Stop TB and Leprosy Elimination

Dr Shin Young-soo visits patients at an MDR-TB ward in Daru, Western Province, Papua New Guinea.

Tuberculosis

Strategy and actions

Although the Western Pacific Region is on track to achieve the TB-related Millennium Development Goals and other international targets by 2015, the TB burden remains unacceptably high in the Region with some new 1.6 million cases and 110 000 people dying every year.

TB disproportionally affects vulnerable segments of the population that are often marginalized and have limited access to health care.

A recent analysis showed that a significant proportion of TB patients experience a catastrophic economic burden due to the disease, which pushes them deeper into poverty.

The Regional Strategy to Stop Tuberculosis in the Western Pacific 2011–2015 responds to these and other challenges. Action in the Region includes the introduction of new rapid diagnostics, the dissemination and implementation of new standards for childhood TB, active case finding for TB risk groups, the promotion of public-private collaboration and technical assistance in the field of multidrug-resistant TB (MDR-TB), and TB/HIV co-infection and health systems
stabilizing, including disease surveillance and drug management systems.

Results achieved

Robust national policies and strategies underpin effective TB control. WHO supported the process of national TB strategic plan development in most Member States in the Region with a high burden of TB. As part of the process of national policy development, WHO also coordinated and organized national TB programme reviews in Cambodia, the Lao People’s Democratic Republic, Papua New Guinea and the Philippines. The WHO Regional Green Light Committee continued to support country capacity to diagnose and treat MDR-TB patients. All priority countries introduced rapid diagnostic technology, such as Xpert MTB/RIF (a WHO-endorsed molecular diagnostic method), and incorporated new techniques in diagnostic algorithms. WHO supported activities that contributed to universal access to quality TB care, including intensified case finding among TB high-risk populations such as people living with HIV, poor urban dwellers, older persons and prisoners.

To strengthen links between TB control and broader health systems, two cross-cutting activities were organized. A meeting entitled Quality-assured Drugs for Better Public Health: Strengthening and Harmonizing the Regulation of TB Medicines in the Western Pacific Region was the first

Coal miners relax at the end of their shift in Quang Ninh province in Viet Nam. They are at high risk for tuberculosis and other respiratory infections.

Coal miners are at high risk for developing TB and spreading the disease in confined underground mines. But miners often do not seek care until their condition is already severe. In 2013, intensified case finding conducted among 7401 coal miners in Quang Ninh Province in Viet Nam revealed a disturbing rate of TB: nearly double that of surrounding populations. The case finding involved collaboration between WHO, the national TB programme, local health centres and specialized TB hospitals, as well as coal mining companies. WHO is working with the provincial TB programme and the Vietnam National Coal-Mineral Industries Group to strengthen TB screening among coal miners. This significant increase in case detection allows early diagnosis and treatment, which cuts transmission and controls the spread of TB.

WHO also supported intensified case finding among high-risk prison populations living in crowded conditions in Palawan in the Philippines using new tools, such as digital X-ray and a molecular diagnostic test that provides same-day diagnosis. Of 3596 people screened, 231 cases were detected, including 10 drug-resistant cases.
of its kind to discuss issues related to drug regulation in the context of TB control. Another joint meeting, attended by stakeholders from both TB control and child health programmes, produced a concrete regional action plan to improve TB diagnosis and care for children. Both meetings represent important collaboration between the divisions of Communicable Diseases, Health Systems, and NCD and Health through the Life-Course.

Future directions

New diagnostic tools, drugs and strategies are reshaping the future of TB control. In May 2014, the Sixty-seventh World Health Assembly endorsed the Global strategy and targets for tuberculosis prevention, care and control after 2015, which outlines an ambitious framework for TB control over the next 20 years.

The strategy emphasizes a need for bold national policies, including universal health coverage and social protection, to ensure the sustainability of TB control efforts.

To operationalize the global strategy, WHO is supporting extensive consultations to identify priority actions tailored to programmatic and epidemiological situations in all Member States.

Leprosy

Strategy and actions

Three years ago, the Regional Director assigned high priority to the fight against leprosy in the Western Pacific Region. Since then, efforts to strengthen leprosy control have shown encouraging results. The creation of a full-time position for a leprosy specialist in the Regional Office – thanks to generous help from American Leprosy Missions – has played an important role. WHO’s leprosy strategy is built on four pillars: measure, analyse, innovate and train. WHO has strengthened coordination and collaboration with partners and is also working closely with programmes that target lymphatic filariasis and yaws. Interrupting transmission through early detection and treatment is the ultimate goal in eliminating leprosy.

In 2012, 5400 new patients were diagnosed with leprosy in the Western Pacific Region. Of these, 568 had serious disabilities and 510 were children. As part of its response, WHO is actively implementing the Enhanced Global Strategy for Further Reducing the Disease Burden Due to Leprosy (2011–2015), which offers a comprehensive approach to the control of leprosy.

Cambodian tuberculosis patients sit on a bed at a hospital in Kampong Speu province, some 45 kilometres west of Phnom Penh. Member States have endorsed WHO’s ambitious framework for TB control over the next 20 years.
Results achieved

High-burden countries, including Cambodia, the Lao People’s Democratic Republic, the Philippines, and the Pacific island countries and areas, have improved programme implementation at all levels and many hidden cases have been detected with likely reductions in transmission. Technical input and financial resources from WHO and its partners enabled national programmes to intensify leprosy activities. Surveillance data have become more reliable and accessible as a result of the web-based data collection system piloted in 2012.

While continuing to strengthen national capacities for diagnosis, treatment and care for those affected by leprosy, more proactive and innovative strategies are being supported. For instance, Cambodia organized community-based active case-finding campaigns in which many people at risk of developing leprosy were diagnosed by outreach teams. A recent analysis supported by WHO discovered that the number of patients with a severe form of disability can be significantly reduced with this proactive case-finding effort.

Future directions

WHO and its partners will simultaneously pursue the twin strategies of continuing to strengthen existing leprosy services while designing and piloting new strategies. Efforts will continue to focus on Pacific island countries and areas that have yet to reach elimination and on high-burden countries that continue to report significant numbers of new cases. Collaboration with partners in the Pacific will be strengthened to ensure coordination and the efficient use of complementary expertise and resources. The response will include programme evaluation and related capacity-building to address gaps, including those that relate to broader health system issues, such as supply chain management.

People affected by leprosy playing checkers. New strategies to combat leprosy highlight the importance of finding and treating cases early to avoid severe disability.