

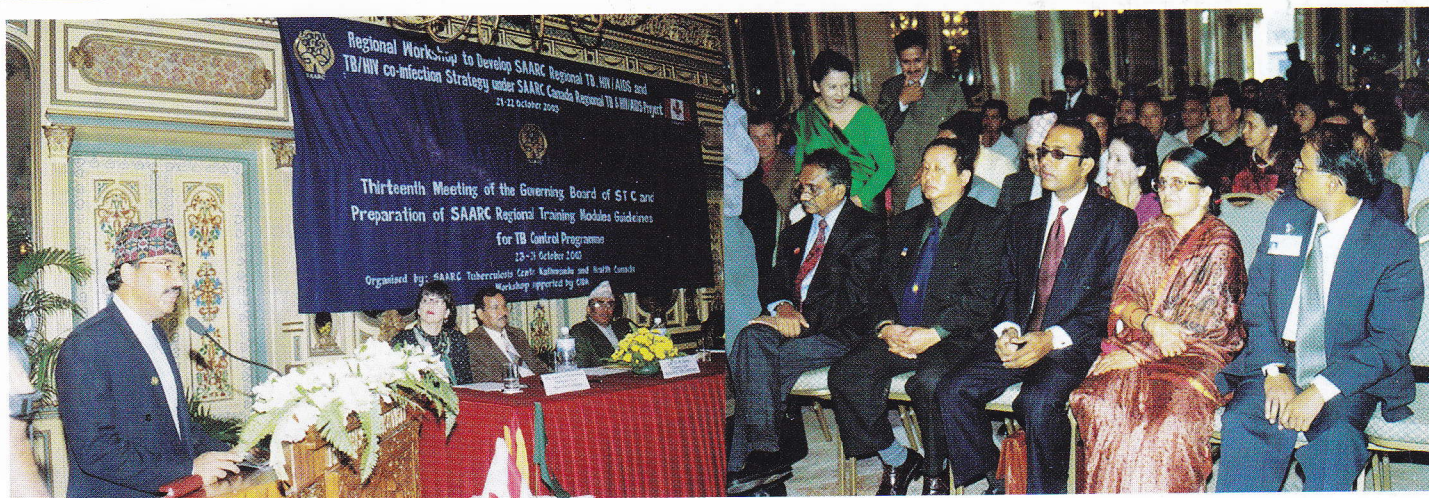


Year 2004  
SAARC Awareness Year for TB and HIV/AIDS

# STC

## Newsletter

Vol. XIII No. 2 July-December 2003



(Inauguration of Regional Workshop to Develop SAARC Regional TB/HIV Co-infection Strategy and 13<sup>th</sup> Governing Board Meeting)

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STC Newsletter is a regular publication of SAARC TB Centre, it includes reports on activities, decisions of important meetings of the Centre and recent information on tuberculosis and its control

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# SAARC TB Centre Newsletter

Vol. XIII, No. 2

July-Dec. 2003

## From the Editorial Desk

Recognizing gravity of the problem, the leaders of the SAARC region have given high priority to TB and HIV/AIDS. On the recommendation of Governing Board of SAARC Tuberculosis Centre, 12<sup>th</sup> SAARC Summit held in January 4-6, 2004 in Islamabad declared Year 2004-SAARC Awareness Year for TB and HIV/AIDS. It is our moral responsibility to make aware communities and individuals about situation of TB, TB/HIV co-infection and HIV/AIDS, their spread and social and economic impacts on individual, family, community, country and world at large and benefits of their prevention & control. It is the high time for individuals and organizations to act to contain these devastating epidemics.

Let us commit to continue to contribute something to curb these epidemics.

Your contribution will not go into vain but will reduce stigma attached to TB and HIV/AIDS, save precious lives, prevent children from becoming orphans and women from losing their status as wives and mothers.

### Editorial Board:

Dr. D. S. Bam  
Dr. Rano Mal Priyani  
Dr. B. P. Rijal  
Dr. Md. M. Rahman

### Editorial Board Members from the Member Countries:

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#### Bhutan:

Dr. Dorji Wangchuck

#### India:

Dr. L. S. Chauhan

#### Maldives:

Mr. Ibrahim Shaheem

#### Nepal:

Dr. Kashi Kant Jha

#### Pakistan:

Dr. Sayed Karam Shah

#### Sri Lanka:

Dr. Chandra Sarukkali

# *Report on Activities:*

## **REGIONAL WORKSHOP OF NODAL OFFICERS FROM SAARC MEMBER COUNTRIES 8-9 JULY, 2003**

The Secretary for Health, Mr. Bijay Raj Bhattarai inaugurated the workshop of Nodal Officers of SAARC Member Countries on 8 July 2003 in Kathmandu. The workshop was organized by SAARC TB Centre under the SAARC-Canada Regional TB and HIV/AIDS project. The inaugural ceremony was chaired by Dr. L. R. Pathak, Director General, Department of Health Services.



### **The objectives of the workshop were:**

1. To develop modalities for exchange of data on TB, HIV/AIDS, TB/HIV co-infection.
2. To develop uniform formats for collection of data on TB, HIV/AIDS, TB/HIV co-infection.
3. To define the Roles and Responsibilities of nodal officers in relation to exchange of data on TB, HIV/AIDS, TB/HIV co-infection.

Dr. D. S. Bam, Director, STC welcomed the participants and guests at the function. In his

address, he highlighted the regional situation of tuberculosis and HIV/AIDS.

Dr. V. S. Salhotra, Chief Medical Officer (TB), Directorate General of Health Services, Ministry of Health, Government of India spoke on behalf of participants. He appreciated the efforts put by STC for the workshop.

Dr. Rano Mal Piryani, Deputy Director, STC delivered vote of thanks on behalf of STC. He extended sincere thanks to the Member Countries for sending the delegates for this workshop. He also thanked to National and International dignitaries; Ministry of Health and Ministry of Foreign Affairs, His Majesty's

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Government of Nepal, CIDA, Health Canada, WHO, UNAIDS and other NGOs and INGOs for their cooperation & collaboration and SAARC Secretariat for generous support and cooperation.

Dr. D. S. Bam welcomed the participants in the technical session and Dr. Rano Mal Piryani presented overview of SAARC-Canada Regional TB and HIV/AIDS Project. Dr. Md. M. Rahman, Epidemiologist, STC presented objectives and methodology of workshop. He also highlighted the impact of HIV on TB control programme.

Mr. Paul Alexander, Epidemiologist, Health Canada talked on TB/HIV global and regional epidemic.

Dr. M. Samaratunga, Research Officer, presented paper on gender issue in TB and HIV/AIDS and importance of gender disaggregated data within the disease analysis.

Dr. B. P. Rijal, Microbiologist, STC presented importance and necessity of TB laboratory network within SAARC region.

On second day of the workshop Dr. D. S. Bam presented TB control programme activities in Nepal.

Dr. Bal Krishna Suvedi, Director, National Centre for AIDS and STI Control, Dept. of Health

Services briefed about the situation, strategy and structure for prevention of HIV/AIDS in Nepal. Mr. Kinzang Namgyel, TB Programme Officer from Bhutan presented status and policy for TB and HIV/AIDS programme in Bhutan.

Dr. V. S. Salhotra, Chief Medical Officer (TB) DGHS, Ministry of Health, Government of India briefed the burden of TB, coverage and expansion of DOTS, HIV/AIDS control programme and TB HIV co-infection situation in India.

Mr. Md. Lutfor Rahman Chowdhury, Addl. Secretary, Ministry of Health and Family Welfare, Government of Bangladesh presented papers on National TB Programme and HIV/AIDS control programme in Bangladesh.

Dr. Gulshan Rasheed, Medical Officer, National TB Programme, Pakistan presented paper on TB and HIV/AIDS control programme in Pakistan

Dr. Kapila Sooriyaarachchi, Acting Director, National Programme for TB and Chest Disease, Sri Lanka made a presentation on National TB and HIV/AIDS control programme in Sri Lanka.

Dr. D. S. Bam chaired the closing session and expressed his sincere thanks to the participants for their hard work and exercise for the outcome of the workshop. He also thanked Health Canada and CIDA for their support.



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## **PUBLIC AWARENESS, ADVOCACY AND PARTNERSHIP PROGRAMMES**

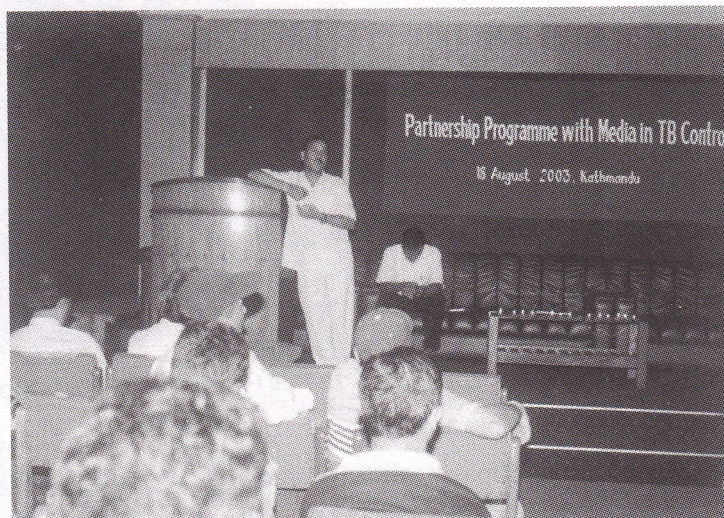
### **Partnership with Media:**

**Programme held at National News Agency (RSS), Aug. 18, 2003**

The media is an effective vehicle to create public awareness and advocacy for the control of Tuberculosis and HIV/AIDS in the community. Knowing the fact, STC started to involve the media people in TB and HIV/AIDS control programme for creating awareness and propagating for advocacy in organized way from August 1999, when a programme with media was organized in SAARC Secretariat and an appeal was made to the media to contribute in TB control programme. There was good response from media.

In continuation, a partnership programme with media was organized on August 18, 2003 at National News Agency (RSS) Kathmandu. Mr. Kamal Pradhan, General Manager, RSS chaired the session. All journalists from RSS actively participated in the programme. In the programme the objective of the partnership was presented by Dr. Md. M. Rahman, Epidemiologist, STC.

The global TB burden was presented by Dr. C. Guneberg, Medical Officer, WHO/NTC.



Similarly, TB situation in SAARC region by Dr. Rano Mal Piryani, Deputy Director, STC and Role of media in TB control by Dr. D.S. Bam, Director, STC, were also presented.

Dr. Bam appealed to the journalists to use their strong weapon THE PEN to control TB in our community, country and region. After the effective and short presentations, detailed discussions were held among the participants and TB experts.

Chairman of the programme, Mr. Pradhan delivered his remarks at the end of the programme and committed to support the TB control programme. He also appealed to the participant journalists to contribute TB control programme from their capacity.

**Partnership with School Students:  
Programme held at SAARC TB  
Centre Training Hall, Aug. 8, 2003**

Under National TB Control Programme (NTP) public awareness and advocacy is given top priority. To fulfill this requirement, a partnership programme has been developed with certain potential segments of the society, in order to raise public awareness on TB and its control. In this regard, school students have been identified as a potential group who could propagate the message on TB among their friends, family, neighbours and in the community at large.

Considering the fact, STC organized a partnership programme with school students of Lalitpur District for public awareness & advocacy in TB control on 8 August 2003.

Students from **Shining Star Boarding School, Kupandole** – Tsering Gurung, Shekhar Adhikari, Aashika Singh, Muna Shrestha, Saroj Khadka and Abha Shrestha; from **DAV Sushil Kedia Vishwa Bharati, Jawalakhel** - Sandhya Gurung, Nilisha Shrestha, Shikha Dhakal, Sandeep S Shahi, Biswas Lohani, Raj Kumar Sharma and Teacher Mr. Paras Sharma; from **Madan Smarak Memorial Secondary School, Pulchowk** - Nima Sherpa, Monika Bajracharya, Mamata Neupane, Nisha Maharjan, Sarita Maharjan, Sushma Lama and Teacher Ms. Indira Dhungana and from **Adarsha Kanya Niketan Uchcha Madyamik**



**Bidyalaya, Mangal Bazar** - Rashmi Shakya, Radha Thakuri, Shreejana Maharjan, Devi Shrestha, Renu Maharjan, Karuna Shrestha and Teacher Ms. Bindra Shrestha participated the programme.

The programme was started with the welcome address of Dr. D. S. Bam, Director, STC and followed by session of introduction of participants.

Dr. Mallika Samaratunga, Research Officer, STC briefed the objectives of the programme and highlighted the role of students in TB control.

Dr. Rano Mal Piryani, Deputy Director presented symptoms, diagnosis and treatment of Tuberculosis.

Dr. D. S. Bam presented detail information about TB disease, its cause and the situation of TB in Nepal and in SAARC region.

Interaction between TB experts and students was very interesting. All students asked different

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question about TB disease, its transmission etc. and the TB experts of the Centre answered them. The interest of the students was remarkable. All TB experts appreciated the enthusiasm of the students towards TB disease and TB control programme.

Pre-test was conducted and 71 % of the students gave satisfactory answers. Post-test was also conducted and 96% of the students answered correctly. It is evident that they gained necessary knowledge on TB and its control. They committed to propagate the information to their friends and family.

At the end of the programme, on behalf of the participants Mr. Paras Sharma, Teacher, DAV Sushil Kedia Vishwa Bharati, Jawalkhel expressed his pleasure for getting this opportunity. He also requested to STC for continuation of such programmes.

Dr. D. S. Bam extended his sincere thanks to all principals of the schools who sent their students and teachers to participate in this programme. He also thanked all students and teachers who participated and made the programme successful.

At the end students and teachers committed their solidarity in fighting against TB.

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### **Partnership with Industry Workers:**

**Programme held at Elina Garments, Lalitpur, July 29, 2003.**

Public awareness and advocacy programme on TB & HIV/AIDS control & prevention for industry workers was organized at Elina Garments Industry, Gwarko, Lalitpur on 29 July 2003. The objectives of the programme were:



- to make the industry workers aware about causes, mode of transmission, prevention and control of TB & HIV/AIDS
- to seek their cooperation and active involvement in control and prevention of TB and HIV/AIDS
- to build a partnership with industries

committed to spreading messages of awareness about these diseases

- to forge active partnership with officials and workers of industries.

The programme started with welcome address

by Mr. Uttam Silwal, Manager of the industry; he expressed his happiness and extended gratitude to STC for organizing this important and useful programme in his industry.

Dr. D. S. Bam, Director, STC presented the general information on TB. He also highlighted the cause of disease, its symptoms and mode of transmission and explained the ways of prevention. Dr. Bam emphasized the TB at workplace, families and community.

Dr. Md. M. Rahman, Epidemiologist explained about the HIV/AIDS, its causes, symptoms, mode of transmission and ways of prevention. He also highlighted about the objectives of the programme and briefed about the role of industrial workers in prevention of HIV/AIDS.

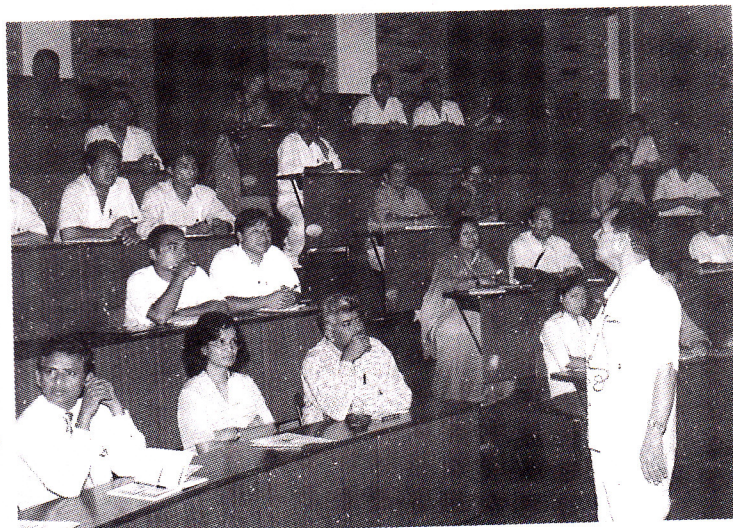
More than 100 workers participated in the programme. All took part actively by making queries and taking part in discussion. Queries were answered by Dr. D. S. Bam, DR. B. P. Rijal and Dr. Md. M. Rahman.

**Partnership with Pharmacists:  
Programme held at STC Training  
Hall, Aug. 25, 2003.**

Pharmacists, Chemists and Druggists are the first point of contact of the health service seekers in context of SAARC Member Countries. Most of the patients first contact to the pharmacists and allied persons working at the private medical store and take advice for them and their family members. Taking this fact into consideration STC planned to develop partnership with the pharmacists and a programme was organized on Aug. 25, 2003 at STC training hall with the following objectives:

- to disseminate update information on TB & HIV/AIDS and its control
- to seek cooperation in prevention and control of these infectious diseases.

Considering the wide range of educational background of the participants, the following methodologies were adopted for the programme;



- Deliberation both in Nepali and English languages
- Multi-media presentation on TB and HIV/AIDS with appropriate & self-explanatory pictures.
- Open discussion.

Programme was started through self-introduction followed by the welcome address of Dr. D. S. Bam, Director, STC. After introduction Dr. Bam highlighted the various aspects of tuberculosis

control programme, importance of DOTS, key to success of DOTS in Nepal and current situation of National TB Programme, Nepal. He also appealed the pharmacists to help in prevention and control of this disease, as it is a social malady.

Dr. Rano Mal Piryani, Deputy Director, STC presented multi-media presentation on principles of treatment of tuberculosis, anti-TB drugs, cause of treatment failures and multi-drug resistance. Simultaneously, he highlighted role of pharmacists in the community in control of this disease. He emphasized that not only the medicine but the appropriate use of medicine that benefits.

Dr. Md. M. Rahman, Epidemiologist, STC presented general information on HIV/AIDS, its mode of transmission, ways of prevention and its burden in the world as well as in the SAARC region. He emphasized that it is not the condom on its own but it is the appropriate use of condom that can prevent HIV & STI.

A session of discussion was also held and various queries raised by the participants were clarified by the Director, Deputy Director and professionals.

Mr. Prakash Man Pradhan, President, Nepal Chemist and Druggist Association (NCDA) spoke on behalf of participants and thanked the organizer and expressed his commitment to cooperate in prevention and control of TB & HIV/AIDS.

At the end Dr. Bam acknowledged the cooperation rendered by the NCDA, Kathmandu and thanked all the participants.

Forty pharmacists including the President, Vice President, General Secretary, Executive Members and other Members affiliated with NCDA, Bagmati Zonal Office from Bhaktapur District attended this programme.

### ***Farewell to Dr. Samaratunga***

**Dr. Mallika Samaratunga, Research Officer, STC returned her home country, Sri Lanka on 5<sup>th</sup> Dec. 2003. She has done exemplary works during her stay in the Centre. A farewell function was organized by STC staff to express thankfulness for her contributions and happy journey. We wish her a bright & prosperous future.**



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# SAARC REGIONAL TRAINING ON EPIDEMIOLOGY AND INTEGRATION OF GENDER ISSUES IN EPIDEMIOLOGICAL REPORT 16-19 Oct., 2003

SAARCTB Centre organized a four-day training programme on epidemiology and integration of gender issues in epidemiological reports from 16 to 19 October 2003 in Kathmandu. The expectations of the training were improvement in skills and opportunities for epidemiological networking & in gender sensitive analysis and enhanced data sharing through STC coordinated networking.



Dr. D. S. Bam, Director, STC inaugurated the programme by welcoming all participants and guests. In his address he highlighted the magnitude of the tuberculosis problem and stressed the need for collective and coordinated efforts in order to have effective management of TB, HIV/AIDS & TB/HIV co-infection in the region.

Mr. Mohammed Naseer, Director, Social Development, SAARC Secretariat conveyed the greetings and best wishes from His Excellency Mr. Q. A. M. A. Rahim, Secretary General, SAARC for success of the training programme.

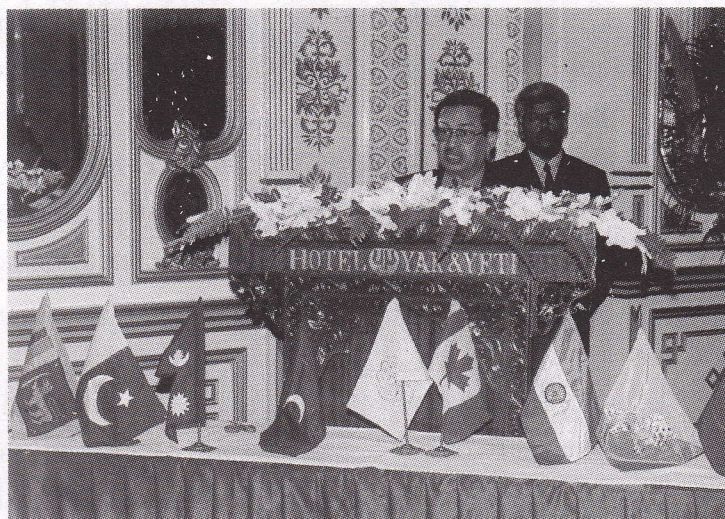
Ms. Jacinthe Desmarais, International Project Manager, Health Canada highlighted the importance of the training on TB, HIV/AIDS and co-infection in SAARC region. She appealed for the better utilization of the skills after getting this training.

Dr. Rano Mal Piryani, Deputy Director, STC delivered vote of thanks at the end. Twelve participants from SAARC Member Countries and STC professionals participated in the training programme.

The training programme was facilitated by Dr. D. S. Bam, Director, STC, Dr. Rano Mal Piryani, Deputy Director, STC, Dr. Md. M. Rahman, Epidemiologist, STC, Dr. M. Samaratunga, Research Officer, STC (gender issue), Ms. Prabha Thacker, (gender issue), Dr. Yogesh Choudhri, Epidemiologist, Health Canada, Mr. Rastra Bhusan Khadka, (computer training session) National College of Computer Study, Kathmandu.

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## REGIONAL WORKSHOP TO DEVELOP SAARC REGIONAL TB/HIV CO-INFECTION STRATEGY UNDER SAARC CANADA REGIONAL TB & HIV/AIDS PROJECT, 21-22 OCT. 2003



Under the chairmanship of His Excellency Mr. Q. A. M.A. Rahim, Secretary General of SAARC, the workshop to develop regional TB/HIV co-infection strategy along with the thirteenth meeting of the Governing Board of SAARC TB Centre (STC) and the meeting on preparation of SAARC Regional Training Modules Guidelines on TB control programme was inaugurated on 21 October 2003 in Kathmandu.

The Objectives of the workshop were to review the situation of TB, HIV/AIDS and TB/HIV co-infection in the SAARC region and to develop a TB/HIV co-infection strategy for consideration at the SAARC summit scheduled to be held in Islamabad, Pakistan January 4-6, 2004.

The chief guest, Hon'ble Mr. Kamal Thapa, Minister for Health, Information & Communication, His Majesty's Government of

Nepal, inaugurated the workshop and the meetings.

Welcoming the participants Hon'ble Minister expressed his appreciation on the efforts made by the SAARC for the upliftment of the life of the people of the Region. He also added that the SAARC has opened a new area of opportunities for the cooperation among the countries of SAARC region. Hon'ble Minister underlined co-infection of TB and HIV as a great challenge for this region and extended his gratitude to SAARC as well as Health Canada for developing a joint project to address co-infection of TB and HIV in the SAARC region.

The Governing Board, which is the highest policy making body for the Centre comprises ten members and meets at least once in a year. The Board plans the programmes and budget for the coming year

and reviews the progress of the previous year. The Board also directs the Centre for the future course of action to be under taken.

Dr. D. S. Bam, Director, STC welcomed the participants of the workshop, the Board Members and the guests at the inaugural session of the meeting.

Ms. Jacinthe Desmarais, International Project Manager, Health Canada delivered her remarks on behalf of SAARC-Canada Regional TB and HIV/AIDS Project. Dr. Michel Hahn, representative from UNAIDS in his remarks pointed out that this is a right time to act for the control of HIV/AIDS and TB/HIV co-infection.

Dr. Lin Aung, representative from WHO, Nepal in his remarks once again reminded that SAARC

TB Centre is a WHO collaborating centre for controlling TB and HIV/AIDS in the SAARC Member Countries.

Mr. Bijay Raj Bhattaria, Secretary of Health, HMG, Nepal also delivered his speech.

Chairman, H. E. Mr. Q.A.M.A. Rahim thanked all Member Countries for their active participation and he appreciated the achievements of the SAARC TB Centre.

Chairman of the Governing Board of SAARC TB Centre Dr. Hasan Sadiq from Pakistan delivered the vote of thanks. Dr. Rano Mal Piryani, conducted the proceeding of session.

During the inauguration, the Chief Guest, Hon'ble Mr. Thapa released four new publications of STC.



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## **THIRTEENTH MEETING OF THE GOVERNING BOARD AND MEETING ON PREPARATION OF SAARC REGIONAL TRAINING MODULES GUIDELINES, KATHMANDU, 23-24 OCTOBER 2003**

The Thirteenth Meeting of the Governing Board of the Centre reviewed the achievements of the year 2003 and appreciated the progress made by the Centre. The members of the Board, Dr. Jalal Uddin Ahmed, Dr. Dorji Wangchuck, Dr. Teja Ram, Dr. Kashi Kant Jha, Dr. Hasan Sadiq, (Chairman of the Board) and Dr. Chandra Sarukali from Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka respectively participated in the meeting. Mr. M. Naseer, Director, SAARC Secretariat, Dr. D. S. Bam, Director, SAARC TB Centre (Member Secretary of the Board) and Mr. Prakash Suvedi, representing, MOFA, HMG, Nepal also participated in the meeting.



Dr. D. S. Bam, Director, STC presented the achievements of the Centre in the year 2003 and proposed the programmes and budget for the year 2004.

The Board recommended the following programmes for implementation in the year 2004:

### **Programmes of the Centre (January to December 2004):**

i) "SAARC Awareness Year 2004" for TB and HIV/AIDS (special activity)

- a) To prepare an audio-visual documentary on advocacy on TB and HIV/AIDS.
- b) To organize an awareness programme related to TB and HIV/AIDS control through essay competition focusing the issues of TB and HIV/AIDS and to establish award for winners of the competition.
- c) To produce special publications regarding SAARC awareness year 2004 for TB and HIV/AIDS in English language as well as in seven national languages and disseminate them in all Member Countries and concerned organizations.

ii. To organize SAARC regional conference on TB, HIV/AIDS and respiratory diseases.

- iii. Public awareness, advocacy & partnership programme on TB and HIV/AIDS:
  - a) World TB Day, World AIDS Day and SAARC Charter Day
  - b) Partnership programme with school and media in Nepal and in Bangladesh
  - c) Involvement of medical colleges, private sectors, pharmacists & industries.
- iv. Collection & dissemination of information and experiences in the field of TB and HIV/AIDS through the participation in international/regional meetings, NTP review, seminars and conferences by the Director, Deputy Director/Professionals of STC.
- v. Strengthening of STC library:
  - Purchasing of books, subscription of journals and acquiring of other related publications etc.
- vi. Publication & distribution of:
  - 1. STC Newsletter
  - 2. SAARC Journal of Tuberculosis
  - 3. SAARC Epidemiological Reports on TB

- & HIV/AIDS
- 4. World TB Day Report
- 5. World AIDS Day Report
- 6. STC Annual Report
- 7. Publication /distribution of SAARC regional modules guidelines for the partnership programmes
- vii. SAARC trainers' training on TB control programme management
- viii. Carry out situation analysis of regional activities by staff of STC in Member Countries.
- ix. Community based study to identify barriers in seeking health care in Tuberculosis control programme.
- x. Regional workshop for laboratory supervisor on QA in sputum microscopy
- xi. Regional workshop on TB/HIV co-infection
- xii. Regional workshop on TB drug management
- xiii. Chemicals & other related materials for laboratory work (purchase)



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## PREPARATION OF SAARC REGIONAL TRAINING MODULE GUIDELINES FOR TB CONTROL PROGRAMME

OCTOBER 24, 2004, KATHMANDU.

Considering the importance and necessity of the regional training modules guidelines, the SAARC TB Centre organized a meeting to prepare the SAARC regional training module guidelines by reviewing the existing training modules. This meeting was organized following the 13<sup>th</sup> meeting of the Governing Board. Dr. Hasan Sadiq from Pakistan, Chairman of the Governing Board chaired the meeting. Dr.



D. S. Bam, Director, STC welcomed the participants and expressed his sincere gratitude to the Member Countries for sending the experts to participate in this programme. In his presentation he outlined the importance of revision of existing training module guidelines in TB control programme.

Dr. Rano Mal Piryani, Deputy Director, STC presented the main objective of this meeting. In his presentation, he pointed out the current challenges faced by the Member Countries and the need for revising the training modules.

### Current challenges:

1. Sustain present achievements & achieve targeted CDR (Case Detection Rate) and cure rates.
2. Inclusion of FDC (Fixed Dose Combination)
3. TB/HIV co-infection
4. MDR (Multi Drug Resistance) TB (threat)
5. Revised weight group dosages
6. New formulation

In the light of challenges, meeting authorized STC to do situation analysis of existing guidelines.

# SAARC TB LAB MANAGEMENT COURSE

## 8-18 DEC. 2003

On the auspicious occasion of the Nineteenth SAARC Charter Day, the SAARC TB Centre (STC) organized a training course on TB lab management under the SAARC-Canada Regional TB and HIV/AIDS Project in Kathmandu. The course was based on WHO and IUATLD training modules, 2003.



The Objectives of the course were:

- To ensure understanding of the role of the laboratory programme in the NTP
- To improve coordination between the laboratory programme and other parts of the NTP
- To ensure that the participants understand the basic principles of tuberculosis control
- To ensure familiarity with basic management principles and practices
- To improve capacity for management of tuberculosis laboratory networks
- To improve skills in training, supervision, staff motivation, monitoring & evaluation, and planning.
- To coordinate the activities of data collection, analysis and processing & feedback.

Two senior TB lab managers from Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka participated in this course.

Dr. Prakash Ghimire, Head, Central Department of Microbiology, Tribhuvan University, Kathmandu and Dr. Bhabana Shrestha, Director, German Nepal TB Project, Kathmandu participated as Resource Persons.

The programme was facilitated by Health Canada Consultants Dr. Adalbert Laszlo, Scientist, THD, Stop TB WHO, Geneva, Dr. Esabel De Kantor, WHO Short-term Consultant, Prof. Richard Urbanczik, Short-term Consultant, WHO/IUATLD and Dr. C. N. Paramsivan, Senior Deputy Director, Head, Bacteriology Division, TB Research Centre, Chennai, India.

Dr. D. S. Bam Director, SAARC TB Centre inaugurated the course and welcomed the participants, facilitators and resource persons in the programme.

Mr. Mohammed Naseer, Director, SAARC Secretariat extended warm welcome to all and conveyed good wishes on behalf of His Excellency, Secretary General of SAARC.

Dr. T. Sugiyama, Acting Chief Advisor, JICA/CTLHP, Kathmandu, and resource persons and facilitators expressed their views on the importance of laboratory management in TB control.

Dr. B. P. Rijal, Microbiologist, STC highlighted the current activities of SAARC TB Reference Laboratory and objectives of the course.

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

Closing session was chaired by Dr. D. S. Bam, Director, STC. He thanked all participants for their active participation. He also thanked all facilitators and resource persons for their invaluable cooperation and hard work to make the course pleasant and successful. Dr. Bam paid gratitude to the SAARC Secretariat, Member Countries, WHO, IUATLD and Health Canada for their continuous guidance, generous support and cooperation for this programme.

At the end of session certificates were distributed among participants and facilitators.

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## SECOND SAARC REGIONAL MEETING OF DIRECTORS OF NATIONAL TB REFERENCE LABORATORY 19 DEC. 2003

In compliance to the decision of the eleventh meeting of the Governing Board of STC, second meeting of the Directors of National TB Reference Lab under the SAARC-Canada Regional TB and HIV/AIDS Project was held in Kathmandu on 19 December 2003. The experts from Bangladesh, India, Maldives, Nepal, Pakistan, Sri Lanka, Health Canada and SAARC TB Centre participated in the meeting.



The Objectives of the meeting were to review the implementation programme of regional col-

laboration between National TB Reference Laboratories in SAARC Member Countries, to

- Advocacy in TB control
- Role of schools, industries, medical colleges, media, pharmacists and role of community education in TB control
- Role of x-ray in diagnosis of TB
- Quality control of smear microscopy and role of bacteriological culture and sensitivity in TB control
- Improve inter personal communication skills
- Public private linkage in TB control
- Diagnosis of extra pulmonary TB
- MDR TB
- Gender & TB
- Report writing
- Proposal writing
- Presentation skills

### Outcome of the training course:

After the training the participants acquainted with the following areas of their works:

- ❖ How to plan and implement revised National TB control programme
- ❖ How to ensure a regular supply of anti-TB drugs and other supplies
- ❖ How to ensure availability of trained manpower at all levels
- ❖ How to organize and implement a revised reporting and recording system
- ❖ How to conduct supervisory visits
- ❖ How to establish microscopy services and ensures quality of sputum microscopy
- ❖ How to write proposals and report
- ❖ How to prepare action plan
- ❖ How to prepare proposal and present research papers in different seminars, workshops and conferences

### Concluding session:

A concluding ceremony was organized to felicitate the participants and facilitators for their deliberation and contribution under the chairmanship of the Mr. Mohd Afzal Malik, Senior Joint Secretary, Ministry of Health, Govt. of Pakistan. He distributed certificates and letter of appreciation to

the participants and facilitators respectively. Dr. Karam Shah, Managaer, NTP, Pakistan welcomed all at the programme. In continuation to his welcome address, he appreciated the efforts put by Dr. Bam, Director, Dr. Rano Mal Piryani, Deputy Director, STC and their team in organizing the training.

Dr. Rano Mal Piryani, on behalf of STC thanked, Mr. Mohd Afzal Malik, Senior Joint Secretary, Ministry of Health, Govt. of Pakistan, Dr. Karam Shah, Dr. Hassan Sadiq, Dr. Gulshan Rashid, Dr. Murtaza Shah and all NTP staff for their invaluable cooperation and support.

Mr. Mohd Afzal Malik, in his closing remarks stated that TB is a threat to precious lives and valuable resources, which kills many people in the SAARC region. In his address he also mentioned that SAARC TB Centre, Kathmandu is playing very vital role to tackle this serious problem in close collaboration with the NTPs of the Member Countries, which is really appreciable. He encouraged STC to keep continue this type of programme in Member Country.

Dr. Piryani felicitated the chairman of the programme and officials of NTP, Pakistan by offering the shawls as token of cooperation.

Dr. Gulshan Rashid, (Medical Officer NTP,



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support quality improvement of laboratory diagnostics as well as good laboratory practices in the TB Laboratory Network of the SAARC region and to explore new area of collaboration.

Dr. D. S. Bam, Director, STC opened the programme by extending a warm welcome to the participants in the meeting. Dr. Bam started the meeting by highlighting the TB situation in the Member Countries and importance of National Reference Laboratory in the TB control programme in brief.

Dr. Rano Mal Piryani, Deputy Director, STC explained the overview of SAARC-Canada Regional TB and HIV/AIDS Project. Dr. Piryani also briefed about the benefit of the project to the region.

Dr. B. P. Rijal, Microbiologist, STC gave a brief talk on the current activities of SAARC Regional TB Reference Lab and its future activities to be undertaken.

Dr. Md. M. Rahman, Epidemiologist, STC discussed TB/HIV co-infection and measures needed to be taken to contain co-epidemic.

Dr. Adalbert Laszlo, Scientist, Stop TB WHO, expressed his views regarding the SAARC TB Reference Laboratory.

Participants from the Member Countries presented the current microscopy network as well as quality control and quality assurance system in their respective countries.

In the afternoon session participants worked in-group for drafting new area of co-operation and collaboration among National TB Reference Lab and SAARC Regional TB Reference Lab. The group also reviewed the progress made as per the decision of the first meeting. They showed their satisfaction on the activities carried out on the recommendations of the previous meeting, which was held from 13<sup>th</sup> to 15<sup>th</sup> November 2002 in Kathmandu.

The concluding session was chaired by Dr. C. N. Paramsivan, Senior Deputy Director, Head, Bacteriology Division, TRC Chennai, India. In this session, Dr. D. S. Bam, Director, STC thanked all the participants for their active participation. Dr. Bam paid his gratitude to Dr. Laszlo, and Dr. Paramsivan for their invaluable support to conduct the meeting productively. He also thanked Ms. Jacinthe, Health Canada and CCO for support in this regard.

Dr. Laszlo and Dr. Paramsivan also expressed their views about the meeting and thanked all for successful completion of the meeting.



# TRAINERS' TRAINING ON TB CONTROL PROGRAMME MANAGEMENT

## 29-DEC 2003 – 11 JAN 2004, ISLAMABAD

Hon'ble Mr. Hamid Yar Hiraj, State Minister for Health Government of Pakistan inaugurated a SAARC trainers' training on TB control programme management, jointly organized by the SAARC TB Centre, Kathmandu, Nepal and National TB Control Programme, Government of Pakistan in Islamabad.

### The objectives of the course were:

- √ to impart the trainers with managerial skills to manage the TB control at National levels,
- √ to sensitize the participants to implement revised strategies of TB control to achieve global targets 85% cure rates and 70% case detection rate.
- √ to save the lives by reducing the morbidity and mortality due to TB.
- √ to impart skills of planning, implementation and evaluation of effective TB control programme, based on the strategy of DOTS.

Dr. D. S. Bam, Director, STC, Dr. Syed Karam Shah, Manager, National TB control programme Government of Pakistan and Dr. Rano Mal Piryani, Deputy Director, STC addressed the inaugural function. Dr. Hassan Sadiq, Chairman of the Governing Board of SAARC TB Centre & Deputy Manager, National TB Control Programme, Government of Pakistan delivered the vote of thanks.

The SAARC TB Centre organizes at least one activity of the year in Member Countries. Ac-



cordingly, this training programme was organized in Islamabad, Pakistan from 29 December 2003 to 11 January 2004.

Participants from TB control programme of SAARC Member Countries participated in this course. The experts from NTP Pakistan, Islamabad-based WHO/UNAIDS, provinces of Pakistan and SAARC TB Centre facilitated the programme.

The training programme was based on the four modules approved by WHO and SAARC Member Countries, such as:

1. Establish Revised Tuberculosis Programme Strategy
2. Ensure Training
3. Plan Supplies
4. Revised Recording and Reporting

Besides those modules, the training courses also covered the following areas:

- Situation of TB and HIV/AIDS – Global & SAARC
- Principles & components of DOTS

- Advocacy in TB control
- Role of schools, industries, medical colleges, media, pharmacists and role of community education in TB control
- Role of x-ray in diagnosis of TB
- Quality control of smear microscopy and role of bacteriological culture and sensitivity in TB control
- Improve inter personal communication skills
- Public private linkage in TB control
- Diagnosis of extra pulmonary TB
- MDR TB
- Gender & TB
- Report writing
- Proposal writing
- Presentation skills

### Outcome of the training course:

After the training the participants acquainted with the following areas of their works:

- ❖ How to plan and implement revised National TB control programme
- ❖ How to ensure a regular supply of anti-TB drugs and other supplies
- ❖ How to ensure availability of trained manpower at all levels
- ❖ How to organize and implement a revised reporting and recording system
- ❖ How to conduct supervisory visits
- ❖ How to establish microscopy services and ensures quality of sputum microscopy
- ❖ How to write proposals and report
- ❖ How to prepare action plan
- ❖ How to prepare proposal and present research papers in different seminars, workshops and conferences

### Concluding session:

A concluding ceremony was organized to felicitate the participants and facilitators for their deliberation and contribution under the chairmanship of the Mr. Mohd Afzal Malik, Senior Joint Secretary, Ministry of Health, Govt. of Pakistan. He distributed certificates and letter of appreciation to

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Mr. Mohd Afzal Malik, in his closing remarks stated that TB is a threat to precious lives and valuable resources, which kills many people in the SAARC region. In his address he also mentioned that SAARC TB Centre, Kathmandu is playing very vital role to tackle this serious problem in close collaboration with the NTPs of the Member Countries, which is really appreciable. He encouraged STC to keep continue this type of programme in Member Country. Dr. Piryani felicitated the chairman of the programme and officials of NTP, Pakistan by offering the shawls as token of cooperation.

Dr. Gulshan Rashid, (Medical Officer NTP,



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## News in Brief

### **Audit of the Accounts of STC:**

A Joint Audit Team (JAT) of **Mr. Benjamin Randle**, Director General, Office of the Auditor General of Pakistan and **Mr. Damodar Prasad Aryal**, Director, Office of the Auditor General, Kingdom of Nepal audited the annual accounts and the related statements of the SAARC Tuberculosis Centre for the year 2002. The JAT examined and reviewed the financial statements of the Centre in accordance with Generally Accepted Auditing Standards (GAAS) from 15<sup>th</sup> to 16<sup>th</sup> September 2003 in Kathmandu.



1, 2003 and the STC team supported as per request of NTP Nepal. Every year an international team reviews NTP of Nepal and STC is

### **Director's visit to Islamabad:**

Dr. D. S. Bam, Director, STC visited Islamabad, Pakistan to present the progress report of the year 2003 and programmes for the

year 2004 of the SAARC TB Centre at Programming Committee meeting of SAARC held on 29-30 December 2003.

### **STC's support to strengthen NTP of Member Countries:**

#### **Participation in review of NTP Nepal:**

One of the objectives of the STC is to support NTPs of the Member Countries. Any Member Country, if requested to support the review programme, STC is always ready to accept the proposal. Accordingly an International Review of NTP Nepal was held from Sept. 26 to Oct.

getting opportunity to support the NTP Nepal. STC is willing to be a part of review team for reviews of NTP of other Member Countries, if desired so.

In review of NTP Nepal, Dr. Rano Mal Piryani, Deputy Director visited far western region, Dr. Md. M. Rahman, Epidemiologist, visited mid-western region, Dr. M. Samaratunga, Research Officer, visited central region and Dr. B. P. Rijal, Microbiologist, visited eastern region.

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### **Visit of Microbiologist of STC to Bhutan:**

Dr. B. P. Rijal, Microbiologist, STC visited Bhutan from November 24 to 30, 2003 for situation analysis of quality assurance of

sputum microscopy. The specific objective of the situation analysis of quality assurance of sputum microscopy in Bhutan was to find out the existing quality assurance system on sputum microscopy.



### **STC team participated in the 22<sup>nd</sup> ER IUATLD Conference:**

The 22<sup>nd</sup> Eastern Region Conference of International Union against Tuberculosis & Lung Diseases was held from 22<sup>nd</sup> to 25<sup>th</sup> September 2003 in Kathmandu. Dr. D. S. Bam, Dr. Rano Mal Piryani, Dr. Md. M. Rahman, Dr. B. P. Rijal

and Dr. M. Samaratunga presented different papers related to Situation of TB in SAARC Region, Epidemiology of TB and HIV/AIDS, Gender Issues in TB control and TB Bacteriology in the conference.



### **34<sup>th</sup> IUATLD Conference, Paris.**

34<sup>th</sup> IUATLD World Conference was held in Paris on October 29 – November 02, 2003. Dr. D. S. Bam, Director and Dr. Rano Mal Piryani, Deputy Director, STC participated in the conference and chaired the sessions “The Year in

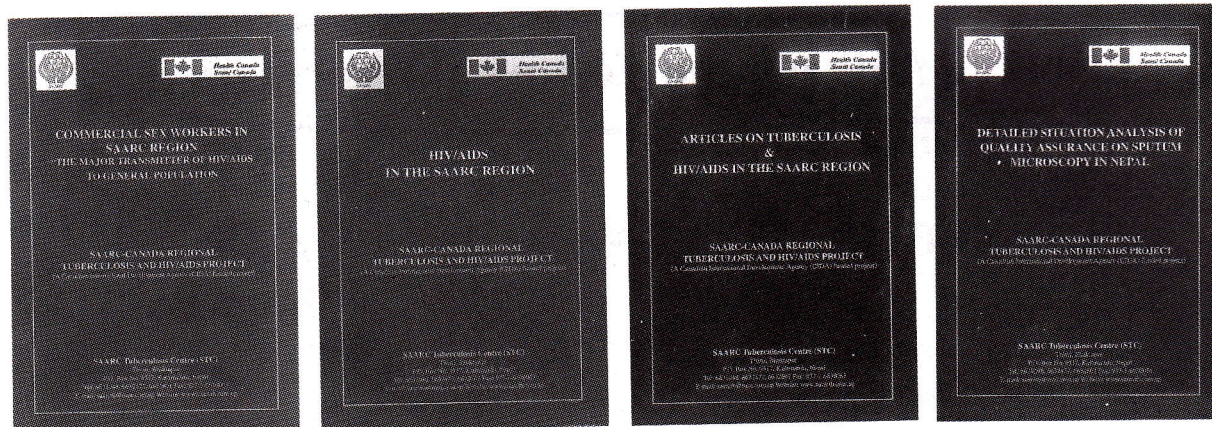
Review” and “South-South Collaboration in TB Control” respectively. Also both participated in DOTS expansion workshop. Dr. Rano Mal Piryani participated in TB/HIV Community Mobilization Workshop and presented SAARC Regional TB/HIV co infection strategy.

### **New Publication of STC:**

STC has published the following publications for free distribution.

#### **In September 2003:**

1. Articles on Tuberculosis and HIV/AIDS in the SAARC Region, Vol. I
2. Report on HIV/AIDS in the SAARC Region
3. Report on Commercial Sex Workers in SAARC Region
4. Report on Detail Situation Analysis on QA on Sputum Microscopy in Nepal



These publications were released in October 2003.

**In October-December 2003:**

5. Report on World TB Day 2003.
6. SAARC Guidelines for Partnership with Media in Prevention and Control of Tuberculosis.
7. SAARC Guidelines for Partnership with Schools in Prevention and Control of Tuberculosis.
8. Directory of Tuberculosis Institutions & Specialists in SAARC Member Countries.
9. Report on Gender Issue in Tuberculosis and HIV/AIDS in the SAARC Region
10. Report on Tuberculosis in the SAARC Region
11. Report on TB/HIV Co-epidemic in the SAARC Region
12. Articles on TB and HIV/AIDS in the SAARC Region Vol. II
13. 1<sup>st</sup> Round of External Proficiency Testing of Sputum Smear Microscopy in National TB Reference Lab in SAARC Region
14. Situation Analysis of TB, HIV/AIDS and TB/HIV Co-infection in SAARC Region

**In the process of printing:**

1. Report on Retrospective Gender Study
2. 2<sup>nd</sup> Round of External Proficiency Testing of Sputum Smear Microscopy in National TB Reference Lab in SAARC Region
3. Situation Analysis of Quality Assurances on Sputum Microscopy in Bhutan
4. SAARC Regional TB/HIV Co-infection Strategy



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## Special Articles and Technical Information

### TB CONTROL PROGRAMME IN PAKISTAN

*Dr. Hassan Sadiq  
Deputy NTP Manager*

#### 1. Mission:

Countrywide control of tuberculosis through DOTS strategy, by ensuring quality TB care through public sector health facilities and enhancing the role of other partners, including private sector and non-government organizations

#### 2. Objectives and Targets:

The overall purpose of the TB control programme is to help four provinces, the Azad Jammu and Kashmir Government, Northern Areas and federally administered tribal areas on establishing an effective delivery and management of TB care for their respective population.

The **Objective** of the National and provincial, TB control programmes is to:

- Develop national policy and strategic guidelines for control of tuberculosis
- Develop country specific implementation guidelines and context-sensitive training materials for managers and care providers.
- Develop suitable education and advocacy materials and create public awareness
- Training a critical mass of trainers at National, provincial and district levels and ensure countrywide quality training of care providers and managers.
- Ensure delivery of quality TB care, according to nationally agreed protocols including sputum smear-based diagnosis, standardized drug regimen and uninterrupted supply of anti-TB drugs, patient friendly observed treatment and standardized recording and reporting.
- Establish an effective system for quality assured microscopy at the primary and secondary level health facilities, including strengthening of the national and provincial level reference laboratories.
- Promote operational research on priority issues that are identified at various levels of programme operation.
- Monitor the performance (processes and outcome) and technically assist the provinces and districts to solve problem that are/will be encountered in implementation of DOTS.
- Maximize the inputs of potential collaborators (government and non-government) through effective coordination
- Facilitate access of those involved in tuberculosis control to the latest scientific knowledge and experience within and outside the country.

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The **target** is to achieve the following three outcomes by year 2005:

- 100% DOTS coverage in the country
- Detection of 70% of smear positive TB cases
- Successfully treating more than 85% of smear positive TB patients

### **Programme Organization:**

#### **At Federal Level:**

The National Tuberculosis Control Programme (NTP) is a National body responsible for overall coordination of TB control programme in the country. The NTP Manager, assisted by a Deputy Manager and Medical Officers is responsible for formulating strategic framework, assistance in developing operational plans and training/IEC materials, developing technical and operational guidelines, training master trainers, facilitating access to information, promoting operational research, *surveillance and evaluation using epidemiological and operational indices* and coordinating and facilitating the DOTS implementation in the provinces and special areas. The NTP also coordinates with NGOs especially Anti-TB Association and its district chapters, other health programmes and donor agencies. The NTP is not involved directly in the care delivery, which is responsibility of provincial/area health services.

#### **At Provincial Level**

The Provincial Tuberculosis Control Programmes (PTP) are responsible for planning, implementing and managing the tuberculosis control activities in their respective provinces *including collection and analysis of quarterly reports on TB case finding and treatment*. The PTP units also

coordinate with other partners such as National TB Control Programme, NGOs and other health programmes. The PTPs are directly involved in providing technical and administrative support to the district health services for effective implementation of DOTS in the districts.

The PTP supports the districts for: a) preparing district implementation plan b) coordinating training and providing materials for training of managers, doctors, paramedics, laboratory personnel and community health workers, c) ensuring uninterrupted supply of anti-TB drugs, laboratory supplies and print materials, d) supervising and monitoring the district TB control activities, e) supporting quality control of sputum microscopy and, f) carrying out operational research. In the recent past, each provincial TB control programme has gained valuable experience of implementing DOTS at few selected districts.

The PTPs also provide technical support to other departments involved in delivery of health care such as local government, social security institutions, home department (jails), and federal and provincial autonomous organizations for promoting DOTS at their health facilities.

#### **At District Level**

The delivery and management of TB care has been integrated within district healthcare services so that continuing care can be provided close to the patient's home. The TB care has become an integral part of health care at all levels of healthcare starting from district hospitals to primary health care facilities to community health workers. This integration has made possible to plan and carry out TB control in a district without addition of a single TB specific care delivery health person.

The following are the organizational arrangements for TB control at district level in the districts where TB control on DOTS strategy is under implementation:

- The District Health Officer (DHO) has the overall technical and administrative responsibility for TB control in the district. There is a designated District TB Coordinator responsible for coordinating training and providing technical supervision to all sub-districts in the district. The Deputy District Health Officer (DDHO) is the coordinator at sub-district level to supervise the health facilities in the sub-district that are engaged in diagnosis, treatment and follow-up of TB cases.
- The district and sub-district hospitals and the rural health centres work as diagnostic centres. A diagnostic centre has a laboratory with laboratory staff and a doctor who is trained to diagnose and initiate treatment. The diagnostic centre is also a facility where patients return for re-examination and confirmation of cure. The diagnostic centres maintain record on standard formats and provide periodic reports to the district coordinator including report on treatment outcome.
- The primary healthcare facilities such as basic health units and dispensaries work as treatment centers. The treatment centre is the nearest or most convenient health facility for the patient to continue the treatment. It is the health facility that supplies anti-TB drugs and ensures that the “district

observation” is carried out through appropriately selected observer. Some patients who live close to a diagnostic centre may prefer to avail all the TB care including supervised drug administration at the diagnostic centre. If this is the case, then the diagnostic centre also becomes a treatment centre.

- The referral hospitals, specialized hospitals, district and sub-district hospitals and 260 TB centers offer facility-based and/or community-based DOTS to their catchment-population, and care to patients referred from the primary healthcare facilities. The chest specialists or TB Medical Officer are responsible for carrying out DOTS related services including managing cases referred by the primary healthcare facilities. The Medical Superintendent of the respective hospital provides administrative support including uninterrupted availability of anti-TB drugs, materials and supplies. However, the PTP facilitates supply of anti-TB drugs, and other inputs in case of shortfall.



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### **Care Activities at Diagnostic Centres**

- ✓ Screen people with respiratory symptoms (suspected as TB patient) by sputum smear examination.
- ✓ Diagnose and prescribe drugs to confirmed TB patients
- ✓ Register TB patients and identify suitable treatment center for the patient
- ✓ Provide observed treatment, or refer to a treatment centre for observed treatment
- ✓ Do follow up smear examination
- ✓ Prepare quarterly reports on case finding, smear conversion and treatment outcome
- ✓ Maintain patients record, and stock books for drugs and materials
- ✓ Provide patient and family education, both pre-treatment and during treatment

### **Care Activities at Treatment Centres**

- ✓ Refer people with respiratory symptoms (suspected as TB patient) to the diagnostic centre
- ✓ Provide or arrange community-based observation of treatment
- ✓ Supply anti-TB drugs
- ✓ Maintain patients record
- ✓ Refer patients with drug reaction to district hospital
- ✓ Refer patients to the diagnostic center for follow up examination
- ✓ Trace late patients
- ✓ Maintain the stock registers for drugs and materials
- ✓ Provide patient and family education, both pre-treatment and during treatment

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# TB/HIV NATIONAL ACTION PLAN OF INDIA (IN BRIEF)

*Dr. Teja Ram*  
Chief Medical Officer (TB)  
Directorate General of Health Services  
Ministry of Health & Family Welfare  
New Delhi.

## **Introduction:**

In year 2003, 4.58 million persons are estimated to be infected with HIV in India. Nearly 60% of AIDS cases reported have TB.

National Action Plan for TB/HIV developed in year 2001 in India. Presently, it focuses the six high prevalence states.

## **Components of National Action Plan:**

1. Sensitization of key policy makers to address the importance of HIV/TB co-infection.
2. Joint training programme for RNTCP and NACP service providers.
3. VCTC-RNTCP co-ordination
4. Sensitization and involvement of NGOs and private practitioners working for NACP and RNTCP.
5. Infection control.
6. Information, Education and Communication.
7. Ensure availability of RNTCP services for HIV-AIDS patients.
8. Monitoring and evaluation of co-ordination of both the programmes.

### **1. Sensitization of key policy makers:**

#### **Objectives:**

- To present the facts about morbidity, mortality and socio-economic consequences of HIV, TB and the interaction between HIV and TB
- To emphasizing that HIV is preventable, TB

is curable, DOTS prolongs life of HIV infected persons and stops the spread of TB and that HIV prevention is essential to the control of tuberculosis.

- Area for coordination and commitment and plan to coordinate on the part of both programmes.

### **2. Joint Training Programme:**

#### **Objectives:**

- Staff of NACP to understand and be able to apply principles of diagnosis and treatment under RNTCP.
- Staff of RNTCP to understand and be able to apply principles of HIV prevention and AIDS control and specific concerns about diagnosis and treatment of TB in HIV infected persons and about the need for confidentiality.
- Infection control to prevent further spread of TB and HIV infection should also be understood.

### **3. VCTC-RNTCP Co-ordination**

#### **Objectives:**

- To provide facilities for diagnosis and treatment of HIV-TB cases under the same roof.
- To ensure that all VCTC staff are aware of the importance of TB, ask patients about cough and refer patients with cough for

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diagnosis and treatment, preferably at the same place.

- To ensure the RNTCP staff know where to refer TB patients who desire HIV counseling and testing
- Monitoring of the referrals.

#### **4. Sensitization and involvement of NGOs and private practitioners working for NACP and RNTCP**

##### **Objective:**

- To present the facts about morbidity, mortality and socio-economic consequences of HIV, TB and the interaction between HIV and TB.
- To emphasize that HIV is preventable, TB is curable, DOTS prolongs life of HIV infected persons and stop the spread of TB and that HIV prevention is essential to the control of TB.
- Involve NGOs and private practitioners participating in NACP in the RNTCP.
- Involve NGOs and private practitioners participating in RNTCP in the NACP.

#### **5. Infection control**

##### **Objectives:**

- Prevent spread of TB in facilities caring for HIV infected persons.
- Prevent spread of HIV through safe injection practice on the RNTCP
- Ensure TB facilities follow good infection control practices.
  - rapid identification and diagnosis
  - limit hospitalization to medically

essential.

#### **6. Information, Education and Communication**

##### **Objectives:**

- Create greater awareness of means by which HIV is and is not spread among health providers and TB patients.
- Create greater awareness of symptoms of TB among staff and clients of NACP.
- Generate awareness of the importance of HIV/TB interaction and commitment to greater coordination in staff of the two programmes.

#### **7. Ensure availability of RNTCP services for HIV-AIDS patients**

##### **Objective:**

- To reduce mortality in TB/HIV cases.
- To prevent the further spread of HIV and TB infection,
- To reduce relapses
- To prevent the development and spread of drug resistant tuberculosis.

#### **8. Monitoring and evaluation of co-ordination**

##### **Objectives:**

- To assess the coordination between these two national programmes.
- To disseminate the finding and observations among the programme managers and service providers.
- To discuss the problems faced in the field and to find out solutions
- To further strengthen the coordination.

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## Abstracts

### **Implementation of proficiency testing in conjunction with a rechecking system for external quality assurance in tuberculosis laboratories in Mexico**

A. Martinez-Guarneros, Balandrano-Campos, M. A. Solano-Ceh, F. Gonzalez-Dominguez, H. B. Lipman, J. C. Ridderhof, A. Flisser

Int. J. Tuberc Lung Dis 7(6):516-521  
2003 IUATLD

Setting: In developing countries, tuberculosis is diagnosed by identification of acid-fast bacilli (AFB) on sputum smears.

Objective: To evaluate the quality of AFB microscopy, the Mexican Secretary of Health National Reference Laboratory implemented proficiency testing for its network of 637 laboratories.

Design: A total of 587 (92%) laboratories were inspected and 430 technicians evaluated by proficiency testing consisting of 10 slides with known numbers of AFB. Results were compared with those of slide re-checking and with proficiency testing performed 2 years later.

Results: Of the 430 technicians evaluated by proficiency testing in 1998, 196 (46%) scored less than 80% and received intensive training in 1999. From a previous mean score of 65% their results increased to 90% ( $p < 0.0001$ ). In 2001, they again underwent proficiency testing and the mean score was 83%. The main factors affecting

proficiency testing results were the type of laboratory in which the microscopists worked and the number of low-positive slides (1-9/100) in the test. Laboratories whose work was rechecked had better scores ( $P = 0.002$ ). Proficiency testing scores and the estimated sensitivity of the microscopist's laboratory were associated ( $P = 0.01$ ).

Conclusion: External quality assessment and training improve diagnostic performance. Rechecking and proficiency testing are both viable measures of laboratory performance.

### **Quality assurance studies in eight state tuberculosis laboratories in India:**

C. N. Paramasivan, P. Venkataraman, J. S. Vasanthan, F. Rahman, P. R. Narayanan

Int J. Tuberc Lung Dis 7(6):522-527  
2003 IUATLD

Setting: Tuberculosis Research Centre, Chennai, India.

Objective: to undertake quality assurance studies in sputum smear microscopy at eight State-level laboratories in India using a panel of stained smears (100 slides in rounds I-IV and 50 slides in Round V), comprising different grades of positivity, were sent to each centre at 6-monthly intervals. The results obtained were analyzed for consistency of positive and negative results and overall agreement, as well as discordance.

Results: Consistency of positives ranged from

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38% to 100%, indicating under-reading at some sites. The negative consistency was better, however, with only five of the total of 95 readers in all rounds yielding a consistency of less than 100%. Considering overall agreement, seven of the eight centres showed an agreement of over 90%. Four of the eight centres gave no false-positive result. For the remaining centres the false positivity rate varied from 2% to 7%. A wide variation was also observed in the proportion of false negative (3%-52%).

Conclusions: This study helped in the evaluation of the performance of individual laboratories and in identifying the drawbacks of this system of proficiency testing.

#### **Annual risk of infection in rural areas of Uttar Pradesh, India**

V. K. Chadha, P. S. Jagannatha, P. S. Vaidyanathan, S. Singh, Lakshminarayana

Int. J. Tuberc Lung Dis 7(6):528-535  
2003 IUATLD

Setting: Rural and urban areas of six selected districts in the western zone of India.

Objectives: To estimate the annual risk of tuberculous infection (ARI).

Design: A community-based, cross sectional tuberculin survey was conducted among children aged 10-19 years residing in a sample of rural and urban areas of six districts in the western zone of India. Stratified two-stage cluster sampling was adopted for selection of rural and urban clusters. A total of 48,473 children in 600 clusters underwent tuberculin testing with 1TU PPD RT23 with Tween 80; the induration was measured about 72 h after the test.

Results: The BCG scar was observed in 52% of the test read children. Estimation of the prevalence of infection was based on the frequency distribution of tuberculin reaction size among 22259 children without BCG scar. Reaction  $\geq$  15 mm were considered attributable to infection with tubercle bacilli. The prevalence of infection was estimated to be 9.3%, and the ARI computed from the estimated prevalence was 1.8%. The proportion of infected children was found to be significantly higher in urban than in rural areas.

Conclusion: The high rate of ARI in the western zone of India calls for further intensification of tuberculosis control efforts.

#### **The private-public divide: impact of conflicting perceptions between the private and public health care sectors in India.**

Int J Tuberc Lung Dis 7(6):543-549  
2003 IUATLD

R. M. Vyas, P. M. Small, K. DeRiemer

Setting: India's private health care sector manages half the nation's tuberculosis (TB) patients, accounting for an estimated sixth of global TB cases. While several studies have demonstrated private physicians' dubious diagnosis and treatment styles and lack of cooperation with public physicians, very little is still known about the private sector.

Objective: Using a detailed questionnaire to randomly survey private and public practitioners in Ahmedabad, Gujarat, India, we quantified perceptions held by each sector.

Study Design: Cross-sectional survey of private and public physicians. Results: Significant conflicts in perception were found regarding interpretation

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of general facts, attitudes towards each sector and effectiveness and social implications of DOTS. We also found that such differences in perception were likely to result in mistrust, differing views on reform propositions, conflicting mindsets about social agendas and unwillingness to cooperate.

Conclusion: Our data suggest that reconciliation is attainable by obtaining and distributing unbiased, evidence based information and exposing physicians to both private and public health care sectors in a professional setting.

**Tuberculosis: do we know enough? A study of patients and their families in an out-patient hospital setting in Karachi, Pakistan**

S.S. Ali, F. Rabbani, U. N. Siddiqui, A. H. Zaidi, A. Sophie, S. J. Virani, N. A. Younus.

Int J Tuberc Lung Dis 7(11):1052-1058  
2003 IUATLD

Setting: In Pakistan approximately 5.7 million people suffer from tuberculosis, with 260,000 new cases occurring every year. This study was conducted in an out-patient hospital setting in Karachi.

Objective: To explore the level of awareness about tuberculosis amongst patients and their families and recommend strategies for increasing understanding of the disease.

Design: Descriptive cross-sectional survey based on a structured questionnaire using convenience sampling.

Results: Of the 203 patients interviewed, 131 were males. Nearly 82% knew that tuberculosis is contagious and 78% were aware that lungs are commonly affected. Almost half knew that it

spreads by droplets and causes cough and that treatment is long and costly. With regard to commonly affected age and sex, however, respectively only 43% and 23% had the correct knowledge. Less than one third could identify appropriate risk factors and ways to cure and limit spread. Almost half considered tuberculosis to be a social stigma. Media emerged as the main source of information. Respondents with more than 12 years of formal education were more likely to have better knowledge.

Conclusions: Further population-based studies are recommended. Misconceptions about tuberculosis need to be removed through focused health education messages. The importance of complete and appropriate treatment needs to be emphasized.

**Blinded rechecking of sputum smears for acid-fast bacilli to ensure the quality and usefulness of re-staining smears to assess false-positive errors.**

N. Selvakumar, E. Prabhakaran, F. Rahman, N. A. Chandu, S. Srinivasan, T. Santha, L. S. Chauhan, P. R. Narayanan

Int J Tuberc Lung Dis 7(11):1077-1082  
2003 IUATLD

Setting: Microscopy Centres, Velliyur Tuberculosis Unit, Tiruvallur District, Tamil Nadu, India.

Procedures: Twelve microscopy centre laboratory technicians examined 41,978 direct sputum smears for acid-fast bacilli. Senior Tuberculosis Laboratory Supervisors (STLS) checked all positive smears (4696) and 10% of negative smears (4776) in an unblinded

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fashion as per Revised National Tuberculosis Control Programme (RNTCP) guidelines. Ten per cent of the positive and negative slides and another 10% of unchecked negative slides were selected systematically for blinded rereading at the Tuberculosis Research Centre (TRC); 422 slides were reread without and with re-staining.

Results: Unblinded checking by STLS of the smears ready by the laboratory technicians yielded 95 to 100% agreement. Blinded

rereading at the TRC revealed that false-negative errors were greater among the laboratory technicians (2-7%) than the STLS (0-3%). Re-staining and blinded rereading of slides reduced false-positive errors from 27% to 7%.

Conclusions: Blinded rereading at the reference centre facilitates assessment of laboratory technicians and STLS. Re-staining before rereading the smears were found to be useful for precise estimation of false-positive errors.

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## Welcome News

The participants of the regional workshop of nodal officers from SAARC Member Countries – Dr. Md. Lutfur Rahman Choudhuri, Mr. Kinzang Namgyel, Dr. V. S. Salhotra, Dr. Gulshan Rasheed, and Dr. Kapila Sooriyarachchi visited SAARC TB Centre on 10 July 2003.

The participants of the SAARC regional training on epidemiology and integration of gender issues in epidemiology reports visited SAARC Tuberculosis Centre on 19 Oct. 2003.

Ms. Emilia Timpo, Team Leader, UNAIDS, South Asia, ICT New Delhi, visited SAARC TB Centre on Nov. 28, 2003. She observed the

functioning of the Centre.

Dr. Adalbert Laszlo, Scientist, Stop TB WHO, Geneva, Prof. Richard Urbanczik, WHO/IUATLD, Dr. Isabel De Kantor, Health Canada, Dr. C. N. Paramsivan, TRC Chennai, India and all participants of the SAARC TB Lab. management course visited SAARC TB Centre on 14 December 2003.

Dr. D. S. Bam, Director, Dr. Rano Mal Piryani, Deputy Director, professionals and general services staff welcomed the visitors at STC and explained about the functioning of the Centre. The visitors observed the setting of the offices of the Centre and expressed their happiness.

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## Proposed Programmes

- Publication of 1<sup>st</sup> issue of SAARC Journal on TB, Lung Diseases and HIV/AIDS
- SAARC Conference on TB, HIV/AIDS and Respiratory Diseases, 14 to 17 Dec. 2004 in Kathmandu, Nepal. (please see inside of back cover page also)
- SAARC Trainers' Training on TB Control Programme Management. Dhaka, Bangladesh, May 2004.
- SAARC Regional Workshop for Laboratory Supervisor on QA in Sputum Microscopy, Islamabad, Pakistan, June 2004
- Essay Competition in Member Countries and at regional level among school children on the issue of TB and HIV/AIDS to create awareness
- Develop audiovisual documentary on advocacy on TB and HIV/AIDS.

## Editors' Request

Thank you very much for your letter of appreciations, suggestions, guidance and acknowledgement.

STC Newsletter is your publication. We always appreciate our readers' views in order to make this publication a valuable one. Please do not forget to guide us.

In this issue, we have published a notice regarding 1<sup>st</sup> SAARC Conference on TB, HIV/AIDS and Respiratory Diseases. You are

cordially invited to participate in the conference.

This year we are publishing 1<sup>st</sup> issue of SAARC Journal on TB, Lung Diseases and HIV/AIDS. It will be soon in your hand. Please don't hesitate to send us your address if it is changed. We welcome your articles.

SAARC has declared the year 2004 as SAARC awareness year for TB and HIV/AIDS. Your little bit contributions will save precious human lives.

**1<sup>st</sup>**  
**SAARC Conference on**  
**TB, HIV/AIDS**  
**and**  
**Respiratory Diseases**

SAARC Tuberculosis Centre is organizing a SAARC Conference on TB, HIV/AIDS and Respiratory Diseases from 14 to 17 December 2004. TB, HIV/AIDS and Respiratory Disease specialists of SAARC Region and other countries of the World can participate. Outstanding researchers and experts of the field would present the scientific papers and special oration on priority areas of TB, HIV/AIDS, TB/HIV co-infection and Respiratory Diseases.

For more details, please contact:

Conference Secretariat:

SAARC Conference on TB HIV/AIDS and Respiratory Diseases  
SAARC Tuberculosis Centre  
Thimi, Bhaktapur, Kathmandu, Nepal.  
GPO Box: 9517,  
Tel: 00977-1-6632601, 6631048  
Fax: 00977-1-6630061  
E-mail: [saarctb@mos.com.np](mailto:saarctb@mos.com.np)  
Website: [saarctb.com.np](http://saarctb.com.np)

**Year 2004**

# **SAARC Awareness Year for TB and HIV/AIDS**

**TB is Curable and HIV is Preventable  
Mobilize Community  
SAVE PRECIOUS HUMAN LIVES**

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