges is to improve the quality of DOTS activities, as measured by the case detection rate and treatment success rate. Although treatment success rates are usually more than 80% in the Region, case detection rates in general are still lower than 50%. DOTS activities should be of higher quality. The second challenge is to increase the comprehensiveness of DOTS activities, as several key players in the health sector, particularly the private health sector, are not fully involved in the DOTS strategy. DOTS activities should be comprehensive, with the involvement of all health care providers. The third challenge is to expand DOTS activities in the countries that are lagging. Pakistan and Afghanistan account for 55% of the regional TB burden, and still have less than 25% DOTS coverage. DOTS expansion in these countries

is critical for the overall progress of TB control in the Region.

In light of the progress of and challenges to TB control in the Region, the WHO Regional Office for the Eastern Mediterranean and Member States developed and adopted new regional targets in 2000<sup>1</sup>: detect 70% of TB cases and successfully treat 85% of them by 2005; enrol all detected TB cases in DOTS by 2005; and reduce TB prevalence and deaths by 50% by 2010. In order to achieve the new targets and bring TB under firm control, the Regional Office has prepared a Strategic Plan for TB Control (2002-2005). The plan aims to establish sustainable high quality DOTS activities that comprehensively cover all populations and all TB patients in the Region. The strategic plan is intended for health policy-makers, TB programme managers and all concerned partners, including members of the Regional Inter-Agency Coordination Committee and Regional Technical Advisory Group for TB control.

## THE STRATEGIC PLAN (2002-2005)

### Vision

The Region free of TB: Elimination of TB in the Region by 2050

*"The first children born in this millennium in the Region will see TB eliminated in their lifetime".*

### Mission

Our mission is to significantly reduce the burden of TB in the Region by ensuring the following:

- Every TB patient has access to effective diagnosis, treatment and cure.
- Transmission of TB is stopped;

- Inequitable social and economic toll of TB is reduced.
- All relevant partners in health, social and economic development are involved in TB control activities.

### Targets

#### Regional targets

- By 2005, detect at least 70% of all cases of TB, and successfully treat at least 85% of them, and sustain the achievements.
- By 2005, enrol all detected TB patients in the DOTS strategy.  
By 2010, reduce prevalence and deaths by 50%.

#### Country-specific targets

- By 2003, all countries except the three DOTS lagging countries, namely Afghanistan, Pakistan and Somalia, detect 70% of all cases of tuberculosis and successfully treat 85% of them.
- By 2010, countries with intermediate incidence of TB reduce the incidence of TB by 50%.
- By 2010, countries with low incidence of tuberculosis reduce the incidence of smear positive pulmonary TB to 1 per 100 000 population (Tuberculosis Elimination Initiative).

### Objectives

Along with the above targets, the strategic plan aims at achieving four objectives by 2005. They are: high quality DOTS activities; comprehensive DOTS activities; a Beyond DOTS strategy; and partnership. These objectives are interdependent and mutually reinforcing. Achieving all of them is essential for bringing TB under real control. Components of each objective are as follows.

<sup>1</sup> The targets were endorsed by the forty seventh Session of the Regional Committee of the WHO Eastern Mediterranean in October 2000

## 1) High quality DOTS activities

### *DOTS implementation*

- The DOTS strategy is integrated into and expanded throughout the general health services so that DOTS activities are available nationwide.
- DOTS is implemented at high quality, achieving at least 70% case detection rate and 85% treatment success rate.
- Models for effective DOTS implementation are established for different settings, e.g. urban and mobile populations and complex emergency situations.

### *Surveillance*

- National TB surveillance, as an integrated part of communicable disease surveillance, is operational to ensure timely and accurate monitoring of DOTS activities.
- Information on prevalence and trends of TB drug resistance is available through drug resistance surveys/surveillance.

### *Drug management*

- A national logistics system for TB drugs is operational within the national drug management system, and ensures:
  - regular supply of high quality TB drugs for all TB patients enrolled in DOTS, free of charge.
  - introduction of patient-friendly drug formulations including fixed-dose combination (FDC) and blister packages.

## 2) Comprehensive DOTS activities

### *Intersectoral collaboration*

- All relevant health care providers are included in DOTS activities so that all detected TB patients are enrolled in DOTS.
- All medical schools and health workforce institutions have adopted DOTS in their education programmes.

### *National health sector development*

- National health sector development plans include the DOTS strategy as an essential component so that TB control efforts contribute to broader health sector development and poverty reduction.

### *Operational research*

- A national network of operational research in TB control, linked with international research institutions is functioning to address priority issues in TB control.

## 3) Beyond DOTS

### *Beyond DOTS strategy*

- A comprehensive Beyond DOTS strategy<sup>2</sup> is developed in countries with high quality and comprehensive DOTS so as to enhance DOTS activities.
- Implementation models for the Beyond DOTS strategy are developed.

### *Specific surveillance*

- TB prevalence surveys are carried out at least in 2 high incidence countries, 2 intermediate incidence countries and 2 low incidence countries, as regional models.

## 4) Partnership

- A Regional Inter-Agency Coordination Committee (IACC) for TB control and Technical Advisory Group (TAG) are established and operational as subcommittees of the Regional IACC for communicable disease control.
- A national IACC for TB control is established and functioning in all high burden countries.
- A national 5-year plan on TB control is developed in all high burden countries.
- Collaboration is established with global

<sup>2</sup> A Beyond DOTS strategy would include individual case registration and reporting, management of contacts, high-risk groups, TB suspects (people with chronic cough) and chronic (drug resistant) TB patients.

initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Drug Facility of the Stop TB Initiative.

## COMPONENTS OF STRATEGIC PLAN

### Country support

#### General

Intensified and comprehensive country support is the priority in the strategic plan because the effectiveness of the plan will ultimately be measured by the progress made in countries. Country support includes different types of activity, which are carried out according to the epidemiological status of TB in each country. For this purpose countries are divided into four groups as shown in Table 1.

good DOTS coverage (around 70% at the end of 2001) under a complex emergency situation. Afghanistan and Pakistan are still lagging in DOTS expansion; DOTS coverage was around 15% in both countries at the end of 2001. DOTS expansion in these two countries, which account in total for 55% of the regional TB burden, is critical for overall TB control progress in the Region.

Accordingly country support activities for this group of countries are identified as follows. The activities are grouped under the most relevant objectives that activities would contribute. The activities are interdependent and may contribute to accomplishing more than one objective.

#### *High quality DOTS activities*

- Development of a national mid-term

**Table 1. Classification of countries for TB control**

Group	Number of countries	Countries
DOTS lagging countries	5	Afghanistan, Pakistan, Somalia, Sudan and Republic of Yemen.
Other high burden countries	5	Djibouti, Egypt, Islamic Republic of Iran, Iraq and Morocco.
Intermediate burden countries	4	Lebanon, Palestine, Syrian Arab Republic and Tunisia.
Low burden countries (TB Elimination Initiative)	9	GCC member states (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates), Cyprus, Jordan and Libyan Arab Jamahiriya

#### DOTS lagging countries

Five countries (Afghanistan, Pakistan, Somalia, Sudan and Republic of Yemen) account for around 70% of the regional burden of TB. Sudan and Republic of Yemen are achieving very high DOTS coverage (close to 100% at the end of 2001), but the quality of their DOTS activities needs improvement. Somalia is also achieving

strategic plan (e.g. 5-year plan) for TB control.

- Direct, comprehensive support to countries for DOTS expansion and improvement, which includes:
  - national leadership development through training
  - technical assistance through advisors, consultants, and missions
  - assistance in logistics management

- assistance in laboratory network development
- other aspects of DOTS expansion/improvement (e.g. ensuring that the DOTS strategy is a part of poverty alleviation strategies).
- In-depth review of national TB programmes to monitor and facilitate progress.
- Development of national TB surveillance as an integrated part of national communicable disease surveillance.
- Support for the development of national policy and logistics system on TB control, within the national drug systems, to ensure that high-quality and patient-friendly<sup>3</sup> TB drugs are regularly available for DOTS activities free of charge.
- Introduction of national anti-TB resistance surveillance through the strengthening of national reference laboratories for TB control.

#### ***Comprehensive DOTS activities***

- Support for the adoption of DOTS as an important component in the national health sector development (e.g. national 5-year plan), and inclusion of TB programme indicators as performance indicators for overall health sector performance.
- Development of institutionalized mechanisms for intersectoral collaboration (e.g. national TB board) among all health care providers, particularly the private health sector, and for community participation in DOTS activities.
- Establishment of cooperation mechanisms between national TB programmes and medical schools to ensure that the DOTS strategy is included in medical education.
- Establishment of a national network of operational research on TB control, linked with international research institutions to address priority issues in TB control.

#### ***Partnership***

- Development of a National Inter-Agency Coordination Committee (NIACC) for TB control under ministries of health to ensure optimal coordination among partners and to secure necessary funds. The NIACC will be composed of representatives of concerned national and international agencies, donor countries, nongovernmental organizations and other relevant institutions.
- Development of a National Technical Advisory Group (NTAG) to support the NIACC. The NTAG will be composed of a limited number of international and national experts in TB control and health systems.
- Support for collaboration between countries and global initiatives relating to TB control such as the Global Fund to Fight for AIDS, Tuberculosis and Malaria, and the Global TB Drug Facility of the Stop TB Initiative.

#### ***Other high burden countries***

Five countries ( Djibouti, Egypt, Islamic Republic of Iran, Iraq and Morocco) have achieved DOTS ALL OVER with reasonably good treatment outcome. However, case detection rates are not yet high except in Morocco. Moreover, increasing the comprehensiveness of DOTS is a challenge for all countries in this group. Supportive activities for these countries are as follows.

#### ***High quality DOTS activities***

- In-depth review of national TB programmes to monitor and facilitate progress.
- Technical assistance through missions of consultants and/or WHO staff.
- Development of national TB surveillance as an integrated part of the national communicable disease surveillance.
- Support for the development of national

<sup>3</sup> Patient-Friendly drug formulations include fixed-dose combination and blister packages.

policy and logistics system on TB control, within the national drug systems, to ensure that high-quality and patient-friendly TB drugs are regularly available for DOTS activities, free of charge.

- Introduction of national anti-TB resistance surveillance through the strengthening of national reference laboratories for TB control.



- Development of a national mid-term strategic plan (e.g. for 5 years) on TB control in countries that have not achieved high quality DOTS activities.

### ***Comprehensive DOTS activities***

- Support for the adoption of DOTS as an important component in national health sector development (e.g. national 5-year plan), and inclusion of TB programme indicators as performance indicators for overall health sector performance.
- Development of institutionalized mechanisms for intersectoral collaboration (e.g. national TB board) among all health care providers, particularly the private health sector, and for community participation in DOTS activities.
- Establishment of cooperation mechanisms between national TB programmes and medical schools to ensure that the DOTS strategy is included in medical education.
- Establishment of a national network of

operational research on TB control, linked with international research institutions to address priority issues in TB control.

### ***Beyond DOTS***

- Development of a Beyond DOTS strategy to enhance TB control in countries with high quality and comprehensive DOTS. The strategy could include individual case registration and reporting and management of contacts, high-risk groups and chronic (drug-resistant) TB cases.
- Introduction of epidemiological surveys (e.g. TB prevalence survey) at least in 2 countries.

### ***Partnership***

- Development of a National Inter-Agency Coordination Committee (NIACC) for TB control to ensure optimal coordination among partners and to secure necessary funds.
- Development of a National Technical Advisory Group (NTAG) in countries with a NIACC. The NTAG will be composed of a limited number of international and national experts in TB control and health systems.
- Support for national collaboration with global initiatives relating to TB control such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global TB Drug Facility of the Stop TB Initiative.

### **Intermediate burden countries**

Four countries (Lebanon, Palestine, Syrian Arab Republic and Tunisia) with intermediate incidence have already achieved DOTS ALL OVER, and the main challenges are increasing the comprehensiveness of DOTS activities and enhancing DOTS activities

with the Beyond DOTS strategy. Activities are accordingly identified as follows.

#### ***High quality DOTS activities***

- Technical assistance through missions of consultants and/or WHO staff.
- Development of national TB surveillance as an integrated part of national communicable disease surveillance.
- Support for the development of national policy and logistics system on TB control, within the national drug systems, to ensure that high quality and patient-friendly TB drugs are regularly available for DOTS activities, free of charge.
- Introduction of national anti-TB resistance surveillance through strengthening national reference laboratories for TB control. At least three of the national reference laboratories would improve their capacity to act as supra-national reference laboratories.

#### ***Comprehensive DOTS activities***

- Support for the adoption of DOTS as an important component in national health sector development (e.g. national 5-year plan), and inclusion of TB programme indicators as performance indicators for overall health sector performance.
- Development of institutionalized mechanisms for intersectoral collaboration (e.g. national TB board) among all health care providers, particularly the private health sector, and for community participation in DOTS activities.
- Establishment of cooperation mechanisms between national TB programmes and medical schools to ensure that the DOTS strategy is included in medical education.
- Establishment of a national network of operational research on TB control, linked with international research institutions to address priority issues in TB control.

#### ***Beyond DOTS***

- Development and implementation of comprehensive national Beyond DOTS strategy to enhance TB control in countries that achieved DOTS ALL OVER. The Beyond DOTS strategy could include individual case registration and reporting, management of contacts, high-risk groups, and chronic (drug-resistant) TB cases.
- Introduction of specific epidemiological surveys on TB (e.g. TB prevalence survey) in 2 intermediate incidence countries as a regional model.

#### ***Low burden countries***

Nine countries (Bahrain, Cyprus, Jordan, Kuwait, Libyan Arab Jamahiriya, Oman, Qatar, Saudi Arabia and the United Arab Emirates) have low incidence of tuberculosis. Their challenge is to achieve the regional target for the TB Elimination Initiative by 2010. The activities are as follows.

#### ***High quality DOTS activities***

- Technical assistance through missions of consultants and/or WHO staff.
- Development of national TB surveillance as an integrated part of the national communicable disease surveillance.
- Support for the development of national policy and logistics system on TB control, within the national drug systems, to ensure that high quality and patient-friendly TB drugs are regularly available for DOTS activities, free of charge.
- Introduction of national anti-TB resistance surveillance through the strengthening of national reference laboratories for TB control. At least three of the national reference laboratories would improve their capacity to act as a regional reference laboratory.

### ***Comprehensive DOTS activities***

- Support for the adoption of DOTS as an important component in national health sector development (e.g. national 5-year plan), and inclusion of TB programme indicators as performance indicators for overall health sector performance.
- Development of institutionalized mechanisms for intersectoral collaboration (e.g. national TB board) among all health care providers, particularly the private health sector, and for community participation in DOTS activities.
- Establishment of cooperation mechanisms between national TB programmes and medical schools to ensure the adoption of DOTS in medical education.
- Establishment of a national network of operational research on TB control, linked with international research institutions, to address priority issues in TB control.

### ***Beyond DOTS***

- Development and implementation of a comprehensive national Beyond DOTS strategy to achieve TB elimination target by 2010. A Beyond DOTS strategy could include individual case registration and reporting and management of contacts, high-risk groups and chronic (drug-resistant) TB cases.
- Introduction of specific epidemiological surveys on TB (e.g. TB prevalence survey) in at least 2 low incidence countries as a regional model.

A summary of country support activities may be found in Table 2.

## **Regional operations**

### ***General***

The second component of the strategic plan is regional operations, which focus on strengthening regional, subregional and intercountry activities. Regional operations

provide indirect support to countries, reinforcing the country support component of the strategic plan.

### ***Capacity building***

Activities aim to further strengthen technical and managerial capacity of the countries, particularly in TB managers and coordinators, and include the following.

- Regular and comprehensive regional training courses on different aspects of TB control, particularly with emphasis on quality and comprehensiveness of DOTS activities.
- Regional (on-the-job) training for TB managers, particularly with the aim of upgrading their knowledge and skills to become international TB consultants.

### ***Focused meetings***

A series of focused meetings will take place to facilitate country support activities, particularly with regard to national partnership mechanisms with health care providers and medical schools, TB drug policy and management, surveillance, operational research activities and Beyond DOTS strategies. Planned regional and intercountry meetings include the following.

- Annual NTP manager meetings to monitor progress and identify challenges and solutions.
- Meetings on collaboration with health care providers (particularly private-public mix) and with medical schools.
- Meetings on national TB surveillance (jointly with national communicable disease surveillance).
- Meetings on preparation and implementation of TB prevalence surveys.
- Meetings to formulate (and monitor implementation of) a comprehensive Beyond DOTS strategy.

**Table 2. Summary of country support**

Activities	Target group of countries			
	DOTS lagging	Other high burden	Intermediate burden	Low burden
<b>High quality DOTS</b>				
Development of mid-term strategic plan	X	X (some)	–	–
Direct country support	X	–	–	–
In-depth review	X	X (some)	X (some)	–
Technical assistance missions	–	X	X	X
National TB surveillance system as part of communicable disease surveillance	X	X	X	X
National TB logistics system development	X	X	X	X
Introduction of national anti-TB drug resistance surveillance	X	X	X	X
<b>Comprehensive DOTS</b>				
Adoption of DOTS as component of national health sector development and inclusions of TB programme indicators	X	X	X	X
Development of intersectoral collaboration mechanisms for all health care providers including private health sector and community	X	X	X	X
Establishment of cooperation mechanisms between NTP and medical schools	X	X	X	X
National network of operational research	X (some)	X	X	X
<b>Beyond DOTS</b>				
Beyond DOTS strategy development	–	X (some)	X	X
Specific TB epidemiology surveys (e.g. TB prevalence surveys)	X (some)	X (some)	X (some)	X (some)
<b>Partnership</b>				
National Inter-Agency Coordination Committee	X	X (some)	–	–
National Technical Advisory Group	X	X (some)	–	–
Establishment of collaboration between NTP and global TB-related initiatives	X	X (some)	–	–

### ***Laboratory network development***

Activities include support to national reference laboratories for TB control and training on laboratory experts in the reference laboratories. Technical and financial support will be provided for the preparation and implementation of drug resistance surveys/surveillance. At least three national reference laboratories will be upgraded to act as supra-national reference laboratories.

### ***Subregional activities***

Currently there are four subregional TB control initiatives in the Region: Horn of Africa TB Control Initiative (HATCI), Maghreb TB Control Initiative (MATCI), Near East TB Control Initiative (NETCI), and TB Elimination Initiative. Each initiative has priority areas for joint activities. There will be a regular meeting for each subregional initiative to further boost their activities.

### ***Regional surveillance***

There are two systems of TB surveillance in the Region: an annual global TB survey and the EMR DOTS quarterly fax. Activities aim at upgrading surveillance systems in order to monitor and evaluate DOTS activities more closely, particularly through the use of electronic communications.

### ***Operational research***

Activities aim to establish a regional network of operational research in TB control, linked with international research institutions to address priority issues in TB control through operational research. This network will be closely linked to the national operational research networks. Planned activities include the following.

- Workshops on development of research protocol, monitoring of implementation and summarization of results.

- Support for operational research on TB control, including support to the Small Grants Scheme of the Regional Office and UNDP-World Bank-WHO Special Programme for Research and Training in Tropical Diseases (TDR) to address priority issues in TB control.



### ***Production and translation of TB materials***

Activities aim at developing, publishing and translating WHO and other relevant TB-related documents into local language(s).

### ***Regional Office leadership***

The Regional Office will strengthen its leadership capacity by recruiting staff for country support, information management and communication and advocacy. At present, the regional team is staffed with one Regional Advisor, one medical officer and one Associate Professional Officer (APO) funded by the Government of Italy. Guidance for priority countries (Afghanistan, Pakistan and Somalia) will also be strengthened by recruiting country medical officers on TB; this activity is included in direct country support.

### ***Partnership development***

#### **Regional Inter-Agency Coordination Committee for TB control**

The Regional Office will formulate a Regional Inter-Agency Coordination Committee (IACC) for TB control with representatives from all agencies that are participating in TB control

in the Region. The IACC will aim to coordinate input from all international agencies at country and regional levels, meeting as frequently as required to review progress and assess the needs for partner inputs. The Regional IACC for TB control will be a subcommittee of the Regional IACC for communicable disease control.

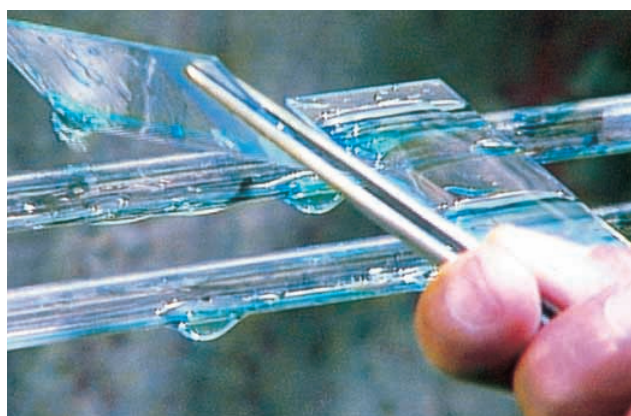
### **Regional Technical Advisory Group for TB Control**

The IACC is supported by the Regional Technical Advisory Group (TAG) for TB control. The TAG is composed of international experts in TB control as well as in health systems from inside and outside the Region. It provides technical advice on strategies and plans for TB control in the Region.

### **Advocacy activities**

Special focus is put on preparation of advocacy documents and materials for World Tuberculosis Day in each year. Updating and upgrading of electronic advocacy material such as the EMRO Stop TB website is also a priority.

## **IMPLEMENTATION OF THE STRATEGIC PLAN: CHALLENGES AND SOLUTIONS**



### **General**

Fully implementing the two main components of the strategic plan, country support and regional operations, and accomplishing the objectives and targets will be a considerable task. Key challenges and possible solutions that countries, the Regional Office and other concerned partners can bring to bear are summarized below. In particular, advocacy activities are required at all levels to surmount challenges, ensure the availability of sufficient resources, maintain/strengthen political support and secure societal support.

### **Action-oriented political commitment**

Sustaining action-oriented political commitment from the highest levels of the government is essential for effective TB control. However, in some countries political commitment is still weak and has not been translated into real action. Planned activities to cope with the challenge are as follows.

- Keep TB control a high priority by including the DOTS strategy as an essential component of national health sector development.
- Discuss and endorse resolutions on TB control in meetings of the Regional Committee for the Eastern Mediterranean.
- Establish regional and national Inter-Agency Coordination Committees to mobilize resources and raise visibility of TB control at all levels.

### **DOTS in countries with weak health services**

Countries that suffer most from TB have the least public health expenditures. In Afghanistan, Pakistan, Somalia, Sudan and Republic of Yemen, per capita public health expenditure is less than US\$ 20. This has resulted in inadequate development of the primary health care network, lack of financial resources for health services and shortages of

essential drugs and equipment. Planned activities to cope with the challenge include the following :

- Develop national 5-year plans for TB control to outline country needs.
- Establish regional and national Inter-Agency Coordination Committees to mobilize resources for critical activities in TB control.
- Promote partnership with international initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global TB Drug Facility of the Stop TB Initiative.
- Promote an integrated approach in communicable disease control.

#### **DOTS in countries with security instability**

Afghanistan, Somalia and the southern part of Sudan are conflict-affected. DOTS implementation in such areas needs special preparation and management as DOTS is a long-term intervention. Somalia, in this regard made good progress: implementing DOTS through the network of local authorities and NGOs, and achieving close to 90% treatment success rate. In light of this, planned activities to cope with the challenge are as follows.

- Promote the Somalia model for controlling TB in a complex emergency situation.
- Mobilize financial support to the conflict-affected countries and area through regional and national IACCs.

#### **Changes in the health sector**

The health sector is changing drastically. The private sector is booming, and is providing a large share of health services to the community. Health insurance services are also widening their coverage. Health sector reform is taking place in an increasing number of countries. Ministries of health are shifting their roles to adapt to the changes. TB control also needs

to accommodate the changes and continue to provide effective services to the community. Planned activities to cope with the challenge include the following.

- Keep TB control a high priority by including the DOTS strategy as an essential component of national health sector development.
- Develop operational mechanisms for collaboration with all health care providers to enrol every detected TB patient in the DOTS strategy.
- Promote operational research activities, particularly private–public mix, and develop a model for collaboration.
- Promote an integrated approach in communicable disease control.

#### **Multi-drug resistance**

According to the recent anti-TB drug resistance surveys<sup>4</sup>, drug resistance is ubiquitous in the participating countries of the Region: 15.9% in the Islamic Republic of Iran, 8.6% in Morocco and 4.5% in Oman. Multidrug resistance in new cases was found to be low in Morocco and Oman (2.2% and 0.8% respectively) and high in the Islamic Republic of Iran (5.0%). The introduction of drug resistance surveys and surveillance in more countries in the Region is urgently needed to assess and monitor the situation closely. More importantly, implementation of high quality DOTS activities with good control of anti-TB drugs is the primary intervention against the drug resistance. Introduction of management of chronic cases (the DOTS Plus strategy) is also important in countries with resources and high quality and comprehensive DOTS activities. Accordingly, planned activities to cope with the challenge are as follows.

- Ensure the implementation of high quality DOTS activities with an effective system of logistics management.

<sup>4</sup> WHO/IUATLD Global Project on Anti-Tuberculosis Drug Resistance Surveillance. *Anti-TB drug resistance in the world: prevalence and trends*. Geneva, World Health Organization, 2000

- Ensure the implementation of comprehensive DOTS activities with control of the use of anti-TB drugs in all health care providers.
- Introduce anti-TB drug resistance surveys/surveillances in all countries.
- Establish and introduce a Beyond DOTS strategy that includes management of chronic (drug resistant) TB cases in countries with high quality and comprehensive DOTS activities.

### **Management and administration capacity in DOTS lagging countries**

Strong management and administration in TB control is key to ensure successful implementation of DOTS, but is often weak in DOTS lagging countries. Planned activities to cope with the challenge include the following.

- Continue to train TB managers and coordinators to strengthen their managerial capability.
- Assist national managerial and administrative capacity development by assignment of country TB advisers.
- Establish national Inter-Agency Coordination Committees to mobilize support in strengthening managerial and administrative capacity of TB control.

### **Supply of high quality TB drugs**

A sufficient, regular supply of high quality TB drugs is essential for DOTS activities. However, there have been incidences of drug shortages and use of drugs of questionable quality in some countries. Planned activities to cope with the challenge are as follows.

- Establish effective logistics system for TB drugs within the national drug management system to ensure that only high-quality TB drugs are available for DOTS activities.
- Promote collaboration with the Global Drug Facility of the Stop TB Initiative.

### **Integration of TB control activities into communicable disease control**

TB control programmes are often among the best functioning national programmes in communicable disease control. However, TB control programmes have frequently been developed without close links to other communicable disease control programmes. As a functioning programme in communicable disease control, TB control needs to share experiences and join in contributing to the development of communicable disease control through an integrated approach. Planned activities to cope with the challenge are as follows.

- Promote an integrated approach in communicable disease control, in which TB control may take a leadership role as appropriate.
- Establish regional and national Inter-Agency Coordination Committees to promote an integrated approach in communicable disease control.

### **HIV/AIDS**

HIV epidemiological patterns and rate of spread of HIV among countries of the Region vary widely. In some countries, the pace of spread of the infection appears to have remained slow and stable; however, in others the magnitude of infection has shown alarming increase. Moreover, the countries with an increasing HIV/AIDS burden are also the countries with a high TB burden, such as Djibouti and Sudan. Effective collaboration is urgently needed, not only between the concerned programmes but also in all relevant supportive activities. Accordingly, planned activities to cope with the challenges are as follows.

- Promote collaboration between national TB and HIV/AIDS programmes.
- Promote collaboration through the Inter-

Agency Coordination Committee for communicable disease control.

- Promote joint operational research on TB and HIV/AIDS
- Assist countries in collaborating with the international initiatives, particularly with the Global Fund to Fight AIDS, Tuberculosis and Malaria.



## PROPOSED BUDGET FOR COUNTRY SUPPORT AND REGIONAL TB CONTROL ACTIVITIES

Tables 3–5 outline the proposed budget for country support and regional TB control activities to be conducted by the Regional Office from 2002 to 2005. The proposed budget does not include the activities to be conducted by WHO country offices, particularly in two groups of countries, DOTS lagging and other high burden countries. These countries are preparing/revising strategic plans (2002-2005) including proposed budgets. The details of activities and costing are outlined in Annex 1 to 3.

**Table 3. Proposed budget for country support activities**

Main Components and activities:	Funds (US\$ 1000)				
	2002	2003	2004	2005	Total
<b>High quality DOTS</b>					
-Direct support*	890	890	890	890	3560
-In-depth reviews	50	75	50	75	250
-Country missions	100	100	100	100	400
-TB surveillance	20	20	20	20	80
-Drug resistance surveys	100	100	-	100	300
<b>Comprehensive DOTS</b>					
-Intersectoral collaboration	20	40	20	20	100
<b>Beyond DOTS</b>					
-TB epidemiology surveys	200	400	400	400	1400
<b>Partnership</b>					
-National IACC and TAG	200	200	200	200	800
<b>Total</b>	<b>1580</b>	<b>1825</b>	<b>1680</b>	<b>1805</b>	<b>6890</b>

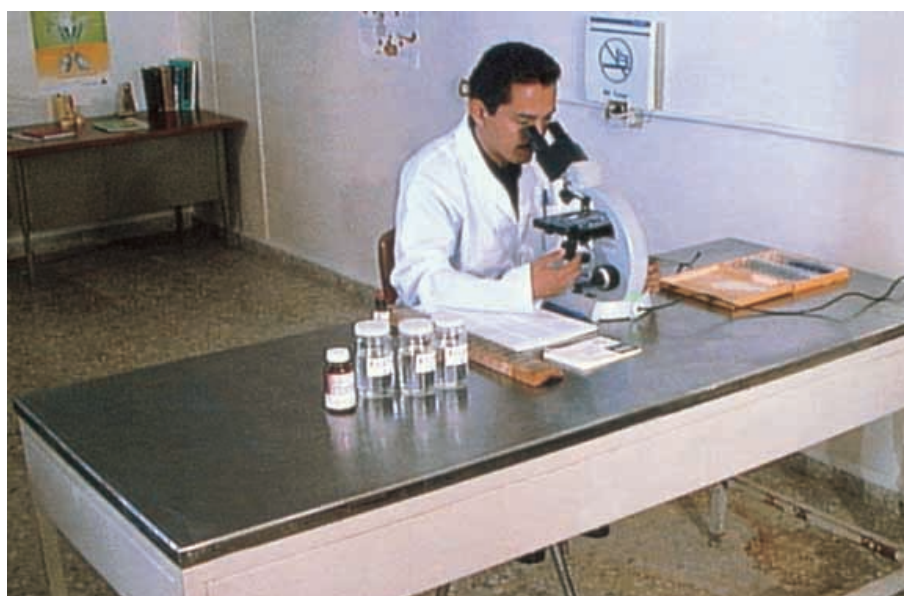
\* The proposed budget does not include the activities to be conducted by WHO country offices, particularly in two groups of countries, DOTS lagging and other high burden countries.

**Table 4. Proposed budget for regional operations activities**

Main Components	Funds (US\$ 1000)				
	2002	2003	2004	2005	Total
Capacity building	50	50	50	50	200
Focused meetings	80	170	150	100	500
Laboratory network development	65	65	45	45	220
Subregional activities	40	35	40	55	170
Regional TB surveillance	5	5	5	5	20
Operational research	100	100	100	100	400
Translation/production of materials	30	30	30	30	120
Regional Office leadership	450	450	450	450	1800
Partnership	90	90	90	90	360
<b>Total</b>	<b>910</b>	<b>995</b>	<b>960</b>	<b>925</b>	<b>3790</b>

**Table 5. Summary of proposed budget for TB control activities in the Region**

Main Components	Funds (US\$ 1000)				
	2002	2003	2004	2005	Total
Country support	1580	1825	1680	1805	6890
Regional operations	910	995	960	925	3790
<b>Total</b>	<b>2490</b>	<b>2820</b>	<b>2640</b>	<b>2730</b>	<b>10 680</b>



## Annex 1

**DETAILED OUTLINE OF COUNTRY SUPPORT ACTIVITIES**

Component	Detailed activities	Target countries	Activities			
			2002	2003	2004	2005
<b>High quality DOTS</b>						
Mid term plan development	1 workshop in 2002 (by ROs) Other activities are incorporated in direct support	5 DL and 3 OHB	(1 workshop by ROs)	–	–	–
Direct support	Comprehensive support for DOTS expansion and improvement	5 DL and 2 OHB	Ongoing	Ongoing	Ongoing	Ongoing
In-depth review	In- depth review of TB control	5 DL and 5 OHB	2 countries	3 countries	2 countries	3 countries
Country missions	Country visits by consultants/ WHO staff: every 2-year for 2 OHB and 4 IB, once in 4 years for 9 LB	3 OHB, 4 IB and 9 LB	6 missions	5 missions	6 missions	6 missions
National TB surveillance	Incorporated in direct support and country missions. One workshop in 2003 by ROs	All	(1 workshop by ROs)	–	–	–
Logistics development	Incorporated in direct support and in country missions	All	–	–	–	–
support for drug resistance surveys (DRS)	Support DRS in countries	All	10 countries	9 countries	–	10 countries
<b>Comprehensive DOTS</b>						
National health sector development	Incorporated in direct support and country missions	All	–	–	–	–
Intersectoral collaboration	Incorporated in direct support and country missions. National workshops for 5 countries. Regional workshops by ROs	All	2 workshop: EGY and MOR	2 workshop: IRA and SYR	–	–
Medical schools	Incorporated in direct support and country missions. National workshops for regional workshops by ROs	All	–	2 workshop: EGY and MOR	2 workshop: IRN and SYR	2 workshop: LEB and TUN
OR network	Incorporated in ROs	All	–	–	–	–
<b>Beyond DOTS</b>						
Strategy development	Incorporated in country missions Regional workshops by ROs	3 OHB, 4 IB and 9 LB	–	–	–	–
TB epidemiological surveys	Comprehensive support for epidemiological TB surveys (e.g. prevalence). Regional workshops by ROs	2 OHB, 2 IB and 2 LB	(1 workshop by ROs)	Support to 2 countries	Support to 2 countries	Support to 2 countries
<b>Partnership</b>						
NIACC	Incorporated in direct country support	5 DL 2 OHB	–	–	–	–
NTAG	Incorporated in direct country support	5 DL 2 OHB	–	–	–	–
Global initiatives	Incorporated in direct country support	5 DL 2 OHB	–	–	–	–

DL DOTS lagging countries

IB International burden countries

OHB Other high burden countries

LB Low burden countries

ROs Regional operations

## Annex 2

## DETAILED OUTLINE OF REGIONAL OPERATIONS

Component	Detailed activities	Target countries	Activities			
			2002	2003	2004	2005
<b>Capacity building</b>						
DOTS training	Annual training course on all aspects of DOTS	All	1 course	1 course	1 course	1 course
Consultant development	on-the-job training for consultants	All	Ongoing	Ongoing	Ongoing	Ongoing
<b>Focused meetings</b>						
NTP manager meetings	Annual meeting of NTP managers (attached with strategic plan development workshop for DL and OHB in 2002)	All	1 meeting	1 meeting	1 meeting	1 meeting
Private-public mix	Regional meeting every 2 years (attached with NTP managers meeting). National workshop support by CS	All	(2 NWS by CS)	1 meeting (2 NWS - CS)	–	1 meeting
Medical schools	1 Regional meeting in 2004 (National workshop support by CS)	All	(2 NWS by CS)	(2 NWS - CS)	1 meeting (2 NWS - CS)	–
TB surveillance	1 Regional meeting in 2003	All	–	1 meeting	–	–
Prevalence surveys	2 Regional workshops on prevalence surveys	2 OHB, 2 IB and 2 LB	( CS)	1 workshop (CS)	1 workshop (CS)	( CS)
Beyond DOTS	2 Regional workshops in 2003	3 OHB, 4 IB and 9 LB	(CS)	1 workshop (CS)	1 workshop (CS)	(CS)
<b>Laboratory network</b>						
Laboratory training	Regional training course for NRL staff	All	1 course	1 course	1 course	1 course
Laboratory consultants	Country mission by laboratory consultants	All	3 missions	3 missions	3 missions	3 missions
Regional reference laboratory development	Technical and material support to regional reference laboratories	3 countries	Technical and material support	Technical and material support	Technical and material support	Technical and material support
DRS support	Regional workshop on DRS protocol development. DRS implementation is supported by CS.	All	1 workshop (10 DRS-CS)	1 workshop (9 DRS-CS)	–	(10 DRS-CS)
<b>Subregional initiatives</b>						
Subregional meetings	Subregional meetings for HATCI, MATCH, NETCI, and GCC	Relevant countries	GCC, MATCI (by AFRO)	HATCI, NETCI	GCC, MATCI	GCC, HATCI, NETC
<b>Regional surveillance</b>						
Regional survey	DOTS fax and other activities	All	Ongoing	Ongoing	Ongoing	Ongoing
<b>Operational research</b>						
Operational research (OR) workshop	OR protocol development workshop	All	1 workshop	1 workshop	1 workshop	1 workshop
OR grants	OR grants for TB control including EMRO/TDR SGS	All	Ongoing	Ongoing	Ongoing	Ongoing
<b>Publications</b>						
Production and translation	Publications and translations of TB documents	All	Ongoing	Ongoing	Ongoing	Ongoing
<b>EMRO leadership</b>						
EMRO leadership	EMRO leadership: staff	EMRO	Ongoing	Ongoing	Ongoing	Ongoing
<b>Partnership</b>						
IACC and TAG	Regional IACC and TAG : as part of DCD IACC and TAG	All	Ongoing	Ongoing	Ongoing	Ongoing
Advocacy	Advocacy materials particularly for World TB Day	All	Ongoing	Ongoing	Ongoing	Ongoing

DL DOTS lagging countries  
 OHB Other high burden countries  
 CS Country support

IB International burden countries  
 LB Low burden countries  
 NWS National workshop

## Annex 3

## COSTING FOR REGIONAL OPERATIONS

Funds (US\$ 1000)					
	2002	2003	2004	2005	Total
<b>Capacity building</b>					
DOTS training	25	25	25	25	100
Consultant development	25	25	25	25	100
<b>Focused meetings</b>					
NTP managers	75	75	75	75	300
Private–public mix and medical schools	–	20	20	20	60
Communicable diseases surveillance	–	20	–	–	20
Prevalence surveillance	–	20	20	–	40
Beyond DOTS	–	30	30	–	60
<b>Laboratory network</b>					
Laboratory training meeting	25	25	25	25	100
Laboratory consultant visits	20	20	20	20	80
Drug resistance surveillance meeting	20	20	–	–	40
<b>Subregional activities</b>					
HATCI meeting	–	20	–	20	40
MATCI meeting	20	–	20	–	40
NETCI meeting	–	15	–	15	30
GCC meeting	20	–	20	20	60
<b>Regional surveillance</b>					
DOTS fax	5	5	5	5	20
<b>Operational research</b>					
Operational research workshop	30	30	30	30	120
Operational research support funds	70	70	70	70	280
<b>Publications</b>					
Production and translation	30	30	30	30	120
<b>EMRO leadership</b>					
Staff	450	450	450	450	1800
<b>Partnership</b>					
IACC and TAG	60	60	60	60	240
Advocacy	30	30	30	30	120
<b>Total</b>	<b>905</b>	<b>990</b>	<b>955</b>	<b>920</b>	<b>3770</b>

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IN THE EASTERN MEDITERRANEAN REGION  
2002-2005**



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Regional Office for the Eastern Mediterranean  
Cairo, Egypt  
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