



STC

NEWSLETTER

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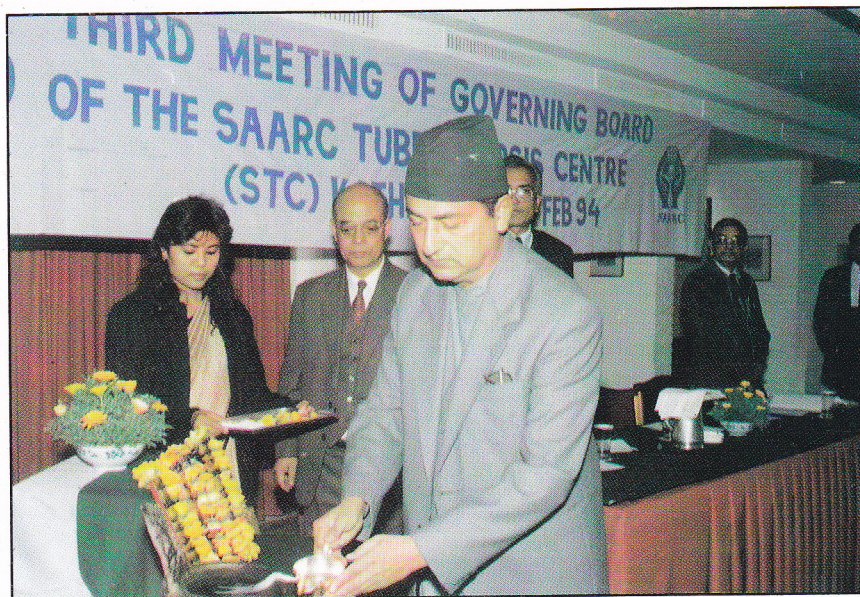
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SAARC Tuberculosis Centre Newsletter is published every six months and reports on the work, decisions, important meetings of the centre and recent important information on Tuberculosis.

SAARC TUBERCULOSIS CENTRE PUBLICATION

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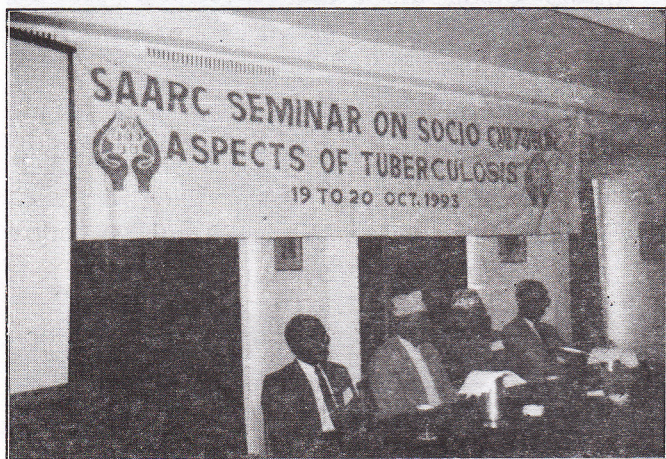
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DR. PRAHLAD KUMAR
DY. DIRECTOR STC

STC NEWS

1. SEMINAR ON SOCIO-CULTURAL ASPECTS OF TUBERCULOSIS

At the invitation of His Majesty's Government of Nepal, the SAARC Seminar on Socio-cultural Aspects of Tuberculosis was held in Kathmandu on 19-20 October 1993. The Seminar was inaugurated by Mr. Yubraj Sharma, Acting Secretary of the Ministry of Health of His Majesty's Government of Nepal. He underlined the importance of Socio-Cultural Aspects of the society in generating public awareness for the prevention of Tuberculosis in the Region. Delegates from Bangladesh, Bhutan, India, Maldives, Nepal and Shri Lanka participated in the Seminar.



Dr. T. M. Shakya, Director, STC, made the welcome speech. The delegate from India, Dr. K. K. Dutta, Deputy Director General (TB) proposed Vote of Thanks. The inaugural ceremony was chaired by Dr. Ram Ratan Upadhyay, Acting Director General, Department of Health Services.

RECOMMENDATIONS:

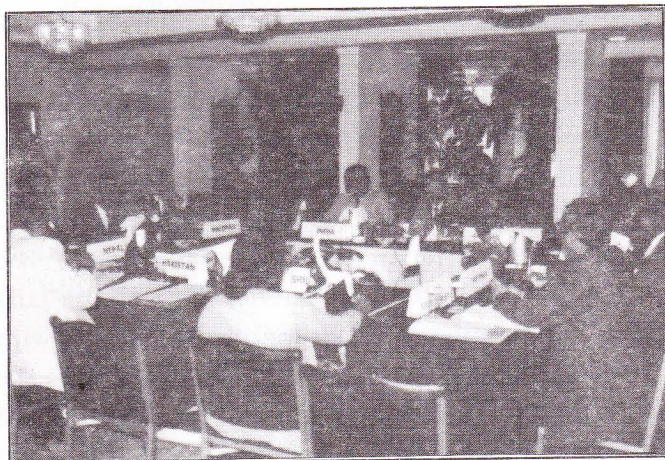
1. It was felt that there is a need to generate appropriate information on various socio-cultural facets to tackle the socio-cultural issues linked with tuberculosis. Priority should be given to support the operational research studies linked with socio-cultural aspects of TB. A separate budget allocation or enhance budget allocation for operational research should be made available under the NTP.
2. Components of social sciences should be made available to the NTP to co-ordinate all activities linked with socio-cultural aspects of tuberculosis in the SAARC region to help in appropriate interventions to tackle this issue.
3. NTP should have a significant component of the Information Education and Communication (IEC) and for this purpose separate and adequate budget allocation should be made available.
4. The IEC activities should cover all target groups under various socio-cultural set-ups and prepare appropriate target specific messages to enhance the awareness among the population in various aspects of tuberculosis, like manifestations, prevention, treatment and cure.
5. All available platforms for reaching the general mass in the general health care services should

- be utilized to promote IEC related activities in an integrated fashion.
6. As tuberculosis is linked with the overall socio-cultural and economic development of the community and availability of health care facilities in the remote difficult areas and also in the urban slums, it is suggested that efforts should be made to augment the health care facilities in these areas. Separate norms for health care functions for these areas should be decided by the individual country. The recommended IEC activities will take care in enhancing the awareness of tuberculosis.
 7. Recommended IEC activities will play a crucial role in preparing the community for participation in the TB control programme, it has been felt that administration of short course chemotherapy in the initial intensive phase is extremely crucial for the success of NTP. Therefore, all the member countries should make efforts to look into these areas and develop and appropriate machinery involving community leaders, village leaders and volunteers in supervising administration of short course chemotherapy during the intensive phase.
 8. Community participation should be encouraged in early case detection, referral and follow-up examinations. In Maldives, there is involvement of community leaders in all the activities of NTP (Drug supply, Case-finding and Follow-up).
 9. Non-governmental organizations (NGOs) should be involved in enhancing the awareness of the common people, specific target groups, professional and para-professional for effective implementation of NTP.
 10. NGOs being an important component for NTP, should be invited in future SAARC Meetings.
 11. As relevant epidemiological data is not available in the SAARC Countries, it is recommended that immediate efforts be taken to generate appropriate epidemiological information with reference to TB and HIV infection through scientific studies.
 12. NTP should establish appropriate linkage with AIDS control programme and work out common areas of action for better utilization of scarce resources.
 13. SAARC Tuberculosis Centre (STC) has been functioning since the last three years with the role of co-ordinating activities pertaining to the NTP of all the SAARC countries. This requires establishing a network connecting all national programmes of the member countries. Appropriate epidemiological information with respect to NTP should flow to the SAARC TB centre periodically for effective function.
 14. The NTP should integrate with the general health care package through the primary health care approach.

2. THIRD GOVERNING BOARD MEETING OF STC

2.1. Introduction:

At the invitation of His Majesty's Government of Nepal and the Director, STC, the Governing Board of the SAARC Tuberculosis Centre (STC) held its Third Meeting in Kathmandu on 08-09 February 1994. The Meeting was inaugurated by Mr. Jagadishor Upadhyay, Secretary to the Ministry of Health, His Majesty's Government of Nepal. Mr. Upadhyay emphasized the need for enhanced co-operation among the Member States for prevention and control of tuberculosis, which still constitutes a major public health problem in the region.



The Meeting was attended by all the Member States and the SAARC Secretariat was represented by the Director, Mr. Humayun A. Kamal.

2.2. As per the established SAARC practice, Prof. A. K. M. Mosleh Uddin, the representative from

Bangladesh to the Governing Board was elected Chairman of the Meeting.

2.3. The Director, STC, gave an overview of the progress made in the implementation of the activities of the year 1993/94, which was discussed and approved by the Second Board Meeting. He elaborated upon the status of the following activities:

a) **Compilation and printing of the Directory of TB Hospitals, TB Training Institutions/Clinics and Centres in the SAARC countries.**

The Board noted that so far, information and data on the same had been received from only a few countries. It urged the Member States which have not done so to expeditiously furnish the necessary information and data to the Director, STC, by the end of March 1994, to enable him to finalized the compilation and printing of the above mentioned Directory.

b) **Compilation and printing of the list of TB and Chest Specialists in the SAARC countries.**

The Meeting took note of the fact that, so far only two countries have provided the STC with the necessary information/data. The Board Members from two other Member States handed over the required information/data to the Director during the Meeting. A

delegate expressed the view that the list may be limited to National, Provincial and Specialized Institutions in those countries that have a large number of Institutions/Specialist dealing with the subject. The Meeting also urged the remaining Member States to forward the above information/data by the end of March 1994, directly to the Director, STC.

2.4. The Board was informed by the Director, STC, that a three day seminar would be held in Kathmandu in the beginning of April.

2.5. The Board noted with satisfaction that the first issue of STC Newsletter was published in November 1993 and was circulated subsequently among the Member States. It also discussed the frequency of the publication of the Newsletter and decided that it should be published twice a year. It was also decided that the next meeting of the Governing Board would review this decision and may recommend a quarterly publication of the Newsletter, provided sufficient material is available from Member States.

2.6. In order to establish a network arrangement on Primary Health Care and TB Control Programme in SAARC countries, the Meeting requested Board Members to identify their respective Focal Points and intimate the same to the Director. In this connection, the Questionnaire on General Health Services and TB Control, circulated in the last Meeting, were returned duly completed from some countries. The Questionnaire was recirculated with the request to return the same to the Director, STC, as soon as possible.

2.7. The Director, STC, informed the Meeting about measures taken for the appointments of the General Service Staff (GSS), as well as Professional Staff (Deputy Director) for the Centre. In response to the advertisement placed in local newspapers for the post of the GSS, several applications were received which were scrutinised.



2.8. As regards the selection and appointment of Professional Staff (Deputy Director), Director, STC, informed the Meeting that Member States were requested to provide wide coverage in the local press for the same. In response to the advertisements, ten applications were received by the Director from Member States. The Director, STC, presented copies of the curriculum-vitae of the applicants along with supporting documents, the above post to the Members of the Governing Board. The Board examined each application carefully and decided to short-list three candidates in order of merit for appointment. The following three candidates were short-listed.

1. Dr. Prahlad Kumar, India
2. Dr. Gulam Nabi, Bangladesh
3. Dr. D.A.P.R. Jayasekera, Sri Lanka

2.9. The Governing Board considered the activities to be undertaken in the year 1994-95 and recommended the following:

- a) Trainers' Training for District Tuberculosis Control Programme in SAARC countries, by sharing of the available training facilities.
- b) Identification of the National Institutes of Tuberculosis by each Member Countries, and develop collaboration among institutions.
- c) Seminar on Tuberculosis Control Programme through Primary Health Care Approach.
- d) Co-ordinate a multi-centric study on the Tubercle Bacillus drug sensitivity.
- e) Study Tour of the STC Director.
- f) Newsletter.
- g) Purchase of books, subscription to journals, magazines and newsletter.

BUDGET PROVISION OF THE YEAR 1994/95

- a) **Institutional Cost Budget for the year 1994/95:** The Board approved the Institutional Budget for STC for the financial year 1994/95 and recommended the same for consideration of the Technical Committee on Health & Population Activities.
- b) **Estimate of Programme Cost for the Year 1994/95:** The Board approved the Programme Cost Budget for STC for the financial year 1994/95 and recommended the same for consideration of the Technical Committee on Health and Population Activities.

c) The request would be sent to Member States by the Director of STC through the SAARC Secretariat after the Budget would be approved by the Technical Committee on Health and Population Activities and the Standing Committee.

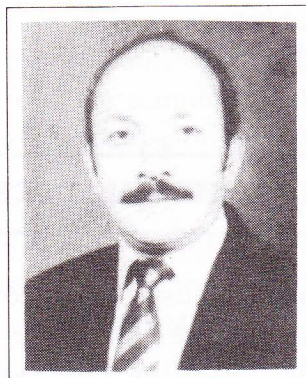
d) **Working Capital Fund:** As per decision taken in the 2nd Meeting of Governing Board, a Working Capital Fund of US \$ 10,000.00 has been established.

ANY OTHER MATTERS

The Board discussed the auditing of STC's accounts, in accordance with the Centre's financial regulations (Report of the First Meeting of the Governing Board and requested Director, STC, to take appropriate action for getting the accounts of the Centre audited soon after the completion of the financial year. The Audit Report, along with the financial statements for the year 1992/93 and 1993/94, as well as the comments of the Director, STC, on audit observations, if any, would have to be placed before the Forth Meeting of the Governing Board. The Director, STC, would also submit a brief statement of the financial position of the Centre in the next meeting of the governing Board. The Board recommended that as per the existing practice, all expenses on allowance etc., where applicable, would have to be borne by the concerned Member State. It was further recommended that the accounts for the financial year 1992/93 and 1993/94 may be audited together as a one time exception in view of the low disbursements. The Director, STC, was therefore advised to contact His Majesty's Government of Nepal & Government of Bangladesh for finalizing the dates of the audit.

WELCOME NEWS

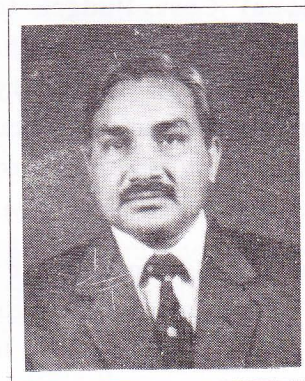
3. NEW SECRETARY GENERAL OF SAARC SECRETARIAT



Hon'ble Mr. Yadab Kanta Silwal, has taken over the charge as the Secretary General of SAARC Secretariat from January 1, 1994. His Excellency Mr. Silwal was the Secretary of His Majesty's Government of Nepal, Ministry of Foreign Affairs before joining the new office.

4. APPOINTMENT OF DEPUTY DIRECTOR

On the decision of the 3rd Governing Board Meeting held in Kathmandu on 08-09 February, 1994, Dr. Prahlad Kumar (India) has been appointed as Deputy Director (Information & Communication Division) of STC. He is MD in Tuberculosis and Respiratory Diseases from India in 1981, worked as Assistant Professor in Medical College in Rajasthan upto 1986, Chest Physician in Sajdargung Hospital, New Delhi 1986-1988, study TB control in Philippines, Japan and USA in WHO Fellowship 1991, have been working as Assistant Director General (TB), Govt. of India before joining this post. He has joined his duty on 27th April 1994.



5. APPOINTMENT OF GENERAL SERVICE STAFF (GSS)

In the following posts, General Service Staff (GSS) have been permanently fulfilled.

1.	Statistician	.....	1
2.	Computer Technician	.....	1
3.	Training Officer	.....	1
4.	Administrative Officer	.....	1
5.	Accountant	.....	1
6.	Administrative Assistant	.....	1
7.	Office Secretary	.....	1
8.	Personal Assistant	.....	1
9.	Typist	.....	2
10.	Peon	.....	2
11.	Gardener	.....	2
12.	Sweeper	.....	2
13.	Driver	.....	1

INFORMATION

6. AVAILABLE INFORMATION ON TUBERCULOSIS IN SAARC COUNTRIES

Annual Notification of Tuberculosis in the SAARC Region (1974 to 1991)

<u>Years</u>	<u>Bangladesh</u>	<u>Bhutan</u>	<u>India</u>	<u>Maldives</u>	<u>Nepal</u>	<u>Srilanka</u>
1974			532692		1228	6074
1975	11549	-	675508	-	-	7324
1976	6517	-	589768	-	1235	6823
1977	25943	-	610531	500	1975	5994
1978	26941	967	668794	107	959	6360
1979	34377	1159	662600	-	1264	6152
1980	39774	1539	705600	73	1020	6212
1981	42644	2657	769540	74	337	6288
1982	49870	720	923095	111	1459	7334
1983	52961	1017	1075098	143	700	6666
1984	45679	904	1109310	123	190	6376
1985	41802	1073	1168804	91	52	5889
1986	45599	1582	1279536	325	252	6596
1987	45355	608	1403122	272	1012	6411
1988	44280	1126	1457288	304	1603	6092
1089	45919	1525	1510500	418	11003	6429
1990	48773	1154	1519182	424	10142	6666
1991	56052	996	1555353	380	8983	6174

Note: No data available from Pakistan

Source: World Development Report 1993

INFORMATION FROM W.H.O.

Global Target:

- Treating successfully 85 % of the detected smear positive cases.
- Detecting 75 % such cases by the year 2000 AD

Adaptation of the following policy by all member states vital for successful implementation.

1. Govt. commitment of NTP:

- △ Permanent health system activity integrated into existing health structure.
- △ Technical leadership from the central unit.

2. Standardized short course chemotherapy (SCC) on ambulatory basis whenever feasible but under full supervision in the initial intensive phase.

3. Establishment of standardized case notification:

- △ Based on passive case-finding
- △ Confirmed diagnosis by sputum microscopy through effective sputum microscopy network.

4. Programme supervision & evaluation:

- △ Based on: monitoring system through better registration of patients and their progress of treatment.
- △ Better performance in each district review by standardized recording and reporting.

5. A system of regular drug supply:

- △ Based on advance planning & procurement and supply.
- △ Timely delivery of adequate amounts of drugs.

(WHO Executive Board, EB 93/25, 19th Nov. 1993)

WHO TB Programme's current objective

Reducing the death rate from tuberculosis currently 3 million people per year by half by the year 2000 AD.

Cutting transmission and infection rates of disease by identifying and supervising the treatment of infected persons until they are completely cured.

(WHO 46th. year No.4, July-Aug.1993)

NTP NEWS

7. REVIEW OF NTP IN NEPAL

Tuberculosis has been declared as global emergency by the WHO recently, it is most appropriate that an assessment of TB control activities to be carried out to review the present station of TB control.

Keeping in mind, a review of NTP has been done by the experts of WHO and other International Non-Governmental Organizations (INGOs).

Objectives were:

1. To make comprehensive assessment and through review of tuberculosis situation.
2. To help HMG/Nepal, co-ordinate donor assistance and non-governmental involvement in the TB control programme.
3. To incorporate WHO recommended principles of TB control with the common frame work with the aim of improving cure rate of TB patients.
4. To introduce a system of supervision and monitoring activities at central, regional and district level.

The programme was carried out from 22 may to 6 June 1994. The recommendation prepared by the experts has been presented to the HMG/Nepal, MOH for their implementation.

Following are the expertise reviewing the Tuberculosis Control Programme:

1. Dr. P. Sudre -
Medical Epidemiologist of Infectious Disease, Geneva.
2. Dr. R. Feldman
Prof. of Epidemiology Department of Epidemiology and Medical Statistics the London Hospital.
3. Dr. T. Mori
Deputy Director, Japan Anti-TB Association.
4. Dr. E. Heldal
Norway
5. Dr. J. Kumaresan
Geneva
6. Dr. Gunaratne
SEARO

Following are the Recommendations of the Review Team:

1. HMG should establish a revised National Tuberculosis Programme (NTP) and a policy to be followed by all sectors dealing with tuberculosis control in the country.

Manual or guidelines on procedures for diagnosis, treatment, management and follow-up of tuberculosis patients should be revised by NTP based on the national policy, and distributed to all sectors involved in tuberculosis control.

2. Short-course chemotherapy (SCC) as recommended by WHO should be adopted by HMG as the first line regimen in the country. SCC should be gradually extended by the NTP through the Primary Health Care structure, with involvement of RHDs for its implementation. The implementation should build upon experience from successful projects as well as fulfillment of the necessary conditions. Adequate budget for implementation of SCC should be provided by HMG.

Emphasis should be placed on achieving at least 85 % cure of sputum smear-positive patients who are registered at a health facility rather than on increasing case-finding.
3. NTP should be supported by the Director-General Health Service in collaborating directly with the Regional Health Directorates (RHDs) to ensure smooth implementation of the programme at regional, district and peripheral levels. The functions of NTP include coordination of country-wide implementation, planning, budgeting, ensuring procurement and distribution of drugs, equipment and supplies, training, monitoring, surveillance and research.
4. A full-time WHO Medical Officer for tuberculosis control in Nepal shall be appointed to assist HMG to plan and implement the revised NTP.
5. Senior management level staff at NTP, and DHOs should be public health trained personnel or be provided with relevant training and orientation in public health. Public health trained doctors should be provided adequate incentives such as practice compensatory allowances as in the case of certain clinical specialists.
6. TB/Leprosy assistants at regional level and TB/Leprosy supervisors at district level should be urgently recruited into the already established posts. In the recruitment prices, due consideration should be given to recruiting officers of a higher cadre at regional level, and utilizing the existing trained developmental staff who are presently carrying out these activities, including those currently employed in the INGOs.
7. Tuberculosis should be included in the list of notifiable diseases in the country. The recording and reporting system should be revised based upon WHO/IUATLD recommendations.
8. A clear training plan for all levels of staff involved in tuberculosis control activities should be developed by NTP in collaboration with National Training Centre, RHDs and Regional Training Centres, utilizing the training facilities available at National Tuberculosis Centre (NTC) and Regional Tuberculosis Centre (RTC).
9. NTP should urgently ensure that the procurement and distribution of drugs, stationery, equipment and supplies to all health facilities in the country is done in a timely and uninterrupted manner by collaborating with the staff in the Logistic Department in the Ministry of Health and RHDs.
10. The network of microscopy centres in the country should be strengthened by NTP in collaboration with the National and Regional Public Health Laboratories. Quality control of smear microscopy as well as training of laboratory personnel should be ensured.
11. NTP should establish close coordination with leprosy, STD, and AIDS programme at central, regional and district levels.

Formation of the Task-Force:

HMG/Nepal has formed a Task Force Committee under the Chairmanship of the Hon'ble Member of The National Planning Commission, Dr. Bal Gopal Baidya. Following are the members of the committee.

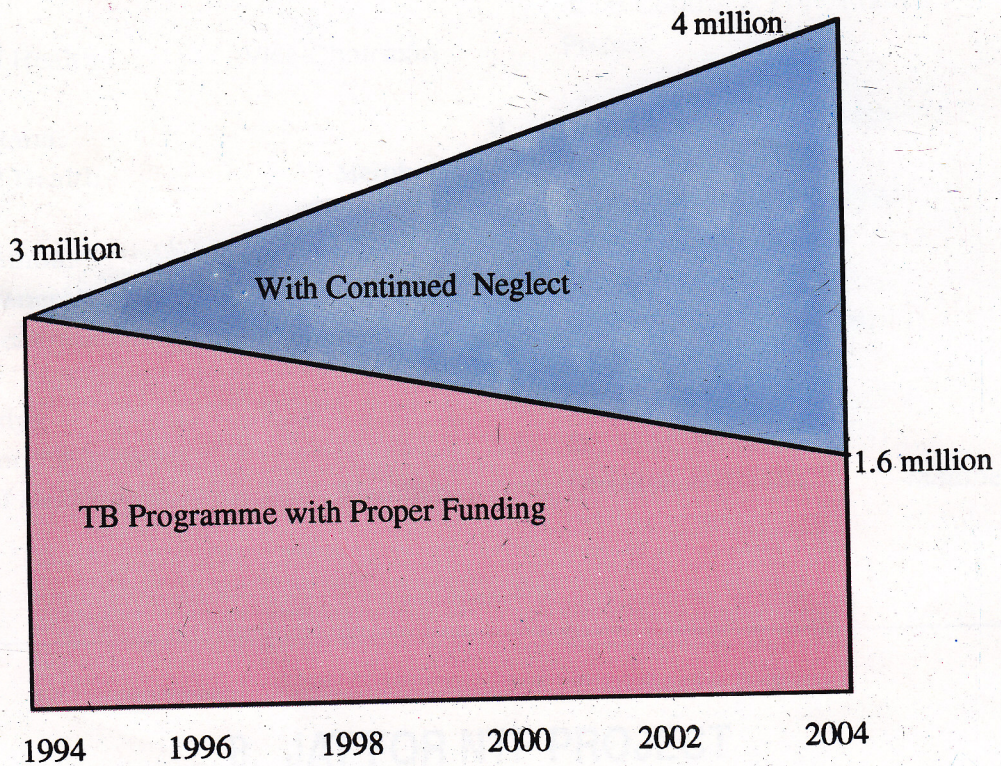
- | | | | |
|---|----------------|--|-------------------|
| 1. Mr. B. G. Baidya,
Hon'ble Member,
National Planning Commission | -Chairman | 6. Dr. B. L. Shrestha,
Director,
Epidemiology Division,
Department of Health Services | -Member. |
| 2. Mr. J. Upadhyaya,
Secretary,
Ministry of Health | -Vice-Chairman | 7. Dr. B. D. Chataut,
Director,
Planning Division,
Department of Health Services | - Member |
| 3. Dr. N. B. Rana,
Ministry of Health | - Member | 8. Dr. B. B. Karki,
Chief,
AIDS Control & Prevention
Project | - Member |
| 4. Dr. R. N. Sinha,
Director General,
Dept. of Health Services | - Member | 9. Representative from JICA | -Member |
| 5. Dr. K. Vaidya,
Chief, Planning Division,
Ministry of Health | Member | 10. Representative from WHO | - Member |
| | | 11. Dr. D. S. Bam,
Senior Chest Physician,
NTC | - Member. |
| | | 12. Dr. T. M. Shakya,
Director, NTC/STC | -Member Secretary |

8. JAT FOR NTP PROJECT

The Japanese assisted project for National Tuberculosis Programme (JAT for NTP) was started from the period of 5 years. It was further extended for

2 years. During those 7 years, 19 long term expert worked for the aforementioned project.

FUTURE OF ANNUAL TB DEATH IN THE WORLD



Source: WHO Report on the TB Epidemic
WHO/TB/94.177