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Inauguration of the Training Programme for Trainers in Tuberculosis Control Programme in SAARC Countries, 10-15 July 1994, STC, Kathmandu.

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.

All staff members of STC wish our readers
A VERY HAPPY NEW YEAR 1995

SAARC TUBERCULOSIS PUBLICATION

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STC NEWS

The 12th Meeting of Technical Committee of Health and Population Activities:

The 12th Meeting of the SAARC Technical Committee on Health and Population Activities was held in Thimpu, on 1 - 3 July 1994. The SAARC Secretariat was represented by Mr. Humayun A. Kamal, Director.

Dr. T. M. Shakya, Director, STC presented the reports of recommendations of Third Governing Board Meeting of STC which was held in Kathmandu on 8-9 Feb. 1994.

The Technical Committee apprised the various problems faced by the STC in the past, particularly in the recruitment of staff, the remittance of assessed contributions by the Member States and poor response to the STC's request for dissemination of information for Net-working arrangement.

The Committee reviewed the performance of the centre during the last year and Work-plan for the year 1994-95. The Work-plan along with the proposed budget was approved.

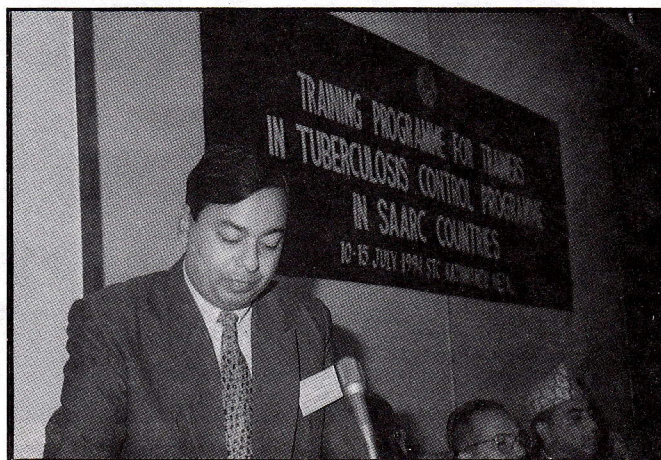
19th Session of Standing Committee:

The Nineteenth Session of the Standing Committee was held in Dhaka on 27-29 July 1994. The Committee approved the reports of Technical Committees on Agriculture, Communication, Environment, Health and Population activities and Meteorology.

1st. Trainers' Training on TB Control Programme in SAARC Countries:

A five day Trainers' Training Programme on TB Control was organized at the STC, Kathmandu,

during 10-15 July 1994. The main objective of the Training Programme was to train the trainers in the member countries on the basis of modules developed by WHO. 12 participants and 5 observers attended the course.

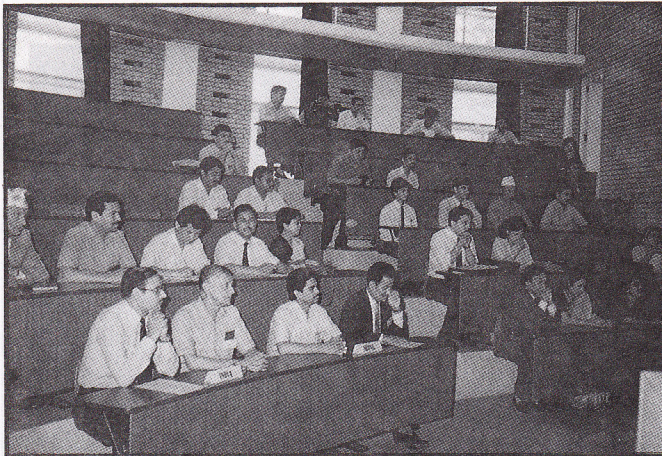


Dr. Iqbal Hassan Mahamood giving Vote of Thanks to the organizers and participants of the 1st. Training Programme for Trainers in Tuberculosis Control Programme in SAARC Countries 10-15 July 1994.

The following five papers on National and Global situation of tuberculosis were also presented during the training :

1. National Tuberculosis Programme in Bangladesh:
Dr. Iqbal Hassan Mahamood
Dr. Md. Khursid A. Hyder
2. National Tuberculosis Programme in India:
Dr. Rohit Sarin
Dr. V.R. Yadav
3. National Tuberculosis Programme in Nepal:
Dr. T. M. Shakya
4. Review of the Tuberculosis Situation in Bhutan:
Dr. Pem Namgyal
5. Global Tuberculosis Situation and Methodology of the Course:
Dr. Pralhad Kumar

The Training was facilitated by intensive deliberation of issues related to package Training Manuals prepared by WHO. The participants were divided into two groups and these were accomplished by adopting a combination of reading - discussion - learning by practice.



*National and International Participants listening the speech during the 1st. Training Programme for Trainers in Tuberculosis Control Programme in SAARC Countries
10-15 July 1994.*

Out come of the course:

The participants were benefited from the course to understand various components of NTP.

- Identification of TB Suspects.
- Diagnosis and Registering of TB Cases.
- Administrating Treatment.
- Monitoring Treatment.
- Recording & Reporting.
- Planning & Maintaining Uninterrupted Supply of Drugs and Logistics.
- Supporting lab services.
- Conducting Supervision.

The course was completed on 15 July 1994, preceded by concluding remarks by Dr. T. M. Shakya, Director, STC, he also presented certificates to the participants.

Seminar for TB Control Programme Managers of SAARC Countries:

A three day Seminar for TB Control Programme Managers of SAARC Countries was organized by STC under the auspices of His Majesty's Government of Nepal and SAARC Secretariat at Kathmandu from 22 to 24 November 1994. The Seminar was supported by SAARC-JAPAN special fund.

Following delegates from SAARC Member Countries attended the Seminar

Dr. B.T. Uke, Director NTI, Bangalore, India. Dr. M. Hussain, Medical Superintendent, TB Hospital, Rawalpindi, Pakistan, Ms. Shameema Hussain, Programme Manager, Department of Public Health, Maldives and Seven National Participants of NTP and NATA from Nepal.

The Seminar was inaugurated by the Secretary of Health Mr. Jagadiswor Upadhyay and Chaired by Dr. R. N. Sinha, Director General of Department of Health Services, HMG of Nepal.

Wel-coming the delegates and participants, Dr T.M. Shakya, Director, STC highlighted the objectives of the Seminar and stressed on the increasing need for co-ordinated efforts and technical exchanges in the field of tuberculosis and its control in Member States.

The main objective of the seminar was to review the present status of NTP in respective Member Countries and seek recommendations for better understanding of the tuberculosis variables in the regional policy adoption and harmonization.

In the inaugural address, the Secretary of Health, Mr. Upadhyay called for concerted efforts and collaboration between Member Countries, not only in scientific and technical matters but also in the exchange of managerial experiences.

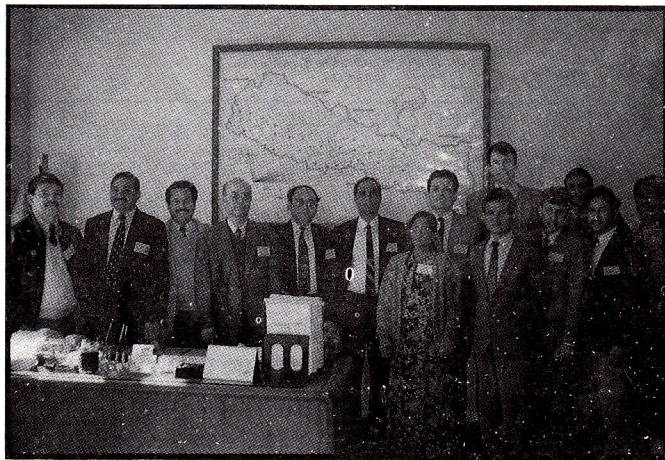
Dr. O.T. Christainsen, WHO Representative to Nepal informed that WHO would continue to promote technical and financial support for strengthening TB control programme in Member Countries.

Mr. Masao Ishikawa, Minister of Japanese Embassy extended support for exploring potential projects in the SAARC Region.

On behalf of the participants the Vote of thanks was delivered by Dr. B.T.Uke.

During the Seminar, the participants from India, Maldives, Nepal and Pakistan shared their experiences along with lucid presentation of country's reports on current situation and the activities of TB Control Programme in their respective countries.

The Seminar was proved to be considerable success and a number of recommendations were forwarded with a view to strengthening tuberculosis control methods in the SAARC region.



RECOMMENDATIONS:

1. This body is of the opinion that recommendations made in such seminar should be action oriented ensuring an early action and adequate priorities to Tuberculosis Control may be provided in the region.
2. Technical experts who are managing Tuberculosis Programme or have sufficient experience in Tuberculosis Control Activities should be involved in such Seminars.
3. Mere introduction of Short Course Chemotherapy does not serve the purpose without simultaneous improvement in management of

the treatment system. The areas of improvement in management system are:

- Regular supply of Anti-TB Drugs,
 - Cohort analysis of treatment out-come of sputum positive cases at District Level.
4. Keeping in view the importance of cure rate, a continuous supply of Anti-TB Drugs is an essential component of the Tuberculosis Control Programme. For this purpose establishment of a drug bank at SAARC Tuberculosis Centre is recommended. The source of funding for this cause may be decided in ensuing Governing Board Meeting.
 5. The flow of information from Member Countries to SAARC Tuberculosis Centre should be continuous for dissemination on latest developments. Research to Member Countries. It may be made mandatory to send such documents for publications, minimum once in a year to SAARC Tuberculosis Centre by Focal Points in the Member Countries.
 6. To disseminate recent advancement in the art of Case-finding, Treatment & Health Education etc., an exchange of experts within Member Countries periodically will be beneficial.
 7. It is recommended to develop a strong net-work of Training & Research which will encourage the simultaneous developments of appropriate programme in Member Countries.

Meeting of Group of Experts to Review the Regional Centres:

The meeting of Group of Experts was held in SAARC Secretariat, Kathmandu from 20 to 22 Dec. 1994, in which functioning and structure of the SAARC Regional Centres was also discussed. The meeting was attended by delegates of Member States, Officials of SAARC Secretariat and Directors of Regional Centres.

A number of Recommendations have been made and forwarded to the Standing Committee.

WELCOME NEWS

The Director, STC Wel-comed the delegates from the Member States of 1st. Training Programme for Trainers in Tuberculosis Control Programme in SAARC Countries on 10 July 1994:

1. **Dr. I. H. Mahamood,**
Superintendent,
TB Control Training Institute,
Ramna, Dhaka, Bangladesh.
2. **Dr. M.K.A. Hyder,**
Jr. Consultant,
Mycobacterial Disease Control &
Further Development of TB &
Leprosy Control Service,
Dhaka, Bangladesh.
3. **Dr. Rohit Sarin,**
Assistant Medical Superintendent,
LRS Institute of TB & Allied Diseases,
New Delhi, India.
4. **Dr. V. K. Yadav,**
RBTB Hospital,
Delhi, India.
5. **Dr. Pem Namgyal,**
Deputy Director,
TB & ARI Control Programmes,
Thimpu, Bhutan.

Along with the delegates, national participants were also received during their visit to STC.

The Director, STC Wel-Comed the delegates from the Member States of Seminar for Tuberculosis Programme Managers of SAARC Countries on 22 Nov. 1994:

1. **Dr. B. T. Uke,**
Director,
National Tuberculosis Institute,
Bangalore, India.
2. **Dr. M. Hussain,**
Superintendent, TB Hospital,
Rawalpindi, Pakistan.
3. **Ms. Shameema Hussain,**
Programme Manager,
Department of Health Service,
Male', Maldives.
4. **Dr. D. S. Bam,**
Senior Chest Physician,
National Tuberculosis Centre,
Kathmandu, Nepal.

The delegates observed the activities of STC on 22 Nov. 1994. Dr. Prahlad Kumar, Deputy Director, STC briefed them the current status of STC with a view to interacting to decide future courses of action. The delegates made valuable suggestions and assured for active co-operation in the future regarding the institutional development of STC.

Dr. Jacob Kumarsen, Medical Officer, WHO Headquarters, Geneva.

Dr. Kumarsen visited STC during his assignment on NTP review in Nepal. On the occasion, he made suggestive remarks on future development of the STC.

Appointment of Member of the STC Governing Board:

Dr. Dirgh Singh Bam, Senior Chest Physician, NTC, Nepal has been appointed by Ministry of

Health, HMG/Nepal as a Member of the STC Governing Board with effective from Nov. 25, 1994. He had previously served the STC Governing Board as a Member & Chairman. Dr. Bam has been working for several years in the field of TB Control Programme and is currently working in National Tuberculosis Centre, Nepal, as a Senior Chest Physician. He is a

Tuberculosis & Chest Diseases specialist and has obtained MPH in TB Epidemiology from Mohidol University, Bangkok.

All the STC Members Wel Come Dr. Bam as a member of the STC Governing Board.

TECHNICAL INFORMATION

DEFINITION OF THE TERMS USES IN NTPs.

1. Case Categories:

NEW CASE

A patients who has never had treatment for Tuberculosis or has taken Anti-TBdrugs for less than four weeks.

RELAPSE

A patients declared cured but reports back to the health service **Bacteriologically Positive.**

TRANSFERRED IN

A patients who has been received into a reporting unit, having commenced treatment and already recorded in another unit.

TREATMENT AFTER DEFAULT

A patients who returns to treatment after having interrupted treatment for two months or more.

FAILURE CASE

Smear Positive Case who remained or become again Smear Positive, five months of later after commencing treatment.

OTHER CASE

Patients who do not fit into the above mentioned categories.

2. Treatment Outcome:

TREATMENT COMPLETED

Sputum smear positive cases who completed treatment with negative smears at the end of the initial phase, but with no or only one negative sputum examination in the continuation phase and none at the end of treatment.

or Sputum Smear Negative patient, who received a full course of treatment.

DEATH

Patient died during treatment, regardless of cause.

FAILURE

Smear Positive case who remained or become again smear positive five months or later after commencing treatment.

DEFAULTED

A patient who at any time after registration had not collected drugs for two months or more.

TRANSFERRED OUT

A patients who has been transferred to another reporting unit and his/her treatment results are not known.

3. Disease Classification:

Classification of all pulmonary cases should be based on sputum smear examination. Ideally, sputum should also be examined for cases of suspected extra pulmonary tuberculosis.

**PULMONARY TUBERCULOSIS
SMEAR POSITIVE (PTB +)**

Tuberculosis in a patient with at least two initial sputum smear examinations (direct smear microscopy) positive for Acid Fast Bacilli (AFB +).

or

Tuberculosis in patient with one sputum examination positive for AFB+ and radiographic abnormalities consistent with active pulmonary tuberculosis as determined by the treating medical officer.

or

Tuberculosis in a patient with one sputum specimen positive for AFB+ and culture positive for AFB+.

**PULMONARY TUBERCULOSIS,
SMEAR NEGATIVE:**

Tuberculosis in a patient with symptoms suggestive of tuberculosis and at least three sputum examination negative for AFB and with radiographic abnormalities consistent with active pulmonary tuberculosis determined by a medical officer followed by a decision to treat the patient with a full course of Anti-TB Therapy.

or

Diagnosis based on positive culture but negative AFB sputum examination.

EXTRA PULMONARY TUBERCULOSIS:

Tuberculosis of organs other than the lungs, TB of the pleura (TB pleurisy) of peripheral lymph nodes, abdomen, genito-urinary tract, skin joints and bones, tubercular meningitis.

Diagnosis should be based on one culture positive specimen from an extra-pulmonary site, or histological or strong clinical evidence consistent with active extra pulmonary TB followed by a decision by a Medical Officer to treat with a full course of Anti-TB Therapy.

Pleurisy is classified as extra pulmonary tuberculosis.

Any patient diagnosed with both pulmonary and extra pulmonary TB should be classified as a case of pulmonary tuberculosis.

(TECHNICAL INFORMATION)

Source: WHO/TB/CARG(4)/94.3

REV I

COUNTRY'S PROFILES

MALDIVES

Capital	:	Male'
Type of Govt.	:	
The Presidential Rule		
National Day	:	26 July
Area	:	90,000 sq.Km
Population(1992)	:	230,819
Population Growth Rate	:	2.8 %
Literacy Rate	:	98 %
GDP Growth Rate	:	6.3 %
Life Expectancy	:	61.3% (1989)
Crude Birth Rate	:	35/000
Crude Death Rate	:	6/000
No.of Hospital Bed	:	238
Population Per Bed	:	970

Review of National Tuberculosis Control Programme (NTP)

Details of NTP of Maldives:

Although the TB Clinic under the Ministry of Health was established in 1965, the actual TB Control Programme commenced during the first half of 1976 in Maldives with the collaboration of WHO and the Danish Scout Association. Despite constant efforts, a little progress has been observed with the Tuberculosis Control due to increase in TB prevalence during the past years. 138 Sputum Positive Cases and 306 Sputum Negative Cases were reported during the year 1993. BCG coverage for under 1 year children remains over 98 % for the last 5 years.

The first sample survey conducted by WHO advisor in 1970 noted that TB remained as one of the most important public health aspects in Maldives. However, the finding did not represent the actual magnitude of TB problem in the country because of various trend in the disease among the different island community.

Operational Objectives and Activities:

To reduce the prevalence rate of TB sputum positive cases from 1,52/000 in 1990 to 0.3/000 by the end of 1993.

To achieve the aforementioned target the following activities are to be carried out:

- Mass screening of population of TB in hyper endemic areas to reduce the incidence of tuberculosis.
- Intensive case finding, treatment and follow up activities by providing orientation and Job training to all health personnel.
- Establish laboratory facilities at least at regional Hospitals by the end of 1993 and to expand these services to all Health Centres by end of 1994.
- Introduce and carry out awareness creating activities.

Through group educational activities by media such as radio and TV etc.

Structural Basis of NTP:

The NTP is operated through the Health Care Delivery Approach in the Republic by three tier system:

- i) Island
- ii) Atoll &
- iii) Central

Island Level:

This is the very grass root level, the Family Health Workers, assisted by the foolhumaas (Traditional Maldives) are the key persons of basic

health services to the island country. The main role of FHW is to educate the community in all aspects of basic preventive care and to provide treatment to all cases under control programme referred to them. They assist in case-finding activities like, collecting sputum samples of contacts and suspects of TB to the Control Programme unit or to the health centre, besides their formal health posts. Other informal structures like NGOs, Island Woman's Committee etc. also contribute to the health care services.

Atoll Level:

This is the first referral level, where there are 25 Health Centres manned by community health workers. These paramedics deliver both preventive and curative services to the total Atoll community. This includes supervision of all FHWS, follow-up and confirmation of cases referred by them. The Atoll based (HWS) report all activities including case finding and case management to the centre. The four regional Hospitals are staffed with a Medical Officer, Trained CHWS, Staff Nurse, Maldives and Laboratory Technician.

Central Level:

Tertiary Level care is offered at the Central Level, where the specialized services are provided. The Department of Public Health is responsible for implementing all Public Health Programmes including TB Control as a component of communicable diseases.

Constraints & Setbacks:

- Lack of experience in the field of Tuberculosis Control.
- Slow progress made in the follow-up activities.
- Reluctance on the part of those identified and under treatment to complete their course.
- Interruption of drugs and other supplies mainly due to resource allocation.

- No specialized Medical Officer to advise for the programme on technical matters.
- Overcrowded and prevailing socio-economic conditions tend to increase chances of spreading the infection in the community.

TREATMENT REGIMENS OF CHEMOTHERAPY.

Treatment Regimens: Short Course Regimens Recommended by W.H.O.

1. Pulmonary Smear Positive or other severe forms:
RZS (E) / 6 2 HRZS (E) / 4 HR
2 HRZS (E) / 4 H₃R₃
2 HHE(T)
2. Smear Positive Relapse and Failure Cases.
2 HRZES/1HRZE/5H₃R₃E₃
2 HRZES/1HRZE/5HRE
3. Pulmonary Smear Negative or Extra Pulmonary.
2 HRZ/2HR
2 HRZ/H₃R₃
2 H₃R₃Z₃/2H₃R₃
2 HRZ/6HE(T)
2 H₃R₃Z₃/6 HE(T)

PAKISTAN

Capital	:	Islamabad
Type of Government	:	Parliamentary System
National Day	:	23 March
Area	:	796,095 Sq.Km
Population(1990)	:	110400000
Literacy Rate	:	26.2 %
GDP Growth Rate	:	5.8 %
Life Expectancy	:	58 %
Crude Birth Rate	:	44/000
Crude Death Rate	:	12/000

Review of National tuberculosis Control Programme (NTP):

Details of NTP in Pakistan:

Early in 1960, the NTP was felt need due to increasing prevalence of Tuberculosis in Pakistan. A 20 years perspective plan to control tuberculosis was prepared and introduced all over the country. UNICEF & WHO assisted the Programme in a way of Technical Aid, Training and Logistic support.

The infection rate was estimated as 13% and the prevalence rate of smear positive as 0.31% based on the TB prevalence survey of 1974-78. A decline of the disease trend was observed during the subsequent survey conducted during 1987-88, indicating the Infection rate from 13 % to 7.7 % and the prevalence of AFB smear (+) from 0.31 % to 0.17 %. This may be due to chemotherapy extended to a good number of Health Facilities, extensive coverage of EPI, rise in living standard and probably natural course of the disease.

OPERATIONAL OBJECTIVES AND ACTIVITIES

- To achieve a cure rate up to 85 % which is at present as low as about 40 %.
- To reduce the prevalence rate of AFB smear positive from (0.17%) to (0.05%).
- To fulfill the objectives, the following activities are to be strengthened.
- The programme will be country wide permanent and integrated.
- Efficient case-finding by establishing net-work of lab facilities, microscopy cells at all levels of health facility.

- Uniform treatment in all provinces with Short Course Chemotherapy. Patients are categorized according to the priority for treatment.
- Reliable Recording and Reporting System.
- Provide regular training for In-service Health Workers, involved in TB Control Activities.

STRUCTURAL BASIS OF NTP:

The District Health unit is the basic functional spective of management in NTP of Pakistan. A district is the focus of programme activities which are routed through Basic Health Units (BHU) rural & Taluka Health Centres. The District Health Unit has two fold responsibility.

- (i) Co-ordinating with provincial TB Co-ordinator and
- (ii) Monitoring the performance of lower levels upto BHU.

Quarterly Reports are prepared at district and submitted to provincial co-ordinator which will be compiled and analyzed at the Federal TB Control Directorate.

The responsibility for establishing NTP rests with the Government both at Federal and provincial lands.

Establishment of Provincial TB Board.

PROVINCIAL LEVEL

Provincial Health Ministry is responsible to constitute a provincial TB Board and may dissolve or modify as and when deemed necessary.

- Review the progress from time to time to provincial TB Co-ordinator, who will in turn feed the Federal.

- Advocate the importance of TB Control as a health care priority and ensure that sufficient material and human resources are mobilized to reflect this priority.
- Supervise and support District TB Officer and ensure regular & accurate recording & reporting system.
- Co-ordinate & supervise Referral lab.
- Organize Training for In-service Health Worker and co-ordinate with NGOs.

FEDERAL LEVEL:

The Primary responsibility at the Federal Level is to ensure that TB control programme be implemented effectively and uniformly in all parts of the country. The federal Ministry of Health is responsible for its constitution and may dissolve or modify as and when deemed necessary functions.

Advise the Government on the formulation on National TB Control Policy.

Recommend ways and means for effective implementation of the programme.

Review the progress.

Co-ordinate the control activities of the provinces.

Rendering technical advice and support on prevention, diagnosis and treatment ensuring uniformity.

Standardize Recording & Reporting System of Tuberculosis Cases.

Consolidate information received from provincial TB co-ordinators.

Procure and distribute equipment, supplies, Anti-TB drugs, manuals, etc.

Organize training (regular feature round the year) for the personnel involved in the project.

Co-ordinate with NGOs & international agencies involved in TB control in Pakistan.

CONSTRAINTS & SETBACKS:

- Implementation of NTP remained dormant.
- Poor case-holding with irregular, interrupted and unusual self prescribed regimens.
- Lack of health education in chronic and resistant strains.

TREATMENT REGIMENS OF CHEMOTHERAPY:

Category I

New AFB	2 HRZE / 4 HR
Intensive	2 HRZE
Continuation	4 HR / 6HE

Category II

Relapse & Failure Smear (+)ve.	
Intensive	2 HRZES / 1 HRZE
Continuation	5 HRE

Category III

Smear AFB Neg. with parenchymal involvement:	
Intensive	2 HRZ
Continuation	2 HR / 6 HE

Category IV

Chronic case with smear positive
LIFE LONG INH

NEPAL

Chronology of Tuberculosis Control Services in Nepal:

- | | |
|--|---|
| <p>1934: A TB Sanatorium opened at Tokha (Kathmandu) and run until 1976.</p> <p>1951: The Central Chest Clinic established in Kathmandu.</p> <p>1953: Nepal Anti-TB Association (NATA) inaugurated and opened a hospital at Kalimati.</p> <p>1965: The Tuberculosis Control Pilot Project set-up with assistance of WHO & UNICEF.</p> <p>United Mission to Nepal (UMN) lunched Anti-TB works at Tansen in Palpa District.</p> <p>1966: Direct BCG Vaccination campaign was launched.</p> <p>1968: British Nepal Medical Trust (BNMT) commenced TB control services in the Eastern Region.</p> <p>1969: Shanta Bhawan started TB Clinic in Lalitpur District.</p> <p>1972: An Integrated Country Health Pilot Project Started with active case finding.</p> | <p>1973: International Nepal Fellowship (INF) started passive case-finding works at Dang District, Rapti Zone.</p> <p>1976: Japan Medical Co-operation Team (JMCT) began TB works in western region along with supporting laboratory services.</p> <p>1978: The First National Seminar on TB Control held with Joint auspices of NATA, IUAT & WHO.</p> <p>1981: Ministry of Health formed a task force to draft and formulate National Tuberculosis Programme</p> <p>1987: JICA granted aid to construct National Tuberculosis Centre and to co-operate NTP.</p> <p>1989: The then TB Programme & Central Chest Clinic merged into National Tuberculosis Centre as a National Institute for better functions of National Tuberculosis Programme.</p> <p>1991: Establishment of SAARC Tuberculosis Centre as a regional centre for tuberculosis in SAARC Region.</p> |
|--|---|

PROPOSED PROGRAMMES

FORTHCOMING EVENTS:

- IV Governing Board Meeting of STC is going to be held on 31 January 1995 at Kathmandu.
- Seminar on Tuberculosis Control Programme through Primary Health Care Approach. It is proposed for 1st week of March 1995.

- Trainers Training for District Tuberculosis Control Programme in SAARC Countries It is proposed for June 1995.

LETTERS TO THE EDITOR

STC has had several responses from our respected readers of the STC News-letter.

" I came across the STC Newsletter just by chance and found it to be very interesting. Recently I was in Dharan helping the new Medical Collage is writing their curriculum for MBBS and on our way back we had heard about the SAARC Tuberculosis Centre"

Dr. Ashok Rattan, M. D.

Associate Professor
Department of Microbiology
All India Institute of Medical Sciences.
New Delhi - India.

Sir,

Thank you very much for you letter and hope for further co-operation.

- **Editor**

" I have received your Newsletter Vol.No.II of June 1994. I am interested in active participation of the activities of the SAARC Tuberculosis Programme. Please keep me informed regarding the activities".

Director-Prof.(Dr.) K.C. Mohanty

Consultant Physician in Respiratory Diseases.
Bombay - India

Sir,

Thank you very much for your keen interest in our Newsletter. We keep in mind to keep you informed regarding the STC activities.

- **Editor**

" I would like to get the information regarding the activities / any publication / Newsletters of your centre".

Dr. D. Behera,

M.D.(Med.),FCCP, FNCCP, FICA
MNAMS(Med.),Dip NBE(Resp Med)
Post-graduate Institute of Medical Education and
Research, Chandigarh - 160012 (India)

Sir,

Thank you very much, we try our best to keep regular connection with our best readers.

- **Editor**

"..... I had a discussion with our Prime Minister who is the Chairperson of SAARC & she kindly listened my experiences of the Training Programme of STC....."

Dr. Iqbal Hasan Mahmood

Superintendent
TB Control & Training Institute
Ramna, Dhaka, Bangladesh.

Sir,

Thank you very much for your kind letter. We try our best to keep your valuable suggestions in our Newsletter.

- **Editor**

" I am so happy to learn about you to day after getting STC Newsletter. I don't have words to express my happiness....."

Dr. Manohar Lal Gupta

15-B, Chandigarh.
India.

Sir,

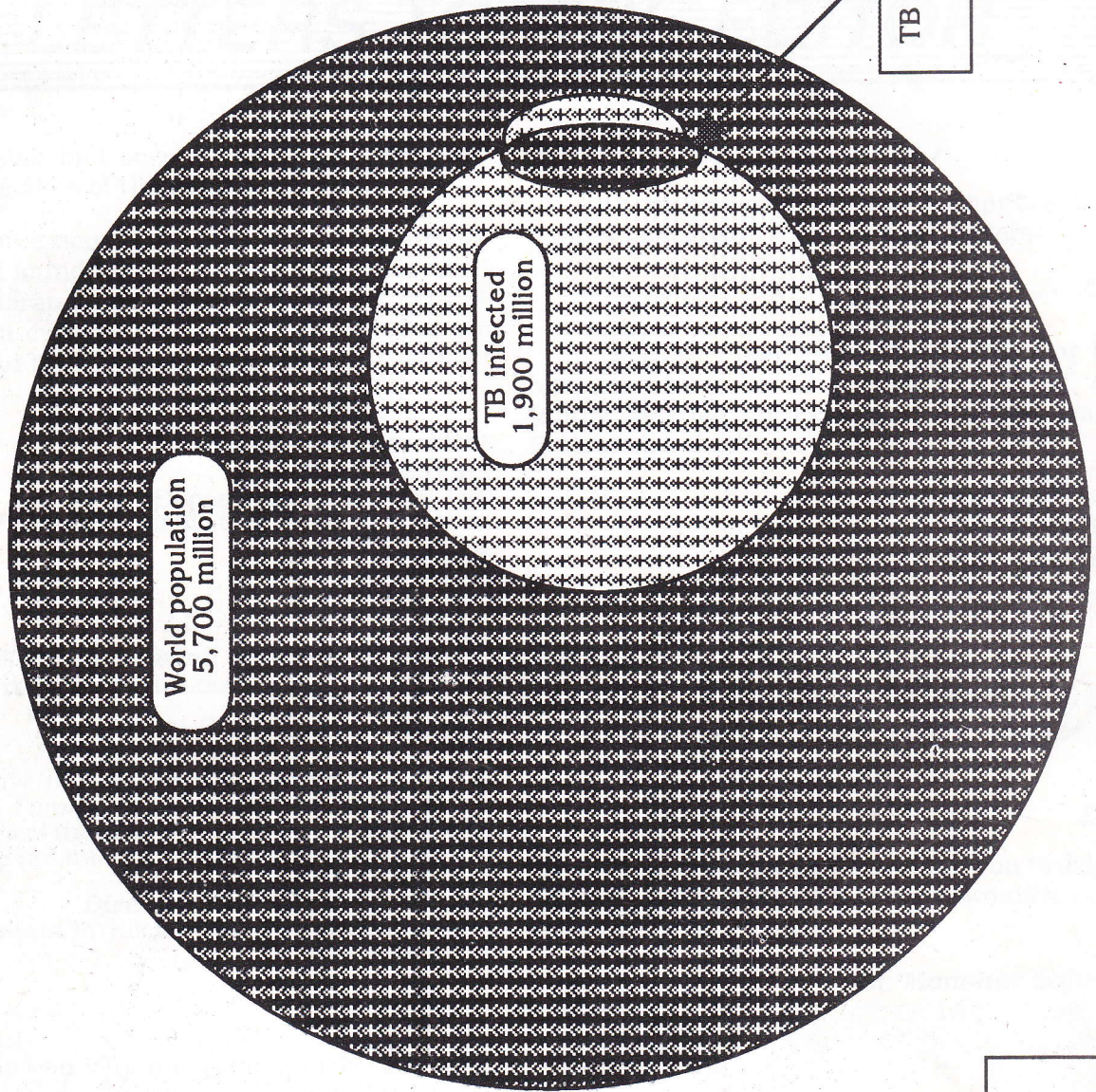
Thank you very much.

- **Editor**

STC Newsletter wel-comes letters to the editor Responses and Comments regarding STC News, Wel-come News, Technical Information, Country's Profiles etc. in this Newsletter are most desirable . Letters may be edited for reasons of clarity or space.

- **Editor**

Tuberculosis & HIV Infection, 1994



* = 10 million people

Source : WHO TB Programme & JATA Press Release Aug. 10 1994.