The elimination of mother-to-child transmission of HIV and congenital syphilis was piloted in Malaysia and will inform global guidance.

A 10-year regional report on HIV epidemiology and response was published to track the epidemic and monitor the response from 2000 to 2011. WHO continued to lead HIV drug resistance surveillance in the Region, and a systematic review of the HIV drug resistance assessment in the Region was published. In addition, ongoing support to the gonococcal antimicrobial surveillance programme was provided.

**Future directions**

In the coming year, WHO will continue to support the “Treatment 2.0” initiative in an effort to scale up the next phase of HIV treatment and focus on prevention and comprehensive services for key affected populations. In addition, the Organization will work to eliminate paediatric HIV and congenital syphilis. It also will support health systems strengthening to sustain responses to the HIV epidemic and encourage the use of strategic information for evidence-based programming and impact monitoring.

---

### Stop TB and Leprosy Elimination

#### Tuberculosis

**Strategic issues**

The Western Pacific Region faces significant challenges in tuberculosis (TB) control, including widespread TB among vulnerable and marginalized populations, TB/HIV co-infection, and the emergence and spread of multidrug-resistant TB (MDR-TB). The *Regional Strategy to Stop Tuberculosis in the Western Pacific (2011–2015)* addresses those challenges and provides guidance to Member States on the development and implementation of their national TB control strategies.

The strategy highlights the need for cross-cutting collaboration in most areas of TB control. Within WHO, the Stop TB unit works across all levels of the Organization in areas such as TB/HIV co-infection, operational research, MDR-TB, and TB monitoring among migrants and prisoners. Stop TB hosts the secretariat of the cross-divisional Antimicrobial Resistance Working Group, which addresses numerous cross-cutting health systems issues.

Over the past year, WHO supported several countries with their National TB Programme reviews and TB prevalence surveys and assisted in the preparation of proposals submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**Action and results**

Significant progress has been made in TB control in the Region over the past decade. While more than 1.3 million people in the Region are diagnosed with TB annually, more than 90% of those with infectious forms of pulmonary
TB are treated successfully. As a result of the expansion of quality TB services, including directly observed treatment, short-course (DOTS), the estimated number of prevalent TB patients in the Region fell from 3.6 million in 2000 to 2 million in 2008, the most recent year with complete data. Indeed, fewer patients are dying of TB every year in the Western Pacific.

TB control programmes still face challenges that require increased political commitment and resources. The Regional Strategy to Stop Tuberculosis in the Western Pacific (2011–2015) has been integrated into national strategic plans in all high-burden TB countries in the Region. Just a year after the strategy was put into effect, Member States are reporting important achievements.

Universal and equitable access to quality TB diagnosis and treatment. TB control programmes can impact health outcomes among vulnerable populations by promoting equitable access to quality TB care. WHO continued to support the National TB Programme of Cambodia and the International Organization for Migration in providing systematic TB services to thousands of repatriated migrants in two border provinces. In Cambodia and the Philippines, work continued to address TB among slum dwellers. WHO also supported efforts to strengthen TB control among prisoners. In fact, the prison TB burden in Mongolia has been reduced so drastically over the past decade that the results of the effort have been published in a peer-reviewed journal in order to share best practices.

Systematically looking for TB cases in groups at higher risk, or active case-finding (ACF), is an important complementary strategy to accelerate TB control. As such, WHO developed a web-based tool to support country-level planning for ACF activities. Engaging all health-care providers through public–private mix approaches is also fundamental to ensure international standards of care across both sectors. In the Philippines and Viet Nam, WHO initiated projects to engage hospitals in effective TB control, resulting in significant improvements in TB case detection and management.

Strengthening TB laboratory capacity. The introduction of new diagnostic tools, such as Xpert MTB/RIF, has the potential to accelerate and decentralize the scale up of MDR-TB diagnosis. WHO provided guidance to countries on the best rapid diagnostic tools available and how to design appropriate diagnostic algorithms. A special session on rapid diagnostic tools was held during the Seventh National TB Programme and Laboratory Managers’ Meeting in the Western Pacific Region in September 2011 in Manila, Philippines. The Training for Trainers for TB Laboratory Capacity Strengthening in the Western Pacific, co-organized with the Korean Institute of Tuberculosis, was held in December 2011 in Osong, Republic of Korea, to build national laboratory capacity.

Expanding TB/HIV collaborative activities. WHO continued to support efforts to reduce the burden of HIV among TB patients and to reduce the burden of TB among people living with HIV. Globally in 2010, 34% of TB patients (2.1 million) were tested for HIV and accessed HIV prevention, treatment and care services, up from 28% (1.7 million in 2009). Some Member States are doing better. For example, HIV testing now reaches 81% of TB patients in Cambodia and 43% in Viet Nam. Early uptake of cotrimoxazole preventive therapy (CPT) and antiretroviral therapy (ART) among TB patients is also increasing in many countries. On the other hand, TB screening among people living with HIV and the implementation of isoniazid preventive therapy are still limited. In 2011, WHO introduced policy guidelines for the symptomatic screening of TB among people living with HIV.

Following the TB/HIV Core Working Group meeting in Beijing, plans were developed to implement a TB/HIV collaborative project in China focusing on the Three I’s—infec
control in health facilities, intensified TB case-finding, and Isoniazid preventive therapy among people living with HIV.

Scaling up programmatic management of drug-resistant TB. The Western Pacific Region accounts for 28% of the global MDR-TB burden, with an estimated 77,000 MDR-TB patients reported annually. China, the Philippines and Viet Nam account for 97% of the regional caseload.

A new Global Framework to Support the Expansion of Quality MDR-TB Services and Care was launched in July 2011, decentralizing the Green Light Committee (GLC) to three pilot regions with the secretariat in the Regional Office for the Western Pacific. The regional GLC identifies bottlenecks and provides recommendations to countries, donors and technical partners. The Regional Office organized several missions to Papua New Guinea and one to Australia to assist those countries in addressing MDR-TB in the Torres Strait border region. In addition, the Regional Office provided support for guideline development and training in Cambodia and Papua New Guinea and MDR-TB monitoring missions in Cambodia and China.

Strengthening programme management capacity. WHO continues to support countries to strengthen programme management capacity. The current financial environment not only requires increasing efforts in advocacy and resource mobilization, but also demands that resources be optimized through planning, prioritization, and well-researched or piloted interventions. WHO provided support to countries in writing successful donor proposals, planning and coordinating technical assistance, and identifying capacity-building opportunities for National TB Programme staff.

Tuberculosis Control in the Western Pacific Region: 2011 Report will be used by countries and partners for research and policy development. WHO supported China, Papua New Guinea and Viet Nam with national TB programme reviews and assisted China, Cambodia and the Lao People’s Democratic Republic with TB prevalence surveys.

Future directions

WHO will continue to focus on surveillance, operational research, policy development and technical support. The Organization will support country-level planning and pilot projects for innovative case-finding to address TB among high-risk and vulnerable populations. Annual MDR-TB monitoring missions in the Region’s high-burden countries, technical support for national plans to scale up the programmatic management of drug-resistant
TB and Migration

Migrant populations often are vulnerable to disease, particularly tuberculosis (TB). But not all migrant populations are the same. Understanding the distinctive characteristics of each migrant group and the specific challenges they face in infectious disease control and health care provision is critical for maintaining good public health.

In an effort to better serve these people, the Stop TB unit at the WHO Regional Office for the Western Pacific has identified four groups of vulnerable migrants: internal migrants; floating vulnerable populations; cross-border informal migrants; and international labour migrants. Of course, variations exist within each group. And geographical considerations mean that priority public health actions will vary from one setting to the next.

A project for irregular cross-border migrants in Cambodia demonstrates one of the many ways WHO and its partners are addressing the concerns of migrants. At one border crossing, nearly 100,000 Cambodian deportees return home annually from Malaysia and Thailand. According to information from Cambodia’s Department of Immigration, nearly 20% of these migrants spend more than a month in detention centres before deportation—a setting that significantly increases their risk of TB infection. Despite the threat, there are very limited health interventions for these highly vulnerable people set to return to their communities.

In coordination with the Department of Immigration, the national TB control programme and local health authorities, WHO and the International Organization for Migration will provide comprehensive TB services for deported Cambodian migrants. The first steps in this project included an assessment, engagement with stakeholders and the establishment of effective partnerships. These preparatory activities have led to increased funding to deploy the latest molecular diagnostic technology (Xpert TB/RIF) in an effort to facilitate timely TB diagnosis. The project will also provide comprehensive patient care, including peer education, treatment support, patient referral and follow up.

The effort also is expected to generate valuable evidence for developing effective policies to help this particularly hard-to-reach population.

TB, and a regional training-of-trainers course are planned for the coming year. WHO will support the introduction of new diagnostic tools through regional training and pilot projects. Recognizing the diminishing financial support from donors, WHO aims to focus on high-impact and cost-effective strategies for case-finding and treatment.
Leprosy

Strategic issues

Significant progress has been made towards leprosy elimination in the nearly two years since the Regional Director declared it a high priority for the Western Pacific Region. WHO has strengthened coordination and collaboration with partners and integrated leprosy control with efforts to eliminate other diseases, such as lymphatic filariasis and yaws.

The prevalence of leprosy in the Western Pacific Region has declined by nearly 90% since 1991, when the Region achieved the overall elimination goal. However, three Pacific island countries—Kiribati, the Marshall Islands and the Federated States of Micronesia—have not yet eliminated leprosy, and high rates among children indicate ongoing transmission. In all, victims in China, Malaysia, Papua New Guinea, the Philippines and Viet Nam accounted for 86% of the 8386 prevalent leprosy cases in 2010.

WHO assists countries in which the disease is endemic with implementing the Enhanced Global Strategy for Further Reducing the Disease Burden Due to Leprosy (2011–2015). This strategy aims to reduce the rate of new cases with grade-2 disabilities worldwide by more than 35% by the end of 2015, compared with the 2010 baseline. Emphasis has been placed on early case detection, adherence to the full course of multidrug therapy, prevention of disability and rehabilitation.

Several challenges must be addressed to encourage patients to seek diagnosis and early treatment. The age-old stigma associated with the disease remains a major obstacle. The key to successful elimination of the disease is full integration of leprosy services into general health services while maintaining specific expertise at the referral level. Moreover, political commitment...
must be sustained, and partners working in leprosy elimination must ensure adequate human and financial resources.

**Action and results**

The Regional Director’s push for leprosy elimination in the Western Pacific has sparked several activities. Tailored support for the Pacific islands has resulted in concrete outcomes, such as a clinical manual for the Marshall Islands and increased detection of new patients. Intensified case-finding in the Federated States of Micronesia resulted in a 68% increase of new cases between 2010 and 2011, with an alarmingly high proportion (38%) in children. In Kiribati, the sharp increase in new case detection between 2008 and 2010 was reversed in 2011, with preliminary data showing a 40% decrease compared to 2010 and a reduction of childhood leprosy to 27% from 43% in 2008. Though data still need to be validated, these figures may indicate decreased transmission in the community.

In February 2012, WHO organized a National Leprosy Programme Managers’ Meeting in the Western Pacific Region. Participants from 10 countries discussed progress, challenges and next steps in combating leprosy. Member States requested that WHO modernize the leprosy data collection system, support clinical capacity-building at the country level, develop country-specific models for integration of services and provide guidance on the introduction of screening and prophylactic treatment. Responding to the recommendations, WHO convened a meeting of stakeholders with representatives of technical partner agencies, the WHO Global Leprosy Programme and the Global Technical Advisory Group and donor agencies. This meeting resulted in a clear division of roles and responsibilities and informed the WHO regional workplan.

**Future directions**

Generous help from the American Leprosy Missions has created a full-time position for a leprosy expert, enabling WHO to intensify country-level support across the Region and especially on the three most-affected Pacific island countries.

In the future, WHO support for leprosy programmes will involve three main components: improving the recording and reporting system; sustainable capacity-building at the country level; and evidence-based innovation. These strategic choices are based on weaknesses revealed by WHO programme reviews, requests from countries and an epidemiological analysis of surveillance data.

The Regional Office for the Western Pacific will develop and support the implementation of a web-based data collection system, linked with training on leprosy surveillance and grading of disabilities. Training of trainers and related modules will be introduced to ensure sustainability of capacity-building at the national level and reduce dependency on international consultants. Lastly, the Regional Office will collaborate with technical partners to develop and pilot generic study protocols for interventions such as screening and chemoprophylaxis.