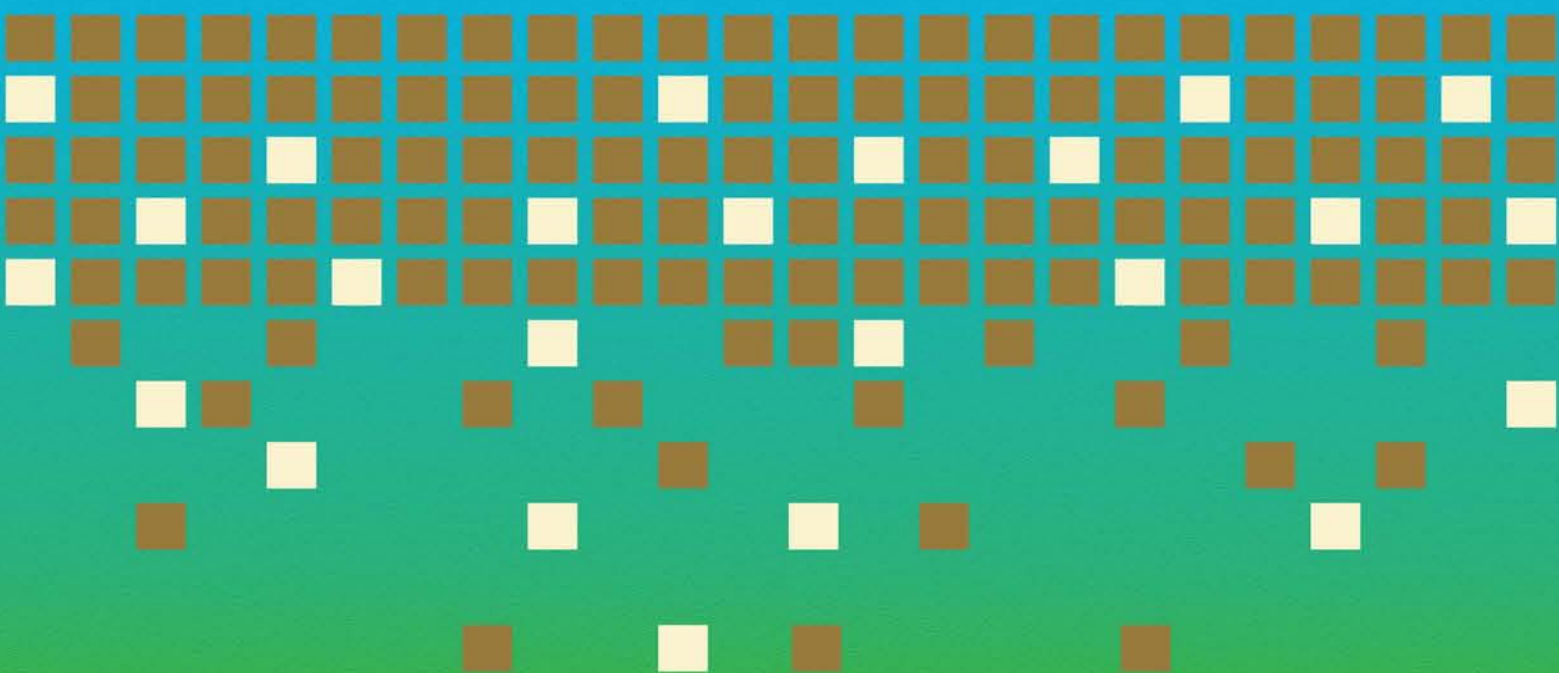
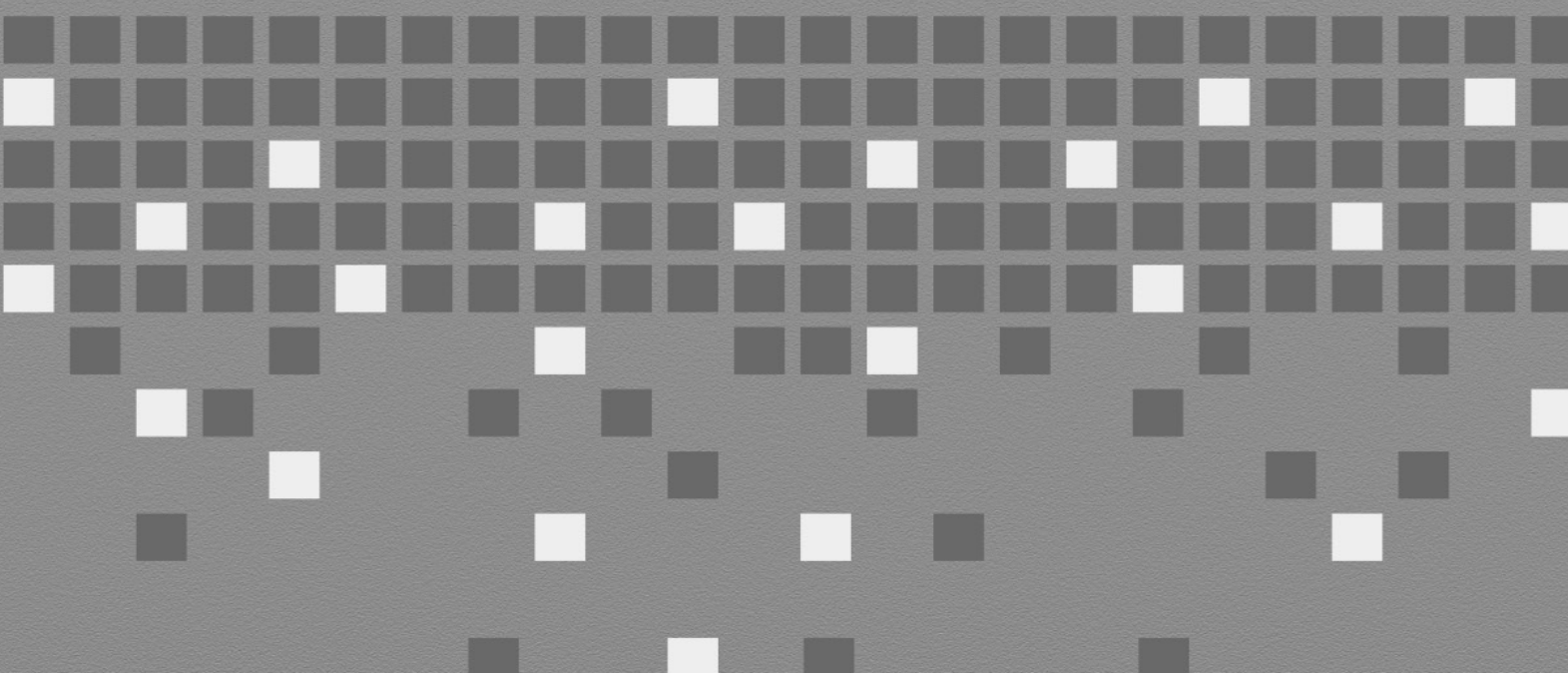


Regional Strategy to Stop Tuberculosis in the Western Pacific 2011–2015



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LIST OF ABBREVIATIONS

ACSM	advocacy, communication and social mobilization
AFB	acid fast bacilli
AIDS	acquired immune deficiency syndrome
ART	antiretroviral treatment
CDR	case detection rate
CPT	co-trimoxazole preventive treatment
DOTS	directly observed treatment, short-course
DRS	drug-resistance surveillance
DST	drug susceptibility testing
FDC	fixed-dose combination
GLC	Green Light Committee
HIV	human immunodeficiency virus
IPT	Isoniazid preventive therapy
LED	light-emitting diode
M/XDR-TB	multidrug-resistant TB and extensively drug-resistant TB
MDR-TB	multidrug-resistant TB
M&E	monitoring and evaluation
NTM	non-tuberculous mycobacteria
PDR	patient diagnostic rate
PMDT	programmatic management of drug-resistant TB
PPM	public-public and public-private mix
TB	tuberculosis
ZN	Ziehl-Neelsen

FOREWORD

Vision of the Regional Strategy to Stop TB in the Western Pacific (2011–2015) to achieve elimination of TB as a public health problem.

Since the Special Project to Stop TB was established in 1999, much has changed in TB control. The expansion of DOTS (directly observed treatment, short-course), which has been proven to be a very successful and cost-effective treatment strategy, was being implemented by all countries in the Region by 2005. This contributed to the achievement of the intermediate TB control targets of detecting 70% of cases, successfully treating 85% of cases and reaching 100% of the population with DOTS access. Every year, more than 1.3 million patients in the Region are diagnosed with TB and more than 90% of those with infectious forms of pulmonary tuberculosis are successfully treated. As a result of the successful expansion of quality TB services, the number of prevalent TB patients in the Region fell from 3.6 million in 2000 to 2.0 million in 2008. In addition, fewer patients are dying of TB. The Region, thus, made dramatic progress towards achieving the goal set by the 50th Regional Committee for the Western Pacific—to reduce the number of cases and deaths by one half by 2010 from 2000 levels. According to the latest estimates, both the MDG target and the regional goals set in 1999 and 2005 will be achieved.

In the past decade, more than 10 million patients were diagnosed and an estimated 800 000 lives were saved, but despite these successes, the TB burden in the Region remains unacceptably high with almost 2 million new TB cases and 260 000 TB deaths annually. New challenges threaten to undermine our efforts to control and eliminate tuberculosis in the Region. Tuberculosis is increasingly concentrated in vulnerable and hard to reach populations that have limited access to health care. The situation is further complicated by TB-HIV co-infection. The biggest concern, however, is the emergence and spread of drug-resistant TB, particularly multi-drug resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB). It is estimated that 60 000 patients develop MDR-TB each year as the result of poor treatment practices and poor quality drugs. Another 60 000 develop MDR-TB due to the subsequent transmission of MDR-TB in our communities. To confront these obstacles, sufficient technical, financial and human resources must be committed to prevent and manage MDR- and XDR-TB. Failure to leverage the necessary financial resources now will result in much higher costs in the future.

As the characteristics of the epidemic are changing, our TB control strategy must also evolve. In response to the new challenges, WPRO has developed the Regional Strategy to Stop TB 2011–2015. This builds on the previous two regional strategies, and introduces new interventions and revolutionary laboratory technologies to guide the development of country-specific national TB control plans. The vision is to reach all TB patients at an early stage of their disease and to ensure universal access to TB diagnosis, treatment and care for all, regardless of socio-economic status, ethnicity, gender and age. I want to stress that it is of utmost importance that a proper balance between diagnostic and treatment capacity be achieved in order to ensure that all identified patients, especially those with MDR-TB, have access to quality treatment with quality drugs.

The Regional Strategy was strongly endorsed by all Member States at the 61st Regional Committee Meeting in Putrajaya, Malaysia (2010). The Strategy, however, is a guidance document and alone cannot change the quality of TB care, change behaviors or reduce the TB burden in the Region. National TB Control Plans must be developed with strong support from governments in order to have a true and lasting impact on the burden of tuberculosis in the Western Pacific.



Shin Young-soo, MD, Ph.D.

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