

## NATIONAL TB CONTROL PROGRAMME PAKISTAN

### INTRODUCTION:

Tuberculosis is an ancient disease, which is a momentous public health challenge to the world for long times. World Health Organization declared tuberculosis a "Global Emergency" in 1993, as 1/3<sup>rd</sup> of the world population is infected with tuberculosis. Every year about 10 million TB cases occur and about 3 million die due to tuberculosis around the globe. More than 90% of TB burden is in the developing countries. Pakistan ranks 6<sup>th</sup> among 22 high TB burden countries in the world. It also harbors 43 % of total cases in Eastern Mediterranean Region (EMR) of WHO.

TB control remained a low priority in Pakistan, during the last three decades. In year 2000, the TB Control Programme was revived by allocating funds for DOTS implementation, a cost-effective public health intervention to provide TB care to 100 % of its population by year 2005. The Government of Pakistan took TB control efforts on war footing, which translated the highest commitment by the government to combat this disease. Ministry of Health declared TB as a "National Emergency" through its "Islamabad declaration" in 2002. In result of all these efforts, Pakistan has made commendable progress towards DOTS coverage and expanded DOTS from 04% in year 2000 to 50% by December 2003.

### NTP POLICY:

**Countrywide control of tuberculosis through Directly Observed Treatment Short course (DOTS) strategy.**

### OBJECTIVES:

- Develop national policy, guidelines, training & education/advocacy materials.
- Ensure delivery of quality TB care.
- Establish an effective system for quality assured microscopy at the primary and secondary level health care facilities, including strengthening of the national and provincial level referral laboratories.
- Promote operational research on priority issues identified at various levels of program operation.
- Monitor the performance and to technically assist the provinces and districts to solve problems encountered in the implementation of DOTS.

Maximize the inputs of potential collaborators (government and non-government) through effective coordination.

- Facilitate access to the latest scientific knowledge and experience within and outside the country.

**TARGETS:**

- **Increasing the cure rate of diagnosed new sputum smear positive pulmonary cases at least 85%.**
- Increasing case detection to 70% of the estimated incidence, once cure rate of detected cases has reached 85%.
- 100% DOTS coverage by year 2005.
- Reduce the morbidity & mortality from TB by 50% by year 2010.
- To achieve the Millennium Development Goals (MDGs) by year 2015.

**STRATEGY:**

- Provision of Free Diagnostic and Treatment facilities
- Direct Observation Treatment (DOT)
- Category-Specific Trainings for the Health Care Providers
- Regular Supervision and Monitoring
- Development of context sensitive training materials
- Involvement of NGOs and Private Practitioners

**ACHIEVEMENTS:**

Encouraging progress made by the programme in a couple of years, has been recognized by the national and international expert missions and it has also been appreciated that Pakistan is amongst the few countries who have initiated and expanded the DOTS through existing government resources.

1. The national and provincial programme units have been established. Multi-year national strategic plans have been prepared for countrywide implementation of DOTS. Rs: 800 million (including Rs: 121 million additional grant during the year 2001/2002) have been secured for the national and provincial TB control activities.
2. National Programme led the process of developing context-sensitive guidelines and training materials for managers and various cadres of staff. These materials have been shared with TB control programmes and related institutions in more than 25 countries.
3. At present the DOTS coverage is 50% and 90 districts out of 120 are covered under the DOTS strategy, where Treatment Success Rate is very encouraging i.e. more than 70 percent.

Inter-Agency Coordination Committee (IACC) consisting of international and national partners has been constituted to mobilize resources augmenting the government efforts. The support received from various international partners includes; WHO technical support for trainings, monitoring & supervision and five National Programme Officers one at national & one at provincial level for the technical assistance, anti-TB drugs for 1,53,100 TB patients from Global Drug Fund (GDF) and the application for third round is also submitted, USAID technical support for District Capacity Building

to boost up the DOTS activities

, DFID support for the Afghan refugees affected districts in the form of anti-TB drugs and microscopes. In addition German/KFW, JICA and DFID support for the various programme components is in process. GFATM support for the involvement of Non Government Organizations and Behavioral Change Communication is already been approved and recruitment is in the process and proposal for the 3<sup>rd</sup> round has been submitted too.

**CIDA Support (through International Union Against Tuberculosis and Lung Diseases):**

1. **To enhance TB case detection through LHWs is in pipeline.**
2. To increase case detection in para government health facilities through Intersectoral collaboration is approved for funding, all formalities are fulfilled and soon funds would be released.

**Technical Assistance by:**

- German Leprosy Relief Agency (GLRA) (consultant)
- GTZ & KFW) will technically assist the NWFP province for DOTS expansion, and recently the GTZ consultant joined the Provincial TB Control Programme NWFP.

4. The programme has developed linkages with in country and over seas institutions/ organizations. Multiple, medium and small-scale research projects have also been completed.

5. A research cell has been established in NTP, which developed 4 propels. Two proposals submitted to WHO are approved for funding, while rest two is recently submitted to the European Union for funding.

6. The strong professionalism of the programme has been acknowledged internationally. Pakistan represents Eastern Mediterranean Region (EMR) in stop TB Coordinating Board by the Secretary Health. A vast majority has elected the NTP Manager as the chairman "DOTS Expansion Working Group". Pakistan also chairs the IUATLD TB Education Working Group. Pakistan chairs the SAARC TB Governing Board too.

**CHALLENGES:**

- Lack of clear definition of roles and responsibilities, in provinces/districts, in the light of devolution process.
- Shift of treatment policy from free drugs to Fixed Dose Combinations (FDCs).
- Emerging threat of MDR-TB and HIV/AIDS.
- Inadequate logistic arrangements for monitoring and supervision at national and provincial levels.
- Capacity building at various levels (Human Resource Development).
- Implementation of DOTS in large cities/urban areas.
- Involvement of tertiary cares hospitals and medical colleges in implementation of DOTS strategy.
- Integration with other PHC components.

**FUTURE PLANS/GOALS:**

- Involving District Governments for expansion & sustainability of DOTS.
- Strengthening Smear Microscopy Q/A system.
- Filling resource gaps in Public-Sector DOTS expansion.
- District capacity building to consolidate/sustain DOTS.
- Strengthening Drug Management / QC
- Enhancing case detection by:
  1. Strengthening community mobilization.
  2. Involving NGOs & private practitioners.
  3. Involving Tertiary Care Level Hospitals in DOTS.
  4. Promoting sector-wide approach in DOTS.
  5. DOTS in migratory populations (Nomads, Afghan refugees).