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SAARC Tuberculosis Centre's News Letter is published every six months. Reports on the works, decisions of important meetings of the centre and recent information on Tuberculosis.



Fifth Meeting of the Governing Board of the SAARC Tuberculosis Centre 12th to 14th of March 1996 at Kathmandu.

## SAARC TUBERCULOSIS PUBLICATION

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## STC News :

### Report of the Fofth Meeting of the Governing Board of the SAARC Tuberculosis Centre (STC) Kathmandu, Nepal 12-14 March 1996.

At the invitation of the Director, SAARC Tuberculosis Centre (STC), the Governing Board of the STC held its Fifth Meeting in Kathmandu on 12-14, March 1996. The Meeting was attended by Members of the Government Board.

The Meeting was inaugurated by Hon'ble Member of National Planning Commission, Dr. Bal Gopal Baidya, His Majesty's Government of Nepal. Hon'ble Member, in his inaugural address welcomed the participants to Kathmandu. He emphasized the need for enhanced cooperation among the Member States for prevention and control of Tuberculosis, which still constitutes a mojour public health problem in the region.

As per the established SAARC practice, **Dr. Dorji Wanchuk**, Member, Governing Board from Bhutan was elected Chairman of the Meeting.

### Review of the progress of the Centre :

The board reveiwed the progress in the implementation of the decisions of the Fourth Meeting of the Governing Board and the Board members shared information on activities of National TB Control Programmes in their respective member countries, discussed various areas in detail to achieve a high cure rate in all member countries. The Board recommended that Technical Focal-points should send information related to TB control regularly to the STC for necessary dissemination among TB experts and health workers in the region.

### Programme for 1996-1997 :

The Director, STC informed the Board that all programmes/activities approved for 1995-96 during previous board meeting have been carried out except two activities which would be completed by the end of the financial year 1995-96.

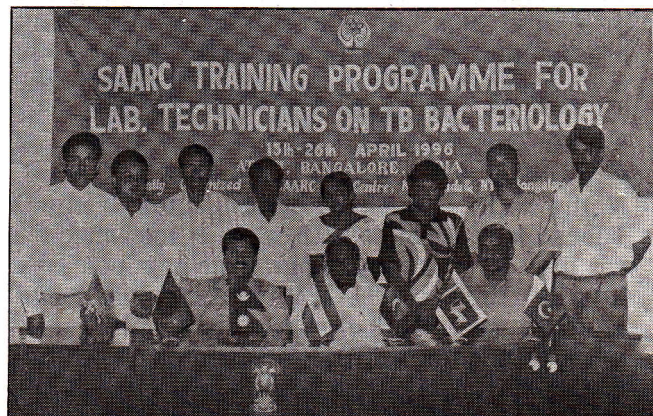
### The activities/programmes to be undertaken for the Year 1996-97:

The board considered new activities proposed for the financial year 1996-97 and gave its approval for the following for implementation during the period under consideration.

1. SAARC Consultative Meeting on TB & AIDS.
2. Workshop for formulation of guidelines of coordination in Government and Private sector/NGO initiatives of TB Control.
3. Seminar on Production, Marketing/ Distribution and Quality Control of Anti-TB drugs in the region.
4. Meeting of the TB experts for compilation of TB control training manual for SAARC member countries.
5. Seminar on Pilot Demonstration areas of TB control in member countries.
6. Collection & distribution of informaion & experiences by attending Seminar, Conference and study tour by the Director and Deputy Director.
7. Multi-centric study of Primary Drug Resistance
8. Collection of books and journals on TB & related diseases.
9. Printing of STC Newsletters.

In approving the activities of STC for the year 1996-97, the Governing Board understood the desirability to ensure to equitable dispersion of approved activities among member states, and to take into account the factors vital for ensuring participation of representatives from all member states in these activities.

### Report on Training Programme for Laboratory Technicians on Tuberculosis Bacteriology from SAARC Countries 15-26 April 1996, NTI, Bangalore, India



The two weeks training programme for laboratory technicians on tuberculosis bacteriology from SAARC countries was jointly organized by the SAARC Tuberculosis Centre (STC), Kathmandu and National Tuberculosis Institute (NTI),

Bangalore from 15th to 26th April 1996. The programme was held at National Tuberculosis Institute, Bangalore, India. The basic objective of the programme was to train the laboratory technicians from the member countries of SAARC in Tuberculosis bacteriology. These laboratory technicians will subsequently work as trainers to train more laboratory technicians from their respective countries and also to undertake primary drug resistant studies in their respective areas. The primary drug resistant study is being coordinated by SAARC Tuberculosis Centre, Kathmandu. The laboratory technicians from all the members except Bangladesh participated.

The training programme was inaugurated by Dr. D. S. Bam, Director, STC, Kathmandu in a inaugural function held on 15th April 1996, at Silver Jubilee Hall of NTI, Bangalore, India. The function was chaired by Dr. B.T. Uke, Director, NTI, Bangalore. Dr. Prahlad Kumar, Deputy Director, SAARC TB Centre proposed a vote of thanks.

Various aspects of TB bacteriology including culture and sensitivity were discussed at length. Preparation of culture medium and drug stock solution were explained to participants. The demonstration on primary culture techniques and sensitivity test were given, use of animal inoculation were also shown during the training.

A field visit was arranged to the trainers to show implementation of revised strategy of TB control programme in Bangalore.

The closing ceremony was chaired by Dr. L. Suryanarayana, Acting Director of National Tuberculosis Institute. Dr. P. Kumar & Mr. G. L. Joshi of SAARC Tuberculosis Centre, all the faculty members of NTI, Bangalore & trainees from member countries were present. Dr. V. H. Balasangameshwara welcomed the gathering and presented the proceedings of the training programme. Remarks from a participants was invited and Mr. K. J. Ilampuranan of India spoke on behalf of the participants. Dr. L. Suryanarayana in his address expressed his gratitude to SAARC Tuberculosis Centre, Kathmandu for having chosen National Tuberculosis Institute, Bangalore as the venue for the first ever training programme conducted by SAARC Tuberculosis Centre out of Kathmandu. The certificates were distributed by Dr. P. Kumar, Deputy Director of SAARC Tuberculosis Centre, who also concluded the course by expressing his gratitude to all those involved in making this course a grand success.

#### **Name List of the Participants:**

1. Mr. Nawang Choda  
Lab Technician,  
Public Health Lab, JSWNRH,  
PO Box 776, Thimpu, **Bhutan.**
2. Mr. Shailesh Jagadishehandra  
Tridevi,  
Lab Technician,  
TB DTC Civil Hospital  
Ahmedabad, 380 015, Gujarat,  
**India.**
3. Mr. K. J. Ilampuranan,  
Sr. Tech. Assistant,  
TB Research Centre(ICMR),  
Spurtank Road Chetpur,  
Madras, 600 031, **India.**
4. Ms. Shareefa Minake  
Lab Supervisor,  
Indira Gandhi Institute of  
Medical Science, **Maldives.**
5. Mr. Bhola Pd. Chaudhari,  
Lab Technician,  
National TB Centre, Thimi,  
Bhaktapur, **Nepal.**
6. Mr. Kumar Pd. Sharma,  
Lab Technician,  
National TB Centre, Thimi,  
Bhaktapur, **Nepal.**
7. Mr. Mohammed Khan Khattk  
Lab Technician  
FG TB Centre Asghar Mall  
Rawalpindi, **Pakistan.**
8. Ms. Jagathi Shihari Hettige  
Lab Technician,  
Respiratory Disease Control  
Programme, Central Lab  
Welisara, Ragma, **Sri Lanka.**

#### **Training Programme for Regional/District TB Programme Coordinators in SAARC Member Countries 4-8 June 1996, at Kathmandu.**

A Training Programme for Regional /District TB Programme Coordinators in SAARC Member Countries was organized by SAARC Tuberculosis Centre, from 4 to 8 June 1996 at Kathmandu, Nepal. Participants from Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka attended the training programme.

## Objective of the course:

The course was designed to train Regional/District TB Programme Co-ordinators with the skills and knowledge to implement the National TB Control Programme effectively by achieving an 85 % cure rate and 70 % case detection rate.

The programme was inaugurated by Ms. K. C. Namgyel, Director, SAARC Secretariat, Kathmandu at a function held in SAARC Tuberculosis Centre on Tuesday 4 June 1996. Inaugurating the programme Ms. Namgyel emphasised that Tuberculosis is a major public health problem in the region and needs regional co-operation to control this disease. The SAARC member countries have rightly given the priority to control this problem by establishing SAARC Tuberculosis Centre. She stressed the objective and functions of SAARC Tuberculosis Centre and mentioned that its short span of time SAARC Tuberculosis Centre has organized many activities to help member countries for effective implementation of National Tuberculosis Programmes (NTPs).

Dr. Prahlad Kumar, Deputy Director, SAARC Tuberculosis Centre extended warm welcome to the participants to attend this training programme and he expressed that the training is a vital component of National Tuberculosis Control Programme. There is a need to generate adequate trained manpower at all levels of health services to achieve our objectives. Dr. Kumar stressed the need to achieve high cure rate by implementing revised strategy of Directly Observed Treatment Short-course (DOTS) to all sputum positive cases so that more and more cases are cured, transmission of disease is reduced and infection rate can be brought down.

Dr. Kumar expressed gratitude to all member countries for sending participants and SAARC Secretariat for excellent co-operation.

The function was chaired by Dr. Pushpa Malla, Acting Director, National Tuberculosis Centre (NTC). Dr. Malla informed that SAARC Tuberculosis Centre (STC) is doing good job in the field of TB control, NTC and STC are working in close cooperation for mutual benefits for ultimate objective to control TB in the region.

Dr. Ghulam Nabi Khokhar, the participant from Pakistan proposed vote of thanks on behalf of participants and expressed that it is timely decision of SAARC Tuberculosis Centre to organize this programme. This will be very useful to have trained man power in the SAARC region. He also expressed gratitude to SAARC Tuberculosis Centre for extending warm welcome, excellent

hospitality and very good arrangements made for training programme.

The technical session started soon after the conclusion of the inaugural function. Dr. Shanta Bahadur Pande gave a brief introduction about the different modules on TB control recommended by the W.H.O. and approved by the Governing Board of STC for use of training in the region. After that participants were divided into two groups. Dr. S. B. Pande and Dr. Pushpa Malla worked as facilitators in the both groups A and B respectively.

In separate sessions, the participants discussed on the different modules, such as:

1. Administering Treatment,
2. Ensuring Identification of Suspects Patients,
3. Monitoring Treatment,
4. Registering Cases,
5. Quarterly Reporting of Case-finding,
6. Quarterly Report of Treatment outcome,
7. Maintaining Regular Drug Supply,
8. Supporting Laboratory Services,
9. Conducting Supervisory Visit.

In the both groups, the discussions were held on various issues of NTP, The level of understanding of the participants was found very high. The participants could exchange ideas on bottlenecks in implementation of National TB Control Programme in their respective countries. Problems of participants on various issues related to NTP were discussed and solution of those problems were suggested by the facilitators and Dr. Prahlad Kumar, the Deputy Director, STC.

The discussions were held on various other current issues of NTP like:

- Revised strategy of NTP
- Emphasis on Diagnosis by sputum microscopy
- TB and HIV coepidemic
- Directly Observed Treatment Short-course(DOTS)
- Reporting and Recording
- Monitoring and Supervision

## Field Visit:

On the fourth day of training programme, participants along with facilitators, under the supervision of Dr. Prahlad Kumar, visited the District Health Office, Bhaktapur, the model area of Revised Strategy of TB Control being developed by National TB Centre, Kathmandu.

The participants held discussions with hospital authorities and field workers about the

implementation of revised strategy, patients attending the model site were interviewed about their observations on NTP. The participants were impressed by observing various new ideas incorporated by NTC in this model area like introduction of photograph on patients treatment card, use of various non-governmental organizations for motivation and health education in project. Participants were also impressed by response of patients in model area as there is no defaulter so far. They wished a grand success of the model area.

The programme was concluded on Saturday, 8th June 1996 in SAARC tuberculosis Centre, (Thimi, Bhaktapur) Kathmandu, Nepal. The concluding ceremony was chaired by Dr. D. S. Bam, Director, SAARC TB Centre. Dr. Bam informed that 3 million new TB cases are coming in the SAARC countries every year with about 1 million deaths. Which shows that, TB is a serious problem in the region. Since TB has close linkage with HIV/AIDS, and AIDS cases are increasing in the region, therefore, TB experts anticipate a sharp rise of TB cases in near future in the region.

Dr. Bam said that, SAARC TB Centre is coordinating with national TB control authorities in the member countries to implement revised strategy of TB control to achieve high cure rate by treating all sputum positive patients with Directly Observed Treatment Short-course (DOTS).

Dr. P. Kumar, Deputy Director, STC welcomed participants in the concluding ceremony and emphasized that SAARC has accorded priority for TB control and SAARC TB Centre is taking initiatives by organizing seminars, workshops and training programmes to train more and more trainers in the region for effective implementation of TB control programme in member countries. This training programme was third in the series for TB programme coordinators in addition to that one training programme for lab technicians has been organized by SAARC TB Centre in National Tuberculosis Institute, Bangalore, India in April 1996. Participants from all the member countries except from Bhutan participated in the training programme.

Participants expressed their gratitude for SAARC TB Centre for organizing this training programme and appreciated the quality and contents of the programme. All participants expressed appreciation to Dr. P. Kumar, Deputy Director, SAARC TB Centre and his team of staff members of SAARC TB Centre for arranging excellent hospitality during training programme and they thanked the Director for excellent management of training course.

Dr. P. Kumar, proposing vote of thanks, expressed gratitude to member countries for

sending participants and also expressed gratitude to SAARC Secretariat especially to Ms. K.C. Namgyel, Director for excellent cooperation. He appreciated cooperation of SAARC Division of Ministry of Foreign Affairs, Ministry of Health, Department of Health Services, and National TB Centre of HMG, Nepal for their excellent cooperation. He thanked Dr. P. Malla, Dr. S. B. Pande, the facilitators of the course for their hard work and excellent cooperation.

Dr. Bam, Director, SAARC TB Centre distributed certificates to the participants and facilitators. He expressed satisfaction and thanked all participants, facilitators, Dr. P. Kumar, Deputy Director, and staff members of SAARC TB Centre for organizing a very successful and useful training programme, with these remarks, he concluded the training programme on 8th. June 1996.

#### **Name List of the Participants:**

1. Dr. Md. Mamunur Rashid  
Consultant, TB Clinic, Satkhira,  
Bangladesh.  
Tel: 3502/0471
2. Md. Azizur Rahaman  
Consultant, TB  
Gogra TB Clinic,  
Bangladesh.  
Tel: 5264/051
3. Dr. Dharm Pal Sharma  
State Programme Officer, TB  
C/O, Director Health Services  
Himanchal Pradesh, Shimla,  
India.  
Tel: 221824
4. Dr. Ismail Rashseed,  
Medical Officer,  
TB Clinic, Male, Maldives.  
Tel: 324407
5. Dr. Abdulla Zahir,  
Indira Gandhi Memorial Hospital,  
Male, Maldives.  
Tel: 316647
6. Dr. Sudha Khakurel,  
Bhaktapur Hospital,  
Bhaktapur, Nepal.  
Tel: 610676
7. Dr. Rajendra Pant,  
Medical Officer,  
National TB Centre, Thimi,  
Bhaktapur, Nepal.  
Tel: 610706
8. Dr. Ghulam Nabi Khokhar,  
Director, TB Control  
Sindh, Hyderabad,  
Pakistan.  
Tel: 022/783133.
9. Dr. G. A. Bertinus,  
District Chest Clinic  
Bxse, Hospital, Natal,  
Sri Lanka.  
Tel: 066/2261/2445

# Special Articles and Technical Information on Tuberculosis:

## Tuberculosis Control a Challenge in SAARC Member Countries

*Dr. P. Kumar  
Deputy Director,  
SAARC TB Centre*

### Introduction:

Tuberculosis (TB) is a major public health problem in the Region causing an immense burden of disease. As per WHO estimates, more than 3 million new TB cases occur in the region with about 1 million deaths every year due to this serious but curable disease. This situation will worsen further with Tuberculosis/HIV co-infection and multi- drug resistant TB. It is of utmost importance to have Regional cooperation to control this disease which kills more adults each year than any other infectious disease.

### Burden of the disease:

40% of the population in the region is infected with the TB bacillus. The estimated incidence of TB cases for 1995 is 3.094 million in the SAARC Region which represents about 40% of Global Burden of the disease. This includes 2.3 million new cases in India, 0.36 million in Pakistan and 0.3 million in Bangladesh. The incidence rate of all forms of TB in 1995 is estimated at 241 - 254 per 100,000 of population. The majority of cases are from the most economically productive age group. An estimated 1 million people died from TB in the Region in 1995.

Experts estimate that TB and HIV co-infection will contribute to sharp rise of TB cases.

### Estimated TB Incidence during 1995 in SAARC Countries

S.No.	Country	Estimated TB Incidence in million	Rate/100000 Population
1.	Bangladesh	0.31	241
2.	Bhutan	0.004	241
3.	India	2.33	246
4.	Maldives	0.0001	241
5.	Nepal	0.05	241
6.	Pakistan	0.36	254
7.	Sri Lanka	0.04	241
	Total	3.094	241-254

### SAARC TB Centre:

Considering the huge burden of Tuberculosis disease SAARC has accorded a high priority to Tuberculosis Control and decided to establish the SAARC TB Centre in Nepal. The centre is functioning since 1992 with the main objective to work towards prevention and control of TB in the Region by coordinating the efforts of the National TB Programme of the Member Countries<sup>2</sup>.

### The main functions of the centre include:

- To act as a Regional Co-ordination Centre for National Tuberculosis Control Programmes in the region and function as a centre for information exchange and related activities.
- To collect, collate, analyze and disseminate all relevant information regarding the latest development and findings in the field of tuberculosis in the region and elsewhere.
- To establish a network arrangement among the National Tuberculosis Programmes and to conduct surveys and research etc., if necessary.
- To initiate, undertake and coordinate the Research and Training in Technical Biomedical, operational and other aspects related to Tuberculosis Control Programme in the region.
- To strive for adequate supply at low cost of anti-tuberculosis drugs and other related supplies in all the Member Countries.
- To monitor incidence, prevalence and emergence of drug resistant strains of tuberculosis in the region.
- To carry out any other function related to tuberculosis if requested by the Technical Committee on Health and Population Activities.

The centre has a Governing Board with eight experts in the field of TB Control, one each nominated by Member Countries. The Director, STC works as member secretary. Professional staff work as Deputy Directors and are selected by open competition from experts in Member Countries.

SAARC TB Centre organizes Seminars, Workshops, Training Programme and Research related to TB Control and informs experts and TB Programme Managers about recent developments in the field of TB Control in the region and outside the region as well as information from WHO. SAARC TB Centre also arranges meetings of National TB Programme Managers of Member Countries to discuss the problems faced during implementation of programme with probable suggestion of these problems.

#### **4. Control Measures:**

National Tuberculosis Control Programmes are in operation in all Member Countries<sup>3</sup>. Case finding and treatment activities are integrated with general health services in all Member Countries. Specialized TB institutions for training and Research are also functioning in the region.

Some of them, for example, National Tuberculosis Institute, Bangalore, India, National Tuberculosis Centre, Thimi, Bhaktapur, Nepal, Ojha Institute, Karachi, Pakistan, are responsible for valuable research.

Though the National TB Programmes are functioning, the achievements of these programmes have been inadequate, and inadequate control measures in the past have resulted in high numbers of treatment failures and chronic cases with multi-drug resistance.

#### **5. Revised strategy of TB control:**

Since the existing National TB Control Programmes are unable to make a dent in the problem of TB and the global pandemic of TB and HIV co-infection will further worsen the existing TB situation in the Region, the WHO developed a revised strategy and policy package for Tuberculosis Control, which was adopted by all Member States in 46th World Health Assembly<sup>4</sup>.

##### **5.1. Objective and Targets:**

Considering the seriousness of the TB situation, particularly the potential impact of HIV/AIDS, the Forty-fourth World Health Assembly (1991) urged the Member Countries to strengthen/augment TB Control activities to achieve these targets:

- To cure 85% of the detected smear-positive TB cases, and
- To detect 70% of existing cases by the year 2000.

Recognizing the already serious situation, which is rapidly worsening in both developing and developed countries due to insufficient priority being given to TB control programmes, and noting the lack of adequate political will and resources for operating effective programmes, the Forty-sixth World Health Assembly (1993) requested Member Countries to improve the detection of smear-positive cases through reliable microscopic examination, introduction of standardized short course chemotherapy, with particular emphasis on properly supervised therapy during the initial two months, introduction of standardized case registers and provision of regular and uninterrupted supplies of anti-TB drugs and promotion of public awareness on prevention of TB.

##### **5.2. Strategies:**

The World Health Assembly endorsed a global TB control strategy, which is to provide adequate and efficient treatment, i.e. short course chemotherapy to at least all smear-positive TB cases identified. Accordingly, the revised strategies adopted by WHO are as follows:

- a) All countries with TB problem must provide standardized short course chemotherapy to all TB cases. If resources are scarce, priority must be given to sputum smear-positive cases and seriously-ill smear-negative cases (e.g. cases of TB meningitis or miliary TB) because this will have the greatest impact on reducing mortality, morbidity and transmission of TB. It has been estimated from the data from developing and industrialized countries that an untreated smear-positive case would infect annually 10 to 14 healthy persons. A smear-positive case usually excretes bacilli for about two years. Thus before a patient dies or becomes smear negative, he would have infected 10-28 new persons. Therefore priority attention should be given to smear-positive cases. However, ideally, all TB cases should receive SCC, which is one of the most cost-effective intervention so far identified.
- b) WHO recommends BCG vaccination in early childhood for TB high prevalence countries.

### 5.3. Policy Package:

The success of this strategy depends on the implementation of a TB control policy package (This policy package remains unaltered even in the presence of HIV infection) which includes the following five elements:

- a) Government commitment to a TB control programme aiming at nationwide coverage, should have an integrated activity within the health system infrastructure, with technical leadership from a central technical unit. Also, effective leadership, which requires a permanent team qualified in the management of TB control.
- b) Case detection through predominantly passive case-finding. Active case-finding is not cost-effective with the present load of TB cases in the Region. Those persons presenting themselves to a health worker with symptoms indicative of TB should be referred to appropriate health facilities for confirmation of diagnosis, primarily by microscopy examination.
- c) Administration of standardized short course chemotherapy to at least all confirmed sputum smear-positive cases of TB under proper case management conditions. Proper case management ensures patient compliance by supervised administration of the recommended short-course chemotherapy with at least four drugs in the initial phase (two to three months) in order to avoid the emergence of resistant strains and, further, to ensure that the patient undergoes a full course of treatment (6-8 months) to avoid relapse.
- d) Establishment of a system of regular supply of all essential TB drugs (isoniazid, rifampicin, pyrazinamide, streptomycin, ethambutol and, in some areas, thiacetazone). Advance planning for drug procurement and timely delivery should be based on the number of cases registered during the last complete six-month period, and stock levels.
- e) Establishment and maintenance of a monitoring system to be used both for programme supervision and evaluation. This system is based on recording individual patient information in registers at the district or the country level and on regular reporting, preferably on a quarterly basis, from the same level. Information must be obtained, firstly, on new cases and relapses and secondly, on treatment outcome.

The adoption of this framework is particularly urgent in countries confronted with an HIV epidemic, which will result in an increasing number of TB cases and specific operational problems.

The revised strategy has been based on the over all objective of TB control is to reduce, mortality, morbidity and transmission of the disease until it no longer poses a threat to public health.

Bangladesh, India, Nepal and Pakistan<sup>5</sup> have established pilot projects based on revised strategy while other countries are also working to implement the same.

#### Summary:

The burden of tuberculosis in the Region is immense. This serious situation will worsen further with Tuberculosis/HIV co-infection and multi-drug resistant tuberculosis. Regional cooperation is an urgent need for TB control and SAARC Tuberculosis Centre could play vital role in this direction.

All Member States need to implement the revised strategy and establish effective NTPs to achieve the targets for cure and case-finding. Achieving high cure rate will result in reduction in tuberculosis mortality, morbidity as well as prevent the emergence of drug resistance.

#### Reference No.:

1. WHO A review of current epidemiological data and estimation of future tuberculosis incidence and mortality. WHO/TB/93,173 Geneva WHO, '93.
2. SAARC Proposal of SAARC TB Centre in Nepal. SAARC/Summit/6Sc 15/4 Annex IV
3. SAARC TB Centre. Proceeding of Seminar for Tuberculosis Programme Managers of SAARC countries, November 1994, Kathmandu, SAARC TB Centre, 1994.
4. WHO. Resurgence of Tuberculosis the challenge. Report and Documentation of the Technical Discussions, Forty-seventh session of WHO Regional committee at South-East Asia. Delhi, WHO Regional Office for SE Asia, 1994.
5. SAARC TB Centre, STC Newsletter, 1995 Vol. IV.

The Editor, STC Newsletter requests, all readers to send a short information about the TB control in their countries. We publish technical information on TB control activities in every newsletter for benefit of our readers.

# National Tuberculosis Programme in Pakistan

By, Dr. Muhammad Hussain  
(Member, STC Gov.Board)  
Medical Superintendent, TB Hospital, Rawalpindi.



Increasing prevalence of Tuberculosis felt in early sixties by the health authorities in the country. A sample survey was conducted in 1960-62. This showed Infection Rate 2.3 % and Prevalence Rate, X-ray wise as 5.1 %. Preventive and Curative measures were introduced. Provincial TB Control units were established, mobile BCG vaccination teams were raised for mass vaccination, laboratory materials were provided to the existing health centres for encouraging sputum examination for AFB, anti-TB drugs (standard regimen) were made available. A 20 years perspective plan to control tuberculosis was prepared and introduced all over the country under 20 years National TB Control Programme. This programme was spread over 20 years in 4 phase, each of 5 years duration. Donor agencies, UNICEF and WHO assisted the programme, specially providing technical supplies of training and logistic assistance. A Federal TB Board was formed subsequently.

The TB prevalence survey was conducted during 1974-78. This has shown an Infection Rate of 13 % and Prevalence Rate of smear positive as 0.13 % (310/100,000).

In early 1980's upto 1983 the assistance was gradually with-drawn. The federal TB Board was dissolved in late seventies as it could not justify its existence.

Third TB Prevalence Survey was conducted during 1974-78, which indicated a decline in AFB smear positive to 0.17% (170/100,000) and the infection rate down to 7.7%. This may be due to chemotherapy extended to a good number of health facilities, extensive

network of EPI comparatively rise in standard of living and of course natural course of the disease.

Year	Infection Rate	Prevalence Rate	
		X-ray wise	Sp(+)
'60-62	23%	5.1 %	-
'74-78	13%	3.1	0.31%
'87-88	7.7%	-	0.17%

The fate of NTP met many set-backs and remained dormant and status quo-maintained in the country with irregular, interrupted and unscientific self-prescribed regimens, lack of health education resulting in chronic and resistant strains.

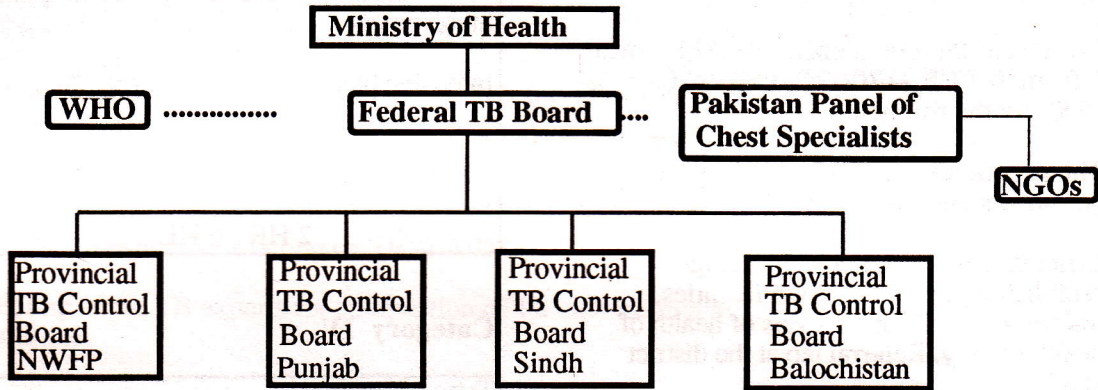
The responsibility for establishing National TB Control Programme rests with the Government both at Federal and Provincial Levels.

Realizing the increasing tuberculosis problems specially with association of HIV infection, the present Government has taken effective measures to control increasing menace. Visible political commitment is noted.

## To enumerate:

- I. Revival and establishment of Federal TB Board
- II. Establishment of Provincial TB Board.
- III. National TB Control Programme, involving the NGOs and aid giving agencies, besides its own commitment.

## ORGANIZATION OF PAKISTAN TB CONTROL



The primary responsibility at the Federal Level is to ensure that TB control programme is 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.

### II. Establishment of Provincial TB Control Board:

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

#### I. Functions of the Board (and Federal TB Directorate)

- i. Advise the Govt. on the formulation of National TB control policy.
- ii. Recommend ways and means for effective implementation of the programme.
- iii. Review the progress
- iv. Coordinate the control activities of the provinces.
- v. Render technical advice and support on prevention, diagnosis and treatment ensuring uniformity.
- vi. Standardize recording & reporting system of tuberculosis cases.
- vii. Consolidate information received from provincial TB coordinators.
- viii. Procure and distribute equipment, supplies, anti-TB drugs, manuals, etc.
- ix. Organize training (regular feature round the year) for the personnel involved in the project.
- x. Coordinate with NGOs & provide reports to international agencies involved in TB control in Pakistan.

#### Functions:

- i. Recommend ways & means for effective implementation of the programme in the province.
- ii. Review of the progress from time to time to provincial TB coordinator, who will in turn feed the federal.
- iii. 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.
- iv. Supervise and support District TB Officer and ensure regular & accurate recording & reporting system.
- v. Coordinate & supervise referral lab.
- vi. Organize training for in-service health worker and coordinate with NGOs.

#### National TB Control Programme:

Initially National TB Control Programme (NTCP) was established for 5 years phase in perspective of Health for all by the year 2000 and further period to be extended, involving NGOs and aid giving agencies.

## Objective:

To achieve a cure rate upto 85 %, which is at present as low as about 40 %.

To reduce the prevalence rate AFB smear positive from 0.17% (170/100,000) to 0.05 % (50/100,000) by the following:

- i. The programme will be country wide, permanent and integrated.
- ii. Efficient case finding by enforcing/ establishing network of lab facilities, microscopy cells at all levels of health of health facility. Referral lab at the district level.
- iii. Uniform treatment in all provinces with short course chemotherapy. Patients are categorized according to the priority for treatment.
- iv. Reliable recording and reporting system.
- v. By regular training for in service health workers, involved in TB control activities.

### Category: I

#### Type of Cases:

New AFB smear positive and new diagnosed seriously ill severe form of TB (E.g., meningitis, Peritonitis, Pleurisy extensive, Disseminated).

Intensive Phase: 2 HRZE

Continuation Phase: 4 HR/6 HE

### Category II

#### Type of Cases

Relapse & Failure Smear Positive:

Intensive Phase:

2 HRZES/1HRZE

Continuation Phase:

5 HRE

### Category III.

#### Type of cases

Smear AFB Neg. with parenchymal involvement

Intensive phase:

2 HRZ

Continuation phase:

2 HR / 6 HE

### Category IV

#### Type of cases:

Chronic case with smear positive.

Life long INH

Supervised treatment during the intensive phase be ensured in maximum number of or majority of health facilities. It may be emphasized in the programme that regular drug supply (with sufficient reserve) be ensure all the time at all the health facilities upto the grass root level, otherwise efficient and over diagnosis of cases will not be helpful in cutting the chain of transmission hence the success of the programme.

### Set-up of the facilities in the NTP

Basic Health Units

Rural Health Centre

Taluk Health Centre

District Hospital

(Referral Centre)

Special Institutions.

The Health District Unit is the basic unit of management in NTP of Pakistan. A district is the focus of activity in the programme. The two-fold responsibility is to coordinate with provincial TB coordinator and to monitor the lower levels upto BHU. prepare quarterly report to be collected at district for feeding to provincial coordinator which will be compiled and analyzed at the Federal TB Control Directorate.

## Wel-come News:

Director, Deputy Director and other staff of STC welcomed the H.E. Mr. N. U. Hasan, Secretary General, SAARC Secretariat at the auspicious occasion of National Seminar on TB Control at NTC/STC training building on 25th February 1996. H.E. observed the photographs exhibition of different activities and progress charts of TB control activities performed by the STC.

## Proposed Programme of STC

1. SAARC consultative meeting on TB & AIDS
2. Meeting of the TB experts for compilation of TB control training manual for SAARC member countries.
3. Seminar on Pilot Demonstration areas of TB control in member countries.

## Letters to Editor:

The Editor,

We have received the STC Newsletter Vol.V No.1. It provides useful information regarding tuberculosis control activities in the SAARC region. Newsletter will go a long way in disseminating knowledge on tuberculosis. I congratulate Dr. Bam, you and your team for this venture.

- Dr. R. C. Jain

LRS Institute of TB and Allied Diseases, India.

Dear Dr. Jain,

I have gone through the Newsletter Vol. V. No. 1 with keen interest and found it to be an impressive effort. I suggest the inclusion of:

- Editorial page, covering an important aspect of TB.
- Abstracts of some leading articles published in various journals.

- Dr. K. S. Aneja

165 Doon Vihar, Rajpur Road  
Deharadun - 248 001 (U.P.)

I am pleased to receive STC Newsletter of January (Vol.V. No.1). This is informative about activities regarding TB control in the region.

Dr. Javaid A. Khan,

Assistant Professor, Dept. of Med.  
The Aga Khan University, Karachi 74800  
Pakistan

It is with great pleasure, I acknowledge the receipt of STC Newsletter Vol. V. No.1. It is very informative &.....

Dr. P. Chandrasekhar  
Ganganagar, Bangalore.

Thank you very much for sending me the Vol. V. No. 1 of STC Newsletter, which is very informative, educative and quite interesting to go

through. I am sure such news letters given us the vivid picture of the tuberculosis, its control and other information. I compliment you and congratulate you for the nice work done by you.

Lion MJF Dr. G. Subhram  
Dist. Governor, Dist 324  
Gandhi TB Clinic  
Anakapalle, 531 001, AP  
India.

I thank you for your STC Newsletter Vol. V. No. 1. I must congratulate to you to bring out a good publication which would disseminate the recent cooperation in the direction of control of tuberculosis in this region.

Prof. Pradeep Seth, MD  
All India Institute of  
Medical Sciences.  
New Delhi.

Thank you very much for sending the Newsletter which is indeed helpful for us. We are also combating with this vital disease. I am very much interested to get the Newsletter regularly. Our hope gained one step more to control the disease all together in SAARC countries.

M. Rahman,  
Garden Reach Community Health Programme  
BAN India.

Thanks for sending the STC Newsletter. It will be quite informative for teachers and PG students of the department.

- Dr. Rakesh Dhargava  
Dept. of TB & Respiratory Diseases  
Jawahar Lal Nehru Medical College  
Aligarh Muslim University,  
Aligarh - 202 002, India.

It is a great pleasure for me to receive a copy of STC Newsletter Vol. V. No. 1 and while going through this I found it very informative and interesting. It covers all the activities and latest deliberations in the control of TB in SAARC region. I hope that it will play its part in focusing attention on the need for a greater orientation of medical education and medical practice towards prevention and control of TB which is one of the major problems of this part of the world.

Prof. I. H. Bhatti,  
Director  
Government of Pakistan  
Jinnah Postgraduate Medical  
Centre, Karachi.

I thank you very much for the copy of the Newsletter Vol. V. No. 1. The Newsletter is brought out very well and I look forward to such a Newsletter on regular basis to get up to date on the current trends in the tuberculosis.

- Dr. A. A. Mahashur,  
Prof. and Head Dept of Chest Medicine  
Environmental Pollution Research Centre  
CIVTC, KEM Hospital, Parel Bombay.

Thanks for sending Vol. V No. 1 of STC Newsletter. While going through it, I found it very informative and interesting. I will request you to start regular review articles by experts of the subject in the STC Newsletter and increase the size of the Newsletter, so that more informative material can be included in it.

Dr. N. K. Jain  
Medical Superintendent  
Hospital for Chest and Tuberculosis

Dear readers,

Thank you very much for your kind letters regarding our STC Newsletter Vol. V No. 1 January 1996.

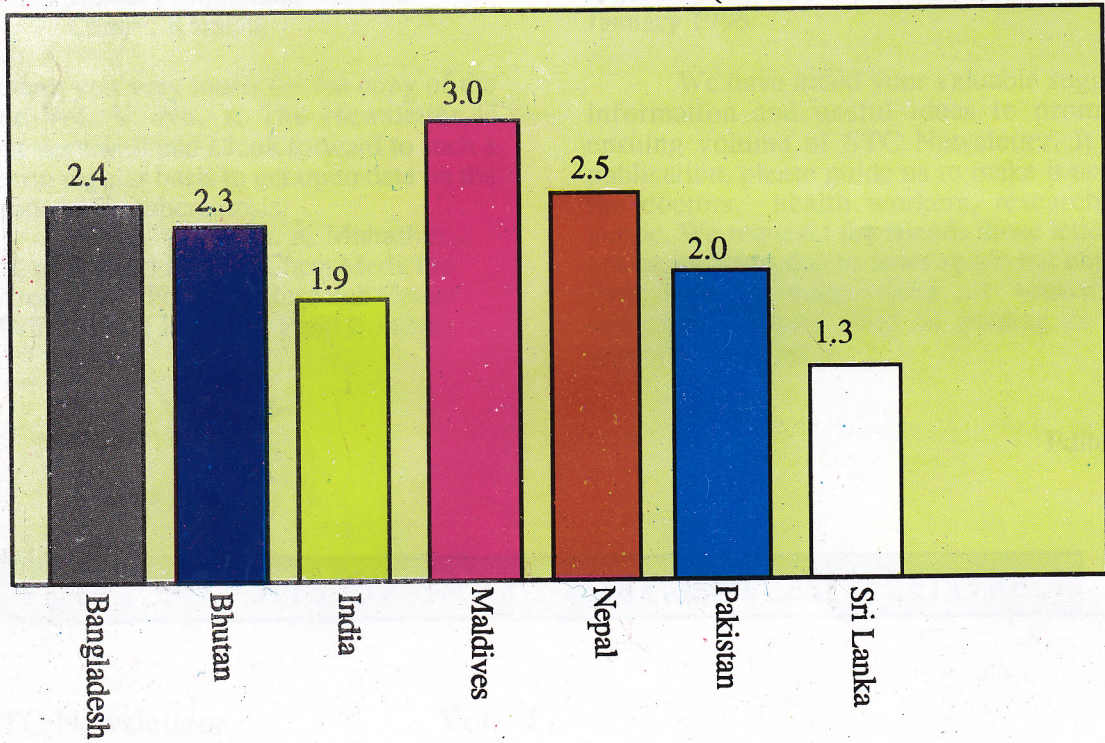
We have noted your valuable suggestions, information and useful ideas to promote our ensuing volume of STC Newsletter. It is your publication, please guide us to make it useful for the doctors, health workers, researchers and public. We request the friends those letters could not be included due to sparse space but ensure that their valuable suggestions are source of our inspiration. Kindly keep on guiding us through your communication.

Editor

## PUBLICATIONS OF SAARC TUBERCULOSIS CENTRE

1. STC Newsletters  
Vol. I  
Vol. II  
Vol. III  
Vol. IV  
Vol. V
2. Proceeding Reports - 1st. Trainers' Training  
- TB Programme Managers  
- TB Control through PHC
3. Directory of Tuberculosis Institutions & Specialists in SAARC Member Countries, January 1996.
4. Role of SAARC Tuberculosis Centre in TB Control - A Pamphlet
5. NTPs in the SAARC Member Countries

**POPULATION GROWTH**  
Average Annual Rate in %  
(1990 - 1995)



Source: W.H.O. in South East Asia Region, 1994