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STC Newsletter Vol XIV No. 2
Editorial

Considering the huge burden of TB, HIV/AIDS and Chest Diseases in SAARC Region there was urgent need of hosting a Conference on these diseases to provide an opportunity to all stakeholders to have free and fair discussions leading a future plan to tackle these problem effectively.

STC organized the First Conference on TB, HIV/AIDS and Respiratory Diseases in December 14-17, 2004 in Kathmandu, Nepal.

Proceedings & participation gave us satisfaction that young people are more enthusiastic to know, to act, to contribute in the field of TB and HIV/AIDS. Participants, experienced facilitators/experts, key note speakers, the volunteers made the conference an unforgettable event. The organizing committee thanks all those who made this conference a successful event.

This Conference attempted to explore the major concerns on the subject of TB, HIV/AIDS and Respiratory diseases through scientific presentations and discussions.

Once again it is reiterated the commitment expressed in Editorial in Vol. XIII No. 2 of STC Newsletter that our moral responsibility is to make the community and individual aware about TB and HIV/AIDS. The STC observed the year 2004 as the SAARC Awareness Year for TB and HIV/AIDS by organizing different awareness activities at the Regional level such as - Production of audiovisual documentary, organizing essay competition on role of students in control and prevention of TB and HIV/AIDS, publication of books on TB and HIV/AIDS, in which emphasis has been given on basic information for general people and published in seven National languages of SAARC and also in English. Beside these activities at National level organized to create awareness on these diseases, which certainly benefited the people of the Region.

***
Public Awareness, Advocacy and Partnership Programmes on TB and HIV/AIDS

1. Partnership programmes:

1.1. Programme held at Pokhara Industrial Estate:

The SAARC TB Centre organized an awareness programme in observance of the SAARC awareness year for TB and HIV/AIDS at Pokhara Industrial Estate in July 11, 2004. The objectives of the programme were to make organization and industry workers aware about causes, symptoms, spread and prevention & control of TB & HIV/AIDS, to strengthen partnership with industry workers committed to spread messages of awareness about these diseases and to seek their cooperation and active involvement in control and prevention of TB and HIV/AIDS.

Mr. Dil Bahadur Malla, Senior Officer of the Industrial Estate presided the programme. Mr Gopal Bhandari, Industry Official welcomed the STC team and requested to proceed the programme. Dr. Rano Mal Piryani, Deputy Director, STC gave general information on Tuberculosis where as Dr. Md. M. Rahman, Epidemiologist, STC gave general information on HIV/AIDS, its spread and prevention. The Director of STC explained about SAARC awareness year & involvement of partners - industry & other sectors in TB control. After completion of the presentations an interaction in between presenters and participants was held. At the end of the programme Dr. Sarat Chandra Verma, Chief, Regional TB Centre, Pokhara delivered the vote of thanks. The programme was conducted by Dr. Basista Pd. Rijal, Microbiologist, STC.
1.2. Programme held at Manipal Medical College, Pokhara:

To observe the SAARC awareness year for TB and HIV/AIDS – 2004, STC organized a partnership programme with Manipal Medical College, Pokhara in TB & HIV/AIDS control and prevention in July 11, 2004. This programme was organized with cooperation of Regional TB Centre, Western Region, Pokhara, District Health Office, Kaski and Nepal Anti-TB Association, Kaski Branch.

Dr. S. K. Dhan, Dean, Manipal Medical College, Pokhara presided the programme.

District Health Officer, Kaski district, delivered the welcome address.

The programme proceeded with the presentation of Director, STC on 'SAARC Awareness Year on TB and HIV/AIDS and Partnership Programme with Medical Colleges in TB Control'. Dr. Rano Mal Piryani, Deputy Director, STC explained the 'Situation of TB in SAARC Region'. Dr. Md. M. Rahman, Epidemiologist, STC presented his paper on 'HIV/AIDS and its impact on TB control programme in SAARC Region'. Dr. B. P. Rijal, Microbiologist, STC highlighted the 'Role of Laboratory in National TB Control Programme'. Dr. Rajendra Pant, Senior Medical Officer, NTP, Nepal highlighted the 'Urban TB Control Programme in Nepal'. Dr. Sarat Chandra Verma, Chief, Regional TB Centre, Pokhara, presented the 'Activities of Regional TB Centre in TB control'. He also paid Vote of Thanks in the programme.

A long discussion session was held after the presentations. The concerned persons answered the queries.

Dr. S. K. Dhan, Dean, Manipal Medical College, Pokhara gave the chairman's remarks and also declared the completion of the programme.

2. SAARC Regional Workshop on TB Drug Management and to Develop Regional Guidelines on Treatment of MDR TB:

The SAARC TB Centre organized a regional workshop on two important issues, such as TB drug management and development of regional guidelines on
treatment of MDR TB from July 29 to 31 2004 in Kathmandu. The Director of SAARC TB Centre opened the workshops by delivering the opening address. Mr. Mohamed Naseer, Director, SAARC Secretariat address the workshop as the Chief Guest. Mr. Naseer conveyed a warm welcome and greetings of His Excellency Mr. QAMA Rahim, Secretary General of SAARC for the success of the workshop. Dr. AKM Rahim Uddin Bhuiya, Deputy Director, Mycobacterial Disease Control, Government of Bangladesh thanked the STC on behalf of the participants. Dr. Rano Mal Piryani, Deputy Director, STC delivered vote of thanks.

Objectives of the Workshop

- to review drug management policy in the SAARC Region,
- to review the situation of anti-TB drugs production and prices
- to identify and recommend ways how to make anti-TB drugs available at a minimum possible cost uninterruptedly and
- to develop regional guidelines for treatment of MDR TB

The scientific session started with the presentation of Director, STC on Role of SAARC TB Centre in control and prevention of TB and HIV/AIDS in the Region. Dr. Md. M. Rahman, Epidemiologist, STC presented objectives and methodology of the workshop. Dr. Rano Mal Piryani, Deputy Director, STC delivered talk on TB drug management and managing drug supply in NTP. Mr. Radha Raman Prasad Teli, Senior Drug Administrative Officer, Department of Drug Administration, His Majesty's Government of Nepal and Dr. Pushpa Malla, Senior Chest Physician, National TB Centre gave their comments on the presentations. This scientific session was chaired by Dr. AKM Rahim Uddin Bhuiya, Deputy Director, Mycobacterial Disease Control, Government of Bangladesh.

The scientific session was followed by the country presentation. Dr. AKM Rahim Uddin Bhuiya, Deputy Director, Mycobacterial Disease Control, Bangladesh, Ms. Shameema Hussain, Deputy Director, TB Control Programme, Maldives, Dr. Pushpa Malla, Senior Chest Physician, National TB Centre, Nepal, Mr. Zaheer Faradi, First Secretary, Embassy of Pakistan, Kathmandu and Dr. Rano Mal Piryani took part in country presentations.

Recommendations of the workshop on TB Drug Management:
Strengthening of monitoring system at all steps of drug management cycle to ensure/assure quality of anti-TB drugs.

Secure funds for anti-TB drugs on a long term basis

Formulation and/or implementation of legislation regarding sale of anti-TB drugs with prescription only.

Ensure uninterrupted supply of sufficient anti-TB drugs

Both public and private sectors should follow the NTP treatment policy

Training/orientation to all practitioners (public and private) on NTP policy

Create awareness about proper utilization of anti-TB drugs among chemists/druggists.

Workshop on Regional Guidelines for treatment of MDR TB:

The workshop concentrated to develop Regional guidelines for treatment of MDR TB. Director, STC highlighted the issues – the problem of MDT TB and its consequences and need for Regional guidelines for the treatment of MDR TB. Mr. Prakash Subedi, Under Secretary, MoFA, HMG, Nepal also gave his remarks on these issues.

Dr. Basista Prasad Rijal, Microbiologist, STC presented paper on current situation of MDR TB with special emphasis in SAARC Region.

Dr. Rano Mal Piryani, Deputy Director, STC presented paper on DOTS plus.

The country presentation session was chaired by Mrs. Aishath Ibrahim from Maldives. The first presentation on MDT TB was from Dr. Md. Rafiquil Islam, Bangladesh. Then Ms. Shameema Hussain, Deputy Director, TB Control Programme, presented the situation of MDR TB in Maldives. Mr. Zaheer Faridi and Dr. Rano Mal Piryani jointly presented the current situation of MDR TB in Pakistan. Dr. Pushpa Malla, Senior Chest Physician, NTC presented paper on MDR TB in Nepal.

Recommendation of the workshop on to develop guidelines for the treatment of MDR TB

- Collect update and compile the data of drug resistance to anti-TB drugs in Member Countries
- Collect information on treatment protocol/s used both in public and private sectors in Member Countries for treatment of MDR TB
- Collect the information regarding production, prices and availability of second line anti-TB drugs from Member Countries.
- Collect the information from Member Countries regarding the list of laboratories performing Drug Sensitivity Testing (DST) in public and private sector.
- Develop/strengthen anti-TB drug resistance surveillance system and conduct at National Level on regular basis by Member Countries.
- Ensure quality of DST at National Reference Laboratories and/or laboratories identified by NTP in Member Countries and SAARC Regional TB Reference Laboratory at STC
- Prepare outlines for Regional guidelines for treatment of MDR TB and organize a workshop to finalize the draft.
3. SAARC Regional Workshop on TB/HIV Co-infection & Fixed Dose Combinations in TB Treatment Regimen/Protocol:

The SAARC TB Centre organized a workshop on TB/HIV co-infection and fixed dose combinations in TB treatment regimen/protocol from July 6 to 8, 2004 in Kathmandu. The Director, STC inaugurated the workshop and welcomed the participants from SAARC Member States and representatives from WHO, UNAIDS, UNICEF/ROSA and JICA.

Dr. Teja Ram, Chief Medical Officer (TB), DGHS, Government of India addressed the workshop on behalf of participants.

Dr. C. Guneberg, Acting WR Nepal, Mr. Michael Hann, UNAIDS Country Coordinator, Mr. Ian Macleod, Regional HIV/AIDS Advisor, UNCEF/ROSA, Mr. Akira Naruse, JICA/CTLHP Coordinator and Dr. James Newel, Leeds University, UK also addressed the workshop. All speakers expressed their concern regarding the TB/HIV co-infection and appreciated the initiative taken by the SAARC TB Centre. They also stressed the need of collaborative approach by both TB and HIV/AIDS Control Programmes and building-up partnership for control of TB/HIV co-infection. At the end of this inaugural session Dr. Rano Mal Piryani, Deputy Director, STC delivered the vote of thanks.

Dr. Md. M. Rahman, Epidemiologist conducted the inaugural session.

3.1. Technical Session for TB/HIV Co-infection workshop:

The technical session started under the chairmanship of Saifullah Jogezi, Programme Manager, AIDS Control Programme, Pakistan. Director, STC presented the presentation on role of STC in control and prevention of
TB and HIV/AIDS. Dr. Md. M. Rahman, Epidemiologist, STC highlighted the objectives and methodology of the workshop and also spoke on TB/HIV co-infection in the Region. Dr. Rano Mal Piryani, Deputy Director, STC explained the TB situation in the SAARC Region, Dr. B. P. Rijal, Microbiologist, STC presented overview of present status and future plan of SAARC Regional Reference Laboratory.

This general presentation was followed by country presentations. Dr. Teja Ram, Chief Medical Officer (TB) DGHS, Central TB Division, MoH & FW, India chaired this session.

Dr. Jalal Uddin Ahmed, National Programme Manager TB, DGHS, MoH & FW, Bangladesh presented country paper on situation of TB and TB/HIV co-infection in Bangladesh. Dr. Md. Abdus Salim, Programme Manager, NASP presented paper on situation of HIV/AIDS and serological behavioral surveillance in Bangladesh.

Mr. Kinley Penjor, PMW/TB/Leprosy Control Programme, Regional Referral Hospital, Bhutan explained about the situation of TB and TB/HIV co-infection in Bhutan.

Dr. Teja Ram highlighted the TB burden and expansion of DOTS in India. He also highlighted the HIV prevalence in TB patients and National TB/HIV Action Plan of India.

Ms. Shameema Hussain, Deputy Director, Chest Clinic, Male (Programme Manager for TB) briefed about situation and challenges for TB and success of DOTS in Maldives. Dr. Mohamed Rameez, Programme Coordinator, HIV/AIDS control programme gave statement on HIV/AIDS and future plan and programme on this issues in Maldives.

Dr. Rajendra Pant, Medical Officer, National TB Centre, Nepal presented his paper on TB control programme in Nepal. Mr. Madhusudan Koirala, Senior Public Health Officer, National Centre for AIDS and STD Control, Nepal explained about the situation of HIV/AIDS in Nepal.

Dr. Syed Ghulam Murtaza, Medical Officer, NTP, Pakistan presented paper on TB and TB/HIV co-infection in Pakistan. Simultaneously, Dr. Saifullah Jogezi, Programme Manager, AIDS Control Programme highlighted AIDS situation in Pakistan.

The Recommendations of the Workshop on TB/HIV Co-infection

- Each Member Countries will develop a 5-year action plan to implement the TB/HIV co-infection control collaborative activities.
- Member Countries will exchange/share experiences on TB/HIV co-infection control by country visit(s).
- STC will organize workshop for identifying areas of operational research, development of research protocol and identification of indicators for monitoring and evaluation of TB/HIV control collaborative activities.
- HIV diagnostic facilities should be made incorporated at SAARC Regional TB Reference Laboratory.
- TB/HIV control collaborative activities need to be reviewed annually in Member Countries.
**The Workshop on Fixed Dose Combinations in TB Treatment Regimen/Protocol** followed the workshop on TB/HIV co-infection.

**Objectives:**

- to discuss current status of treatment regimen for tuberculosis control in Member Countries,
- to share experiences and discuss pros and cons in using separate drugs and FDCs treatment regimen for Tuberculosis,
- to recommend DFCs regimen for Tuberculosis treatment in the Region.

**3.2. Technical Session for FDCs Workshop:**

**Session I:**

Mr. Mohamed Rameez, Maldives chaired this session. Director, STC presented paper on Introduction of Fixed Dose Combinations and its Overview. Dr. Rano Mal Piryani, Deputy Director, STC presented paper on Situation Analysis of Anti-TB Drugs in use in TB control in Member Countries.

**Session II:**

Mr. Kinley Penjor, Bhutan chaired this session. In this session the papers on fixed dose combinations were presented from Bangladesh, Bhutan, India, Maldives, Nepal and Pakistan.

**Session III:**

Dr. Syed Ghulam Murtaza, Pakistan chaired this session. In this session issues and problems related to FDCs were discussed and a draft recommendations was prepared.

**Recommendations of the Workshop on FDCs:**

- Fixed dose combinations are preferably considered in the treatment of TB; however, the final decision in this regard is with the respective Government.
- The bioavailability of Rifampicin FDCs needs to be monitored regularly.
- To use standardized formulation of FDCs i.e. those included in WHO essential drugs list
- To make available FDCs, suitable for paediatric use.

At the end of the workshop Dr. Abdus Salim from Bangladesh, on behalf of participants expressed his opinion that TB and HIV/AIDS programme must work together and in all SAARC Member Countries people from TB & HIV/AIDS Programme will be in touch in future.
4. Regional Workshop for Laboratory Supervisors on Quality Assurance in Sputum Microscopy

NTP Pakistan and SAARC TB Centre jointly organized a workshop for laboratory supervisors on quality assurance (QA) in sputum microscopy from August 27 to 29, 2004 in Islamabad, Pakistan. Participants from Bangladesh, Maldives, Nepal and Pakistan participated in the workshop. This workshop was organized to meet the following objectives:

Objectives of the Workshop

To enhance the knowledge and skill of TB laboratory supervisors to conduct the QA programme on sputum microscopy independently. This general objective was explained into 4 specific objectives for better understanding, such as,

- to enhance the knowledge and skill of TB lab supervisors on role of lab services & network in NTP,
- to enhance the lab supervisors' knowledge and skills to conduct the QA on sputum microscopy at the district, regional or provincial level,
- to enhance the knowledge and skill on report writing and
- to enable TB lab supervisors to solve practical problem on QA in sputum microscopy.

Lieutenant General (R), K. A. Karamat, Executive Director, National Institute of Health inaugurated the workshop. In inaugural speech, he expressed his view regarding the TB problem in Pakistan.

Mr. Sayed Abrar Husein, Director SAARC, Ministry of Foreign Affairs, Government of Pakistan highlighted the current activities of SAARC regarding regional peace, stability and social development. He reiterated the commitment of Government of Pakistan for every activity of SAARC and STC.

On behalf of NTP, Pakistan, Dr. Hassan Sadiq, Deputy Manager, NTP as well as Chairman, Governing Board of SAARC TB Centre welcomed the distinguished guests and participants.

On behalf of STC, Dr. Rano Mal Piryani, Deputy Director welcomed the participants and guests in the workshop. In continuation to welcome speech Dr. Piryani explained the objectives and modalities of the workshop.

Dr. Sabira Tahseen, NTP Pakistan gave vote of thanks.
In the technical session the technical paper were presented by Dr. Rano Mal Piryan, Dr. Basista Prasad Rijal, Microbiologist, STC, Dr. Hassan Sadiq, Deputy Programme Manager, NTP, Pakistan and Dr. Lara Gillini, Stop TB, WHO Consultant to Pakistan.

Model reading session, preparation of checklist for field visit, visit to microscopy centres, issues of proficiency panel testing and country presentations were involved in technical session in the workshop.

The following experts performed the country presentations:

- Dr. Jahanara Begum, National TB Reference Laboratory, Shyamoli Dhaka.
- Dr. Md. Nowfel Islam, National Institute of Disease of the Chest and Hospital, Dhaka.
- Ms. Khadhheja, Indira Gandhi Memorial Hospital, Kanba Asia Rani Higun and Miss Fathimah Liusha Hussain, Public Health Laboratory, Majeedhee Magu, Maldives
- Mr. Rambabu Shrestha, National TB Reference Laboratory Nepal
- Dr. Muhammad Ashraf, FJ General and Chest Hospital, Quetta, Pakistan

5. Situation analysis of TB control activities and observation of HIV/AIDS control activities in Sri Lanka, Maldives and Bangladesh

SAARC Tuberculosis Centre carried out situation analysis of TB control activities and observation of HIV/AIDS control activities in Sri Lanka and Maldives from 10 to 18 August 2004 and in Bangladesh from Dec. 29, 2004 to Jan. 5, 2005.

The objectives of the activities were as follows:

- To perform situation analysis of TB control activities
- To assess the laboratory network activities under NTP
- To review the epidemiological network activities under NTP and NACP
- To do follow up of meetings, seminars, training, workshops etc. organized by STC
- To collect the information about HIV/AIDS and TB/HIV co-infection.

The methodology adopted by the team to carryout the activity were as follows:

Recommendations of the Workshop

i. STC has to arrange more trainings/workshops on QA and bio-safety measures for reference laboratory staff

ii. STC has to facilitate/coordinate experience sharing visits among Member Countries regarding QA activities and

iii. Member Countries need to strengthen National TB Laboratory network and QA activities in sputum microscopy.
A team of three members consisting of Deputy Director, Epidemiologist and Microbiologist visited Sri Lanka and Maldives while a team of four members consisting of Director, Deputy Director, Epidemiologist and Microbiologist visited Bangladesh. The teams reviewed the health infrastructure of countries, visited related organizations of TB and HIV/AIDS and met the authorities. The teams prepared separate detailed reports of three countries and submitted to the concerned authority with the recommendations.

6. Community based study to identify barriers in seeking health care in Tuberculosis control Programme

National TB Control Programmes in the SAARC Region have been in operational since the early 1960's but still TB is a major public health problem. Reports of TB cases suggest, virtually in all countries, fewer female than male are notified. Community based epidemiological studies have established that males have a higher prevalence of TB infection and a higher rate of progression from infection to active disease then females. Yet there are concerns that females suffering from TB are underreported due to various socio-cultural factors e.g. reduced access to health care services, under reporting of respiratory morbidity and greater stigmatization. Moreover profound gender differentials existing in SAARC Member Countries may create barriers for women in seeking health care leading to under reporting of female TB cases in this Region.

Considering all these information, SAARC TB Centre proposed a community-based study to identify barriers in seeking health care in TB control in the programme of year 2004. The thirteenth meeting of the Governing Board of SAARC TB Centre recommended to conduct a study.

A study has been carried out on barriers in seeking health care in TB control programme in a densely (urban) area of Kathmandu Metropolitan City and in a sparsely (rural) area of Bhaktapur district of Nepal. The total number of 3,830 households was surveyed and population covered was 18,947. Information on socio-demographic characteristics, health seeking behaviour and barriers in seeking health care for identified tuberculosis suspects were collected through house-to-house survey using pre-tested semi-structured questionnaires.

The objectives of the study

- To identify TB suspects and their health seeking behaviour in the selected area
- To explore the barriers in seeking care (among the identified TB suspects)
- To find out gender differences in health seeking behaviour and the barriers in seeking health care (among the identified TB suspects)
7. Fourteenth Meeting of the Governing Board

The Fourteenth Meeting of the Governing Board of the SAARC Tuberculosis Centre was held in November 9-10, 2004 in Kathmandu. The Board Members from Member States, representatives from SAARC Secretariat and Ministry of Foreign Affairs; HMG, Nepal attended the meeting. The Governing Board reviewed the activities of year 2004 & recommended programmes and activities for the year 2005.

Mr. Ashok Kumar Rai, Hon’ble Minister, Ministry of Health, HMG, Nepal inaugurated the meeting. Welcoming the participants Mr. Rai expressed appreciation for the work being done by the Centre to contain Tuberculosis and HIV/AIDS in the Region. In the inaugural ceremony representative for His Excellency Secretary General, SAARC, Mr. Md. Naseer, Director SAARC Secretariat, Secretary for Health, HMG, Nepal. Mr. Mohan Bahadur Karki, Director General, Department of Health Services, HMG, Nepal Dr. B. D. Chautaut and the Chairman of the Governing Board of STC also addressed the inaugural ceremony.

Dr. Kashi Kant Jha, Director, STC presented the achievements of the Centre in the year 2004 and proposed the programmes and budget for the year 2005 in the meeting.

The meeting recommended the following programmes for the year 2005:

1. Public awareness, advocacy & partnership programme on Tuberculosis and HIV/AIDS:
   - Commemoration/Celebration of:
     - World TB Day
     - World AIDS Day
     - SAARC Charter Day
   - Partnership Programmes with:
     - School & Media in Bhutan, Pakistan & Maldives
     - Medical College, Industry, Private Sector & Pharmacists in Pakistan & Sri Lanka

2. Participation in International/Regional Meeting, Seminar, Training, Conferences in the field of TB and HIV/AIDS, NTP review in Member Countries

3. Publication production/distribution:
   - STC Newsletter
   - SAARC Journal of TB, Lung Diseases and HIV/AIDS
SAARC Epidemiological Yearly Report (updating) on TB and HIV/AIDS
Annual Report of STC
World TB Day Report
World AIDS Day Report
History of TB and TB Control Programme in SAARC Region

Purchase of books, journals, and other publications related to TB and HIV/AIDS for Library

SAARC Trainers’ Training on TB control programme management

Carry out situation analysis in Bhutan & Pakistan on TB control activities, epidemiological network & laboratory network

Workshop to Develop SAARC Regional Strategy on HIV/AIDS & Meeting of Managers of National HIV/AIDS control programme

Second Regional Workshop on TB/HIV co-infection to identify research areas to develop research protocol on identified areas and visit to TB/HIV pilot project sites

SAARC Training on Data Management of TB and HIV/AIDS control programme

Second workshop to develop regional guidelines for treatment of MDR TB & third meeting of laboratory Directors from 9 TB reference laboratories in SAARC Region

Workshop to develop protocol for quality assurance on culture and drug sensitivity test in National TB Reference Laboratory in Pakistan

Regional Training for Laboratory Supervisors on quality assurance on sputum microscopy in Sri Lanka

Third round external proficiency testing in 9 TB reference laboratories

Identification of barriers in seeking health care in TB control programme an institutional based pilot study in Bangladesh/India

Research activities in the field of TB and HIV/AIDS:

- Prevalence of HIV among diagnosed TB patients in Bangladesh/Nepal.
- Quality assurance of Microscopy in private laboratories in Nepal.
- Chemicals and other related material for lab works.

8. Commemoration of World AIDS Day 2004:

Mr. Parasmani Baral, President, NCDA chaired the programme and Mr. Prakash Man Pradhan, President, NCDA, Bagmati Zonal Office delivered the welcome address.

Dr. Kashi Kant Jha, Director, SAAR TB Centre welcomed the participants and highlighted the objective of the Year – 2004 SAARC Awareness Year for TB and HIV/AIDS. He also explained the situation of HIV/AIDS in the SAARC Region and appealed for the partnership with pharmacists to control the HIV/AIDS

Dr. Rano Mal Piryani, Deputy Director, STC presented his presentation on role of pharmacists in control and prevention of HIV/AIDS.

Dr. Md. M. Rahman, Epidemiologist, STC gave presentations about preventive strategy for HIV infection.

Mr. Ram Chandra Sharma, General Secretary, NCDA, Bagmati Zone, urged the need of the partnership programme for the prevention and control of HIV/AIDS in the community.

At the end, Mr. Baral assured that their partnership in the prevention and control of TB and HIV/AIDS from their field.

The programme was conducted by Dr. Basista Prasad Rijal, Microbiologist, STC.

Objectives:
- to disseminate update information on HIV/AIDS & its prevention and control;
- to strengthen partnership with the pharmacists/druggist in HIV/AIDS prevention and control.

Methodology:
- Multi media presentation in Nepali and English language.
- Interaction and discussion.

9. Celebration of SAARC Charter Day:


The objective of this programme was to enhance public awareness on TB disease and its control and prevention of HIV/AIDS.
Dr. Kashi Kant Jha, Director, SAARC TB Centre, Kathmandu delivered welcome address and presented a multimedia presentation on TB in the SAARC Region and SAARC Awareness Year 2004 for TB and HIV/AIDS.

Mr. Mohamed Naseer, Director, SAARC Secretariat expressed that the media could mobilize public support to create awareness among the public. High-risk behaviour among the people, poverty, illiteracy, open and porous borders, trafficking of women and girls for prostitutions and migratory trend are posing imminent threats for an AIDS epidemic in the Region, he also mentioned.

Dr. Rano Mal Piryani, Deputy Director, STC presented the Role of Media in the Control and Prevention of TB and HIV/AIDS.

Dr. Md. M. Rahman, Epidemiologist, STC presented his presentation on HIV/AIDS and its impact on TB control.

On behalf of the participating journalists Mr. Baikuntha Maskey, Reporters from Reuters TV thanked the organizer and expressed his dedication to cooperate for the prevention and control of TB and HIV/AIDS.

A discussion session was held after the presentation. Director, Deputy Director, Epidemiologist and Microbiologist of SAARC TB Centre answered the issues raised during the discussion.

Dr. Pushpa Malla, Senior Consultant Chest Physician, Dr. Rajendra Pant, Chest Physician from National TB Centre, Dr. Sugiyama, Chief, JICA/CTLHP and senior staff of SAARC TB Centre and National TB Centre also attended the programme.

At the end, Director, STC acknowledged the cooperation rendered by the Journalist and thanked all the participants and officials for their participation at the programme.

10. First SAARC Conference on TB, HIV/AIDS and Respiratory Diseases:

SAARC TB Centre organized a conference on TB, HIV/AIDS and Respiratory Diseases for the first time in the Region in December 14-17, 2004 in Kathmandu.

The Chief Guest, Hon'ble Minister for Health Mr. Ashok Kumar Rai, inaugurated the conference at the
remarkable gathering of around 700 people in Kathmandu in December 14, 2004. The inaugural ceremony was chaired by Mr. Mohamed Naseer, Director, SAARC Secretariat.

Dr. Kashi Kant Jha, Director, SAARC Tuberculosis Centre and National Tuberculosis Centre welcomed the Chief Guest, Chairperson and all participants at the conference.

Dr. Klaus Wagner, WHO Representative to Nepal, Dr. Michael Han, Coordinator, UNAIDS, Dr. Faraha Usmani, Representative UNFPA, Mr. Devendra Bahadur Pradhan, President, Nepal Anti-TB Association, Mr. Jhabindra Prasad Aryal, Under Secretary, Ministry of Foreign Affairs, Nepal, Dr. Mahendra Bahadur Bista, Acting Director General, Department of Health Services, HMG, Nepal, and Dr. Nirakar Man Shreshta, Acting Secretary, Ministry of Health, HMG, Nepal delivered their remarks in the inaugural ceremony of the conference.

Hon'ble Minister Mr. Rai inaugurated the conference by lighting the Panas (a traditional Nepali oil lamp). He also released special publications of SAARC TB Centre on TB and HIV/AIDS, which were published in observance of SAARC awareness year for TB and HIV/AIDS – 2004. An audiovisual documentary prepared by STC related to advocacy on TB and HIV/AIDS was also launched during the inauguration of the conference.

In the inaugural address, Minister Rai said that recognizing the gravity of the problem, the leaders of the SAARC region have given high priority to TB and HIV/AIDS. The Twelfth SAARC Summit held in January in Islamabad declared “Year 2004 as SAARC Awareness Year for TB and HIV/AIDS”. In this context, His Majesty’s Government of Nepal has been organizing special activities to make aware all sector of society to prevent TB & HIV/AIDS and supporting to SAARC TB Centre in this regard. He paid his sincere thanks to SAARC Member States for giving more support and interest for the control of TB and HIV/AIDS in this Region.

Mr. Mohamed Naseer, Director, SAARC Secretariat delivered Chairperson's remarks.

Dr. Vikarumnnessa Begum (Chairperson, Governing Board of STC) from Bangladesh gave vote of thanks.

Dr. Rano Mal Piryani, Deputy Director, STC conducted the inaugural programme.
Objectives of the conference

♦ To share experiences and strengthen knowledge of TB, HIV/AIDS and other Respiratory Diseases.
♦ To evolve practical proposal for dealing with problem of these diseases.
♦ To foresee the situation and strengthen the national programmes in the region.
♦ To build partnership between governmental, non-governmental organizations and all stakeholders working for control and prevention of these diseases.
♦ To provide platform for professionals and researchers to present their work and views to seek their advice from other colleagues.
♦ To share new inventions/advanced achievements regarding these issues.

Methodology of the Conference

♦ The scientific sessions were held on various aspects of TB, HIV/AIDS and Respiratory Diseases during the conference.
♦ An exhibition for the research findings in posters, scientific papers, books and education materials were displayed.
♦ A special session to identify various methods of forging partnership and involving community to control and prevention was arranged.
♦ All the participants attending this conference had opportunity to share experiences regarding the problem of these diseases in the region.

Proceeding of the Conference:

Registration started at 9 a.m. on Dec. 14, 2004 and continued till 4 p.m. The inaugural ceremony was held at 4.30 p.m. followed by cultural programme and dinner organized in honour of the delegates.

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<td>Meet the Expert Session</td>
<td>3 (Total number of experts 7)</td>
<td>6 (One experts in each except sub session I-two experts)</td>
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<tr>
<td>Plenary sessions</td>
<td>3 (one Key Note Speaker in each session)</td>
<td>-</td>
</tr>
<tr>
<td>Symposia</td>
<td>4 (three symposia in each session)</td>
<td>12 (2-3 speakers in each sub session)</td>
</tr>
<tr>
<td>Free paper sessions</td>
<td>4 (three sub sessions in each session)</td>
<td>12 (4-5 presenter in each sub session)</td>
</tr>
<tr>
<td>Satellite session</td>
<td>1 (Six speakers)</td>
<td>-</td>
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</tbody>
</table>

There were six Meet-the-Expert Sub-sessions with the following experts:

Ist. Session – MDR TB
Prof. Dr. Rajendra Prasad and
Prof. Dr. Jai Kishan from India

IInd. Session – HIV/AIDS Co-infection
Dr. Maneesriwongul Wantana from WHO, Thailand
IIIrd. Session – TB Diagnosis
Prof. Dr. K. Feldmann from Germany

IVth. Session – Asthma & COPD
Dr. Madhur Dev Bhattarai from Nepal

Dr. Yagya Bahadur Karki from Nepal

VIth  Session – Children and HIV/AIDS
Dr. R. R. Ganga Khedkar from India

The first Plenary Session was on progress and challenges in TB control in SAARC & reaching out to un-reached through Fidelies - presented by Dr. G. R. Khatri from FIDELIS (UNION).

The second Plenary Session was on HIV/AIDS & its impact on TB Control – presented by Dr. RR Ganga Khedkar, from UNAIDS.

The third Plenary Session was on the impact of tobacco use in developing countries – presented by Dr. Yagya Bahadur Karki from WHO/SEARO.

First Symposia Session was on Gender Issues in TB and HIV/AIDS – presented by SAARC-UNFPA-UNIFEM under the chairmanship of Dr. Kashi Kant Jha, Director, STC and NTC. Dr. Farah Usmani Regional Advisor, UNFPA CST fro South & West Asia co-chaired the programme.

All together there were four Symposia and four Free Paper Sessions on different subjects related to TB, HIV/AIDS and Respiratory diseases.

SAARC-UNFPA Satellite Session on Young People: Meeting the Challenges of HIV in SAARC Countries was done in December 16, 2004 afternoon. Dr. Faraha Usmani, Regional Advisor, RH & HIV/AIDS chaired the programme. Dr. Rano Mal Piryani, Deputy Director, STC was co-chair. In this session Mr. Mohamed Naseer, Director, SAARC Secretariat gave opening remarks. Dr. Faraha Usmani presented the main paper followed by the other presentations and media clips. The programme was coordinated by Dr. Md. M. Rahman, Epidemiologist, STC.

Closing Session:

The closing session was held at a special function organized in Dec. 17, 2004. The Secretary, Ministry of Health, HMG, Nepal participated as the Chief Guest. The programme was presided by Mr. Md. Naseer, Director, SAARC Secretariat.

Dr. Kashi Kant Jha, Director, STC proceeded the programme by presenting the recommendations prepared by Expert Committee, which are as follows:
The conference unanimously made the following recommendations:

1. Appreciating the high TB load and emerging HIV threat in member countries, the conference emphasised urgent need for expediting the efforts of member countries in controlling TB and preventing HIV/AIDS so as to achieve the millennium development goals.

2. It was noted with appreciation that member countries of the region have already achieved/are near to achieving the global target of 85% cure rate of New Smear Positive (NSP) cases. However, for achieving the global target of detecting 70% NSP cases in most of the countries of the region, innovative approaches acceptable and adoptable in the local and focal situations need to be identified and adopted. DOTS services need to be made available to the ‘un-reached population’. Support from funding mechanisms like GFATM, FIDELIS (Fund for Innovative DOTS Expansion by Local Initiatives to Stop TB) and other such agencies could be explored for the purpose.

3. While appreciating the efforts made by member countries in fostering inter-sectoral coordination and Public-Private Mix, the conference urged for effective Public-Public, Private-Private and Public-Private partnerships. Social status of private sector also needs to be utilized for advocacy purposes.

4. The conference recommends intensive efforts to involve corporate sector in TB & HIV/AIDS control programmes of member countries.

5. Conference noted that; although, there has been involvement of medical colleges and nursing professionals in TB control programme but the efforts need to be further intensified. Medical Colleges should be involved in training, research and service delivery. Nurses, and other allied professionals because of their patient caring attitude could be very effective in suspect identification and treatment compliance/completion. DOTS strategy should be included in the teaching curriculum of Medical colleges, nursing and other paramedical courses being adopted by member countries.

6. The conference noted inadequate primary health care infrastructure, emphasis on curative services, floating population as some of the major problems of urban TB control programme in member countries. The conference recommends that member countries should provide extra inputs to take care of the constraints of urban TB control programme.

7. The conference is glad to note the initiation of collaboration between HIV/AIDS and TB control programmes in the member countries and recommends more cohesive actions by the two programmes and also to draw strategies to address, Young people, Cross-border and Gender issues.

8. It is estimated that 50% of all new HIV infection are among young people and that 30% of people living with HIV/AIDS are in the 15-24 years age group, so the importance of focusing young people has been recognized at a global and regional level. The conference notes that focusing the young people is likely to be the most effective approach in confronting the epidemic.

9. Participants noted with satisfaction SAARC having signed MoU with WHO, UNAIDS, CIDA, UNDP, UNIFEM and UNICEF. It is recommended that SAARC should also made efforts to sign MoU with International Technical organizations like IUATLD, SIDA etc.

10. The participants noted with concern on increased consumption of tobacco amongst the population of SAARC region and recommends gearing of all possible anti-tobacco initiatives including ratifying of
Frame-work Convention on Tobacco Control (FCTC) by all Member States.

11. To reduce the incidence of respiratory diseases, the conference recommends all possible actions including fostering technical partnership with all organizations like WHO, The Union, ALHA (American Lung Health Association) etc involved in the field of lung health.

12. Keeping in view the fact that the conference provided an excellent platform to experts, researchers, programmers and even planners to discuss various issues pertaining to HIV/AIDS, TB and respiratory diseases and derive future line of action, the conference recommends organizing such event by rotation every 3 years by widening its partnership with various organisations.

All the delegates adopted the recommendation unanimously.

Dr. M. B. Bista, Acting Director General, DGHS, gave remarks on behalf of the Department of Health Services of His Majesty's Government of Nepal. The Joint Secretary, Ministry of Foreign Affairs, HMG Nepal also gave his remarks.

The Chief Guest distributed letter of appreciations to the organizations, volunteers, staff and other supporting personnel for their invaluable support to the conference and addressed the gathering.

Chairperson addressed the closing session and thanked the STC, supporting organizations, volunteers, individuals, participants and experts for their remarkable contribution in the conference.

Dr. Rano Mal Piryani, Deputy Director offered vote of thanks.

The closing session was conducted by Dr. Md. M. Rahman, Epidemiologist, STC.

11. Activities in observance of SAARC Awareness Year for TB and HIV/AIDS – 2004

11.1 Essay Competition:

SAARC TB Centre has organized regional level awareness programme related to TB and HIV/AIDS and their prevention through essay competition among the high school level students on the topic "The Role of School Students in Control and Prevention of TB and HIV/AIDS" in observance of the SAARC Awareness Year for TB and HIV/AIDS –2004. Member States had sent three best essays from the essay competition organized at National level.

Among the received essays the following essays were stood for First, Second and Third prize:

First prizewinner: Miss Tanjeen Laila Jhilik,
BAF Shaheen College,
Jessore, Bangladesh.
Second prizewinner: Abhay Raj Shakya, 
Palpa Awasiya Secondary School, 
Palpa, Nepal

Third prizewinner: Wishma Jeewanali Samaraweera 
Visakha Vidyalaya, 
Colombo, Sri Lanka

The prizes were Certificate, Shield and Cash prize of US$ 1000.00, 800.00 and 600.00 for First, Second and Third prize respectively.

The following students received the consolation prizes of Certificate and Shield for their essays:

1. Ms. Tahira Amdid Ratna  
   Magura Government Girls' High School, 
   Magura, Bangladesh.
2. Ms. Israt Binte Hossain,  
   Joydevpur Government Girls' High School, Bangladesh.
3. Yangchen Dolkar Dorji  
   Lungtenzampa Middle Secondary School, 
   Thimphu, Bhutan.
4. Chimmi Yuden  
   Lungtenzampa Middle Secondary School, 
   Thimphu, Bhutan.
5. Nima Wangdi  
   Motithang Midde Secondary School, Thimphu, Bhutan.
6. Fatima Sajina,  
   Dh. Atoll School, Dh. Meedhoo, Maldives.
7. Aminath Raaia  
   Aminiya School, Maldives.
8. Mariyam Midhfa Naeem  
   Aminiya School, Maldives.
9. Jenisha Singh  
   New West Point Higher Secondary Boarding School 
   Birauta, Beni Bazar, Myagdi, Nepal.
10. Manju Baniya, 
    Beni Boarding Secondary School, 
    Beni Bazar, Myagdi, Nepal.
11. Zeenath Zayna Chany  
    St. Bridget's Convent, Colombo, Sri Lanka
12. Sinidu Thamara Wijayaratne, 
    Devi Balika Vidyalaya, 
    Sri Lanka.
SAARC TB Centre congratulates the above students for their success in receiving certificates, shields and prizes. The Centre would like to thank the Principals and Teachers of the schools for their cooperation in organizing the essay competitions and sending best essays for the competition. The Centre would also like to thank the authorities of Ministry of Foreign Affairs, SAARC Secretariat and NTP Managers of the Member Countries for their cooperation in this regard.

11.2 Audio visual documentary on TB and HIV/AIDS has been produced.
11.3 Special document on "TB – What is it, What We Should Know About It", has been produced.
11.4 Special document on "HIV/AIDS – What Everyone Should Know About It" has been produced.

12. Publications of STC in 2004:

STC has published the following publications in year 2004.

1. SAARC Regional Strategy for TB/HIV Co-infection
2. Situation Analysis of Quality Assurance of Sputum Microscopy in Bhutan
3. Gender Differences Among TB Patients in National TB Control Programmes within SAARC Countries
5. TB – What is it? What We Should Know About It?
6. HIV/AIDS – What Everyone Should Know About It?
7. SAARC Guidelines for Partnership with Pharmacists in Prevention and Control of Tuberculosis
8. SAARC Tuberculosis Centre – an introduction
10. TB in the SAARC Region - an up-date
11. HIV/AIDS in the SAARC Region - an up-date
12. Publications of the conference

13. Situation Analysis of Existing training modules/guidelines of the Member Countries:

Training is a key element in a successful National TB Control Programme (NTP). The revised NTP strategy involves many activities such as case detection by microscopy, standardized directly observed short course chemotherapy and improved recording and reporting. Quality training for the health personnel involved in TB Control Programme is therefore critical to successful strategy implementation. Member States have accorded high priority to effective TB control; progress will ultimately depend on the availability of trained manpower from National to periphery level of NTPs.

Considering these facts SAARC TB Centre organized a daylong meeting to prepare SAARC Regional Training Modules Guidelines for TB Control Programme on 24 October 2003 in Kathmandu. The meeting recommended carrying out situation analysis of training modules/guidelines in use in Member
Countries. In compliance to this decision, STC conducted situation analysis on training modules/guidelines in Member States.

A questionnaire incorporating various aspects of training activities pertaining to TB control programme was developed and transmitted to all Member States. Responses received from Member States compiled and analyzed. Following are the suggestions:

- Development of training network in the Region to have Regional level technical guidelines for TB control considering the current challenges in TB control.
- Development of SAARC training modules/guidelines for different levels health workers involved in TB control.
- Development of SAARC modules/guidelines for different types of partners seeking their cooperation in TB control programme.
- A Regional workshop of experts to strengthen the training activities in the Region.

14. Situation Analysis of Anti-TB Drugs in use in NTP in SAARC Member Countries:

The SAARC TB Centre carried out the situation analysis of anti-TB drugs in use in NTP in SAARC Member Countries. A questionnaire based situation analysis was conducted. A format containing various questions regarding anti-TB drugs in use in NTP was developed and sent to Member Countries in April 12, 2004. By July 6, 2004 all Member Countries submitted their responses to STC. The responses were compiled and presented in SAARC Regional Workshop on Fixed Dose Combinations in TB treatment regimen protocol held in Kathmandu in July 8, 2004. The missing information were updated by the participants during the presentation.

On the basis of received information, STC made the following conclusions:

- Member Countries adopted DOTS and have been using WHO recommended regimens in their NTP.
- Five countries Bhutan, Nepal, Maldives, Pakistan and Sri Lanka have been using daily regimen in both the Intensive and Continuation phases, while India has been using Intermittent Regimen in both the phases and Bangladesh is using daily regimen in Intensive phase while Intermittent Regimen in Continuation phase.
- Patients are categorized as Cat. I, II and III in Bangladesh, Bhutan, India, Maldives and Nepal while in Pakistan and Sri Lanka as Cat I and Cat II and children below 6 years as Cat. III in Sri Lanka.
- Maldives has been providing RHZE in Intensive Phase for both Cat I and Cat III and RHE in Continuation phase of CAT I, II and III.
- Different weight bands are in use in Bangladesh, India, Nepal, Pakistan and Sri Lanka.
- Different strengths are in use in Bangladesh, India, Nepal, Pakistan and Sri Lanka.
- Pakistan has introduced 4 FDC in some area in 2000, Nepal has introduced 2 drugs FDC in 2002, Bangladesh has introduced 4 FDC in Jan. 2004, Sri Lanka has planned to introduce FDC in 2 districts in 2005 and Maldives in 2005.
**Director, STC participated in IUATLD conference:**

Dr. Kashi Kant Jha, Director, STC participated 35th IUATLD World Conference organized in Paris from October 28 to November 1, 2004 in capacity of the Director, NTC. He presented the activities of the STC and status of TB and HIV/AIDS in the SAARC Member States in the conference.

**Meeting with UNAIDS:**

- A meeting was held in SAARC Secretariat under the chairmanship of Mr. Mohamed Naseer, Director, SAARC Secretariat in October 12, 2004. Mr. Mohammed Ali Bhuiyan, Coordinator, APFL, UNAIDS, SIAT, New Delhi and Dr. Rano Mal Piryani, Deputy Director, SAARC TB Centre participated in meeting. The meeting discussed the following issues:
  - Assist the development of SAARC Regional Strategy on HIV/AIDS
  - Support SAARC Regional Conference on TB, HIV/AIDS and Respiratory Diseases, Dec. 14-17, 2004 in Kathmandu
  - Support HIV/AIDS Awareness Campaign
  - Support the resource mobilization for implementation of SAARC Regional Strategy for TB/HIV co infection (proposal development and submission of Global Fund) and
  - Staff support

- A meeting was held under the chairmanship of Dr. Kashi Kant Jha, Director, STC in October 13, 2004 in Kathmandu. Mr. Bhuiyan and Dr. Rano Mal Piryani participated in the meeting. The meeting discussed the collaborative activities.
Situation Analysis of Tuberculosis Control Activities and Observation of HIV/AIDS Control Activities in Maldives

Executive Summary

Background

With 22% of Global population, SAARC region bears disproportionate burden of TB. More than 27% (2.4 million) of estimated new TB cases were from this region in 2002. Though HIV epidemic is relatively recent and overall general prevalence is low, it is spreading rapidly throughout this region and prevalence of high-risk groups and potential risk factors is worrisome.

SAARC TB centre is coordinating the efforts of member countries in combating these two major public health problems. To facilitate this role of STC a team from the centre carried out situation analysis on activities related to control and prevention of TB & observed HIV/AIDS activities in Maldives from 14-18 August.

Methodology

It was carried out through observation, interview and document review.

Findings

The findings of the analysis are as follows:

Tuberculosis

Maldives started DOTS strategy in 1994 and achieved 100% coverage by 1997. Treatment success rate of 2001 cohort was 96.6%. In 2002, case detection rate (new smear positive cases) was 19/100,000 and overall case detection was 40/100,000 population. In the year 2003 a total of 137 TB cases were notified; among these 71 (51.8%) were smear positive.

NTP policy was diagnosis of TB by sputum smear microscopy and microscopy centres were sufficient in number. Main thrust of the TB control program now is on active case detection and involvement of private sectors. Public Health Laboratory (PHL) in Male has been identified as National TB Reference Laboratory but not given full responsibility for Quality assurance (QA) on Sputum microscopy. Laboratory manual on sputum microscopy was under preparation. For QA all positive and 10% of negative slides are rechecked but not on regular basis. However PHL did excellent performance in both the rounds of external proficiency testing conducted by STC. Data collection, compilation and preparation of reports were done smoothly on quarterly and annual basis. For better epidemiological networking Central Chest Clinic in Male needs internet/email connection and more spacious rooms. To facilitate timely preparation regional epidemiological report NTP was requested to send the prepared reports to STC regularly at earliest possible time.
**HIV/AIDS**

Maldives is a low HIV prevalence country. Its estimated number of people living with HIV/AIDS (PLWHA) is around 60 with prevalence among adult population of less than 0.1%. But this country is not free of potential risk factors that can worsen the situation. Since the detection of first AIDS case in 1991, as of end 2003 Maldives has identified 12 HIV positive people, among them 9 developed AIDS and had died. Considering the potentiality of spread of the epidemic Maldives has developed appropriate strategy and surveillance system for Prevention and Control of HIV/AIDS. Its data management and epi-networking system is well facilitated and appreciable. NACP was also requested to send the prepared reports regularly at earliest possible time to STC

**Recommendations**

**TB Control Program**

1. Strengthen monitoring and supervision at all level
2. Strengthen community participation and responsibility sharing mechanism through IEC activities
3. Secure long term financial resources for program
4. Strengthen and expand the partnership with those sectors who are involved in TB control
5. Initiate research activities
6. Strengthen advocacy for long term commitment
7. Ensure adequate trained manpower for TB control program at all level.
8. Ensure refresher training for all level staff at regular interval
9. Strengthen QA services for sputum microscopy
10. Finalize the five-year plan for TB control and ensure implementation of activities as planned
11. Finalize and widely distribute a national manual on TB defining the policies, strategies and guidelines for TB control
12. Ensure availability of appropriate training / orientation materials on TB at all levels and to regularly upgrade the national training manual
13. Intensify case finding activities at central, regional, atoll and island levels and among identified populations at high risk of infection and disease
14. Expand INH prophylactic treatment program

**HIV/AIDS Control Program**

Strengthen health education and community awareness activities and mobilize the community to get desired support for States efforts to contain the epidemic.

**Note:** Input on draft report from Department of Public Health Maldives is incorporated in the report.
National AIDS Prevention and Control Policy of India

Objectives and Goals:

The general objective of the policy is to prevent the epidemic from spreading further and to reduce the impact of the epidemic not only upon the infected persons but upon the health and socio-economic status of the general population at all levels. The policy envisages effective containment of the infection levels of HIV/AIDS in the general population in order to achieve zero level of new infections by 2007. The specific objectives of the policy are:

i) To reiterate strongly the Government's firm commitment to prevent the spread of HIV infection and reduce personal and social impact.

ii) To generate a feeling of ownership among all the participants both at the Government and non-Government levels, like the Central Ministries and agencies of the Government of India, State Governments, city corporations, industrial undertakings in public and private sectors, panchayat institutions and local bodies to make it a truly National effort.

iii) To create an enabling socio-economic environment for prevention of HIV/AIDS, to provide care and support to people living with HIV/AIDS and to ensure protection/promotion of their human rights including right to access health care system, right to education, employment and privacy to mobilize support of a large number of NGOs/Community Based Organizations (CBOs) for an enlarged community initiative for prevention and alleviation of the HIV/AIDS problem.

iv) To decentralize HIV/AIDS control programme to the field level with adequate financial and administrative delegation of responsibilities.

v) To strengthen programme management capabilities at the State Governments, municipal corporations, panchayat institutions and leading NGOs participating in the programme.

vi) To bring in horizontal integration at the implementation level with other National programmes like Reproductive and Child Health, TB Control, Integrated Child Development Scheme and with the primary health care system.

vii) To prevent women, children and other socially weak groups from becoming vulnerable to HIV infection by improving health education, legal status and economic prospects.
viii) To provide adequate and equitable provision of health care to the HIV-infected people and to draw attention to the compelling public health rationale for overcoming stigmatization, discrimination and seclusion in society.

ix) To constantly interact with international and bilateral agencies for support and cooperation in the field of research in vaccines, drugs, emerging systems of health care and other financial and managerial inputs.

x) To ensure availability of adequate and safe blood and blood products for the general population through promotion of voluntary blood donation in the country.

xi) To promote better understanding of HIV infection among people, especially students, youth and other sexually active sections to generate greater awareness about the nature of its transmission and to adopt safe behavioural practices for prevention.

Strategy:

The National AIDS control policy principally aims at the following strategy for prevention and control of the diseases:

I. Prevention of further spread of the disease by:

i) making the people aware of its implications and provide them with the necessary tools for protecting themselves.

ii) controlling STDs among vulnerable sections together with promotion of condom use as a preventive measure.

iii) ensuring availability of safe blood and blood products, and

iv) reinforcing the traditional Indian moral values among youth and other impressionable groups of population.

II. To create an enabling socio-economic environment so that all sections of population can protect themselves from the infection and families and communities can provide care and support to people living with HIV/AIDS.

III. Improving services for the care of people living with AIDS in times of sickness both in hospitals and at homes through community healthcare.

References:
National AIDS Prevention and Control Policy
Ministry of Health and Family Welfare
National AIDS Control Organization
Government of India
National
HIV/AIDS Prevention Project, Sri Lanka

Aim of the Project:
The project aims to assist the Government of Sri Lanka in curbing the spread of HIV infection by
i) expanding prevention programmes for highly vulnerable groups and the general population, in particular youth,
ii) developing programmes to sustain political and societal commitment to HIV/AIDS prevention and to reduce stigma and discrimination against people living with HIV/AIDS and highly vulnerable subpopulations; and
iii) strengthening multisectoral involvement and capacity.
Sensitive to the synergy between TB and HIV, the project would also support efforts to reverse the trend of the rising TB incidence and improve TB cure rates.

Project Components:
Component 1 – Developing HIV prevention interventions:
1.1 Targeted interventions among highly vulnerable groups
Male and female sex workers; internal migrant workers; external migrant workers; uniformed services personnel; police; transport workers; beach boys
1.2 Broad-based programmes for youth and general population
10 Advocacy for policy makers, opinion leaders, media personnel, law enforcement personnel, health personnel
11 Youth – school based programmes, programmes in youth clubs and vocational training institutions to promote safe sexual practices and empower them in decision making
12 Promotion of condom use – establish condom social marketing campaign
13 Blood safety – screening blood and blood products
14 Mother-to child transmission – manage HIV in pregnancy, VCT, antiretroviral drugs

Component 2 – TB Control:
2.1 Enhancing leadership, organization and functions of the National Tuberculosis Programme (NTP)
Advocacy and communication programmes, updating manuals and guidelines, training personnel programme managers and staff capacity building of Central Unit; strengthening Central Reference Laboratory and Chest Hospital; strengthening logistics for enhanced supervision.

2.2 Improving coverage and quality of DOTS
Expand DOTS services from 10 districts to 25 districts; and support research

Component 3 – Institutional strengthening, multisectoral involvement
3.1 Enhancing capacity of involved agencies
15 Establish Management Administrative Support Team
16 Strengthening capacity of National STD/AIDS Control Programme for service provision
17 Strengthen capacity of Provincial Health Authorities support monitoring and supervision activities; Construction of 4 STD Clinics in Jaffna, Ampara, Mannar,
Ratnapura, Ensure Multisectoral involvement

18 Strengthen capacity of NGOs to undertake intervention programmes

3.2 Improving Information Base for Policy and Programme Management

19 MIS for routing monitoring and evaluation

20 Second generation surveillance (behavioural and serosurveillance)

21 Operational research

3.3 Improving Health Care Waste Management

Collection, treatment and disposal of waste in health institutions

Project Partners

The Ministry of Health will be responsible for the overall implementation of the project. The key responsibility within the Ministry will lie with the Director General of Health Services (DGHS). A management Administration Support Team comprising three specialists – a management specialist, a financial management specialists and procurement specialist will assist the DGHS. In addition to the NSACP, the NTP and the National Blood Transfusion Service which are functional units under the Ministry of Health, other Government agencies which include selected line Ministries and Provincial Health Authorities (PHAs) will have key responsibilities. NGOs will have a major share in the implementation of intervention programmes for vulnerable groups.

The NSACP will be responsible for training personnel from both Government and non-Governmental agencies selected to implement varied activities. They will also be guided in the development of their work plans during the initial phase of the project.

The NSACP and the provincial health authorities will undertake supervision of NGOs.

The NSACP will oversee the activities implemented by Government agencies. An Intersectoral Coordinator assisted by three Regional Facilitators will coordinate, monitor and evaluate the project activities.

The main implementing agencies responsible for undertaking interventions in respect of the selected target groups are shown below:

<table>
<thead>
<tr>
<th>Target Groups</th>
<th>Implementing agencies</th>
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<tbody>
<tr>
<td>1. Female sex workers</td>
<td>NGOs/CBOs</td>
</tr>
<tr>
<td>2. External migrant</td>
<td>Sri Lanka Foreign Bureau of Employment, NGOs</td>
</tr>
<tr>
<td>3. Armed personnel</td>
<td>Ministry of Defense</td>
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<tr>
<td>4. Internal migrant workers</td>
<td>Ministry of Labour – Worker Education Division, NGOs/CBOs</td>
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<tr>
<td>5. Police</td>
<td>Ministry of Internal Affairs – Police Department</td>
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<tr>
<td>6. Trishaw drivers</td>
<td>NGOs/CBOs</td>
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<tr>
<td>7. Drug users</td>
<td>National Dangerous Drugs Control Board, NGOs/CBOs</td>
</tr>
<tr>
<td>8. Beach boys</td>
<td>NGOs/CBOs</td>
</tr>
<tr>
<td>9. Youth</td>
<td>Ministry of Education – National Institute of Education; UGC; NYSC, NGOs</td>
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<tr>
<td>10. Children</td>
<td>National Child Protection Authority</td>
</tr>
<tr>
<td>11. General population</td>
<td>PHAs; NGOs</td>
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National HIV/AIDS Prevention Project
Ministry of Health, Sri Lanka (Published in leaflet)
Abstracts

1. The annual risk of Tuberculosis infection in the Eastern zone of India.

VK Chadha, P Kumar, J Gupta, PS Jagannatha, Lakshminarayana, V Magesh, A Jameel, S Sanjay, RK Srivastava, N Prasad, PS Vaidyanathan

INT J TUBERC LUNG DIS 8(5):537-544 2004 IUATLD

Setting: Rural and urban areas of eight selected districts in the Eastern zone of India.

Objectives: To estimate the Annual Risk of Tuberculosis Infection (ARTI).

Study Design: A community based, cross-sectional tuberculin survey was conducted among children aged 1-9 years residing in a sample of rural and urban areas. Stratified two-stage cluster sampling was adopted for selection of rural and urban clusters. A total of 40,964 children in 515 clusters underwent tuberculin testing and reading with 1TU PPD RT23 with Tween 80; the maximum transverse diameter of induration was measured about 72 hrs after the test.

Results: A Bacilli Calmette-Guérin (BCG) scar was observed in 51.5% of the test-read children. The frequency distribution of tuberculin reaction size among 19332 children without BCG scar was found to be bimodal, with the mode of reactions attributable to infection with tubercle bacilli at 20 mm. The prevalence of infection was estimated as 6.9%. The ARTI computed from the estimated prevalence was 1.3%. Children residing in the urban areas were found to be at a significantly higher risk of infection than those residing in rural areas.

Conclusion: The high rate of ARTI in the Eastern zone of India suggests a need for committed, sustained action in provision of quality tuberculosis control services.

2. Results of a standardized regimen for multi-drug-resistant Tuberculosis in Bangladesh:

A Van Deun, MA Hamid Salim, AP Kumar Das, I Bastian, F Portaels

INT J TUBERC LUNG DIS 8(5):560-567 2004 IUATLD

Setting: Individualized regimens based on drug susceptibility test results, generally used to treat Multi-drug Resistant Tuberculosis (MDR-TB), require often-unavailable expertise and resources.

Objective: To valuate a standardized regimen based on the susceptibility profiles of locally prevalent MDR-TB strains.

Design: The activities of a successful DOTS programme in Bangladesh were complemented by offering treatment with a standardized 21-month regimen to patients with laboratory-confirmed MDT-TB disease. The regimen contained Kanamycin, Ofloxacin,
Prothionamide, Pyrazinamide, Ethambutol, Isoniazid and Clofazimine. Clinical and bacteriological progress was monitored quarterly until treatment completion, then 6 monthly for 2 years.

Results: The status at the end of treatment of this cohort of 58-documented MDR-TB patients was as follows: eight (14%) deaths, seven (12%) defaults, three (5%) failures and 40 (69%) cures. One bacteriologically, confirmed relapse was recognized. Frequent and sometimes serious side effects proved to be the main problem, suggesting the need for a better-tolerated but equally effective regimen.

Conclusion: A standardized approach may provide a reasonable alternative to individualized treatment of MDR-TB in resource-poor settings. However, DOTS plus programmes in resource-poor settings may confront significant difficulties in the enrolment, diagnosis and management of MDR-TB patients.

3. Gender disparities in Tuberculosis: report from a rural DOTS programme in South India

R Balasubramanian, R Garg, T Santha, PG Gopi, R Subramani, V Chandrasekaran, A Thomas, R Rajeswari, S Anandakrishnan, M Perumal C Niruparani, G Sudha, K Jaggarajamma, TR Frieden PR Natayanan

Objectives: To examine gender difference in Tuberculosis among adults aged >14 years with respect to infection and disease prevalence, health care service access, care seeking behaviour, diagnostic delay, convenience of Directly Observed Treatment (DOT), stigma and treatment adherence.

Methods: Data were collected from 1) community survey, 2) self-referred out patients seeking care at governmental Primary Health Institutions (PHIs), 3) Tuberculosis suspects referred for sputum microscopy at PHIs, and 4) Tuberculosis patients notified under DOTS. Community survey results were compared with those for patients notified at PHIs.

Results: In the community, 66% of males and 57% of females had Tuberculosis infection. The prevalence of smear-positive Tuberculosis was 568 and 87/100 000, respectively, among males and females. Fewer males than females attended PHIs, (68 men for every 100 women). Females constituted 13% of all smear-positive patients detected in the community survey, and 20% of those detected at PHIs (P<0.05). The probability of notification decreased significantly with age among both males and females. Significantly more females than males felt inhibited discussing their illness with family (21% vs. 14%) and needed to be accompanied for DOT (11% vs. 6%). Males had twice the risk of treatment default than females (19% vs. 8%); P<0.01).

Conclusions: Despite facing greater stigma and inconvenience, women were more likely than men to access health services, be notified under DOTS and adhere to treatment. Men and elderly
patients need additional support to access diagnostic and DOT services.

4. Are smear-positive pulmonary Tuberculosis patients a 'sentinel' population for the HIV epidemic in Cameroon?

J Noeske, C Kuaban P Cunin

INT J TUBERC LUNG DIS 8(3): 346-351 2004 IUATLD

Objective: To assess whether the Human Immunodeficiency Virus (HIV) seroprevalence rate in adults with smear-positive Pulmonary Tuberculosis (PTB) can serve as a sentinel group for the estimation of HIV prevalence in the general adult population in Cameroon.

Design and Methods: A systematic review of reported HIV seroprevalence rates in the general adult population and in adults aged 15 years and over with PTB in Cameroon, using indexed and non-indexed articles, publications and reports from 1989 to 2000. Reconstruction of the evolution of the HIV seroprevalence in the two populations was done, and the relationship between these was established by the regression equation and the calculation of the correlation coefficient r.

Results: During the period 1989-2000, the evolution of HIV seroprevalence in the general adult population and in adults with PTB showed a steady increase, with a strong linear relationship \( r = 0.96, df 7, P <0.01 \). Each percentage increase of HIV seroprevalence among PTB patients corresponded to an increase of seroprevalence of about 0.3% in the general population.

Conclusions: HIV seroprevalence in PTB patients in Cameroon could serve as a 'sentinel' for HIV seroprevalence in the general population.

5. Preventing drug-resistant Tuberculosis with fixed dose combination of Isoniazid and Refampicin:

TS Moulding, HQ Le, D Rikleen P Davidson

INT J TUBERC LUNG DIS 8(6): 437-748 2004 IUATLD

Setting: Los Angeles County Department of Health Services.

Objective: To determine how well a self-administered fixed dose combination of Insoniazid and Refampicin (Combined HR) prevents acquired drug resistance to Mycobacterium Tuberculosis despite treatment interruptions.

Design: Self-administered Combined HR was given to approximately 75% of patients and directly observed therapy or separate drugs to 25%. Three quarters of the patients completed the prescribed treatment. We determined 1) how many patients had two drug-susceptible cultures 3 or more months apart as a measure of drug susceptible failure or relapse, 2) how many patients whose initial culture was drug-susceptible had a subsequent drug-resistant culture as a measure of acquired drug resistance, and 3) what treatment regimen was taken by each patient who developed acquired drug resistance.
**Results:** Among 5337 drug-susceptible tuberculosis patients who were known or presumed to be human immunodeficiency virus (HIV) negative, 152 (2.84%) treatment failures or relapses occurred, of which 25 (0.47%) developed acquired drug resistance. Among approximately 4000 cases taking Combined HR and primarily Combined HR, drug resistance occurred in only eight cases (0.2%), and a total of 12 cases (0.3%) when patients with indeterminate treatment histories were added.

**Conclusion:** Treatment with self-administered Combined HR results in minimal acquired drug resistance in HIV-seronegative Tuberculosis cases despite modest rates of incomplete treatment.

6. **Quality control of anti-Tuberculosis fixed-dose combination formulations in the Global market: an in vitro study**

Y Ashokraj, S Agrawal, MVS Varma, I Singh, K Gunjan, KJ Kaur, SR Bhade, CL Kaul, JM Caudron, J Pinel, R Panchagnula

INT J TUBERC LUNG DIS 8(9):1081-1088 2004 IUATLD

**Objective:** To determine the quality, and especially the dissolution properties of Rifampicin, of fixed-dose combination (FGC) formulations of anti-Tuberculosis agents manufactured by major market holders in the anti-Tuberculosis sector and supplied for use in National Tuberculosis Control Programmes.

**Methods:** Dissolution studies were performed for four formulations supplied by four different manufacturers in four dissolution media (0.1N and 0.01N HCL, phosphate buffer [PB] and 20% vegetable oil in PB), at four different agitation rates using USP apparatus II. The formulation were subjected to 4-week accelerated stability studies (40°C/75% RH) and evaluated for physical, chemical and dissolution stability.

**Results:** The formulations tested complied with pharmacopeial quality control (QC) tests. The extent of Rifampicin release was independent of dissolution medium, however, a slight decrease in the dissolution rate was observed in two products. More than 75% of drug was released in 45 min at all agitation intensities except 30 rpm, and 20% oil in the medium reflected fed state. Formulations were stable in the packaging conditions recommended by the manufacturer for at least 4 weeks.

**Conclusions:** The formulations tested passed the QC tests and were found to be stable. A decrease in the rate, although not the extent, of dissolution necessitated multiple point dissolution in gastric and intestinal pH conditions to ensure consistency in vivo bioavailability.
Joining of New Director, STC

Dr. Kashi Kant Jha has been appointed as the Director of SAARC Tuberculosis Centre from the month of October 2004.

Dr. Jha has gained a long work experience in Government services. He has also gained more than a decade experience as a Nominee-Member of Sub-regional Hospital Development Board, Birjung under the Ministry of Health, His Majesty's Government of Nepal. He had been appointed as Officiating Director of National TB Centre several times.

He has also served SAARC organization as a Member of STC Governing Board from Nepal.

He has got different trainings on TB and HIV/AIDS. He has done work of facilitators in training organized by WHO/SEARO and STC. He has performed work of chairperson, co-chairperson and guest speaker in the conferences organized by IUATLD, NATA and other organizations. In the field of research he has done research work on TB HIV/AIDS, MDR TB and Urban TB & PPM etc.

He has got life memberships in Nepal TB Association, Nepal Medical Association, NATCPs, Nepal Red Cross Society, Lions Club and some international organizations. He has got many awards and appreciations for his remarkable works in the field of health services. Now he is Director of National TB Centre also.

UNAIDS consultants visit to STC:

- Mohammed Ali Bhuiyan, UNAIDS, South Asia visited SAARC TB Centre in October 14, 2004. He observed the activities of the Centre and expressed his opinion for the further development of the Centre.

- Pramilla Senanayake, Short-term Consultant, UNAIDS visited SAARC TB Centre in November 5, 2004 to discuss the process & steps in development of SAARC Regional Strategy on HIV/AIDS.
Proposed Programmes

- SAARC Regional Workshop to develop a SAARC Regional Strategy on HIV/AIDS and meeting of Managers of National HIV/AIDS Control Programme
- World TB Day 2005

Editor's Request

Dear readers

This STC Newsletter is published twice a year. News, activity reports and technical information in every number of this publication can be seen. We would like to request our readers to send articles for publication in STC Newsletter. This is your publication; you can publish your articles, findings, facts etc. regarding TB and HIV/AIDS control and prevention in the Region. We have also been publishing SAARC Journal of TB, HIV/AIDS and Lung Diseases. You can contribute by sending your original articles, review articles, short-reports in the journal. Your comments & suggestions will be highly appreciated.

Your can download our latest STC Newsletter from website – www.saarctb.com.np

Thank you.

Editor
Transmission of HIV:

- During unprotected sexual contact
- Through transfusion of contaminated blood or blood products
- While sharing contaminated needles and syringes for injecting drugs (used by HIV infected person)
- While using contaminated blade, razor or instruments for piercing ear, nose or skin
- From HIV infected mother to child

If undelivered, please return to:

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