

ASIA PACIFIC GLOBAL HEALTH BULLETIN TUBERCULOSIS

IN THIS ISSUE

Welcome!

by Joshua O'Reilly



Hi everyone and welcome to the first issue of the Asia Pacific Health Bulletin! This is an exciting new initiative that aims to keep everyone in the region up-to-date with current health issues in Asia-Pacific. The aim of this bulletin is to provide a

concise overview of a particular health issue once a month. This overview will include a brief summary of the health issue, current initiatives that have been implemented at a local, national, and regional level by various actors such as the World Health Organisation, governments as well as non-governmental organisations.

There will also be a 'Fast Facts' section which will, again, provide statistics regarding the health issue just to provide a bit of perspective. If there are relevant IFMSA policies that have been developed, these will also feature in the bulletin in the form of a hyperlink to the policy homepage.

To learn more about different NMOs within our region, a goal of this bulletin is to provide an NMO profile of the month highlighting current projects and/or campaigns being run, or to provide an overview of the health issue at the local and national level through the eyes of medical students.

As this is an initiative to benefit you, your feedback and input is essential! If you want more facts and statistics or more articles please pass this on. Another way to get your input will be to ask what health issues in particular you want more information on.

This bulletin is not intended to take up much of your time but something to quickly look at, refresh your memory, or to learn a quick fact or two. In our first issue there were two great articles submitted by AMSA-Philippines and IFMSA-Pakistan exploring the issue of Tuberculosis within their own countries.

So please, put your textbook down, sit back, grab a quick coffee and enjoy the first issue!



Tuberculosis - What is it?

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Tuberculosis in the Philippines

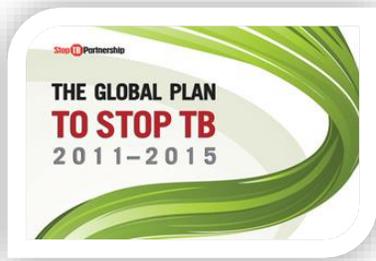
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TB STRATEGIES AND INITIATIVES



Directly Observed Therapy Short Course - DOTS

WHO Internationally recommended strategy for TB control. Identifies and addresses factors that prohibit or interrupt patients' treatment regime, DOTS ensures that patients adhere to treatment through supervision. Maintains supply of drugs and is cost-effective

Stop TB Strategy

Strategy that builds upon the DOTS program. Goal is to dramatically reduce the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets'. It underpins the Global Strategy to TB 2011-2015.

FAST FACTS

55%

The percentage of 'missed' TB cases coming from seven countries within Asia-Pacific

5.2 million

The number of people who became ill from Tuberculosis in Asia Pacific - 2012

60%

The number of new TB cases arising from the Asia Pacific region in 2012

MORE INFORMATION

World TB Day – March 24th each year

WHO Global Tuberculosis Report 2013:
http://www.who.int/tb/publications/global_report/en/

WHO Tuberculosis Country Profiles:
<http://www.who.int/tb/country/data/profiles/en/>

Tuberculosis in the Philippines

by AMSA-Philippines SCOPH Members - Sachi Estreller, Rosa Lea Baldevarona, Angelica Pearl Reyes, Victoria Chan and Mykee Araya

One year towards the end of the 15-year observation period for the Millennium Development Goals, half of the efforts of the government in halting the spread and reversing the incidence of tuberculosis in the Philippines appear to come short of expectations. It has been pegged that tuberculosis cases be down to zero by 2015 from the 246 prevalence and 39.1 death rates per 100,000 population per year in the baseline year 1990, but latest data (Fig.1) show 273.1 and 27.6, respectively. [1,2]

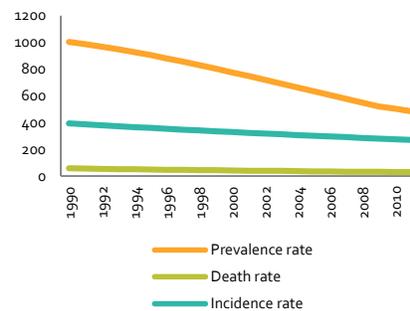


Fig 1. Prevalence, Death, and Incidence rate of Tuberculosis in the Philippines from 1990-2011

Although there have been an increase in the prevalence, throughout the years, both private and public groups have made efforts to improve the situation of tuberculosis in the Philippines through several programs. Central to these TB control program is the Directly Observed Treatment Short Course (DOTS) strategy, which has five main components: political commitment, diagnosis by sputum microscopy, supervised treatment, uninterrupted drug supply; and standardized recording and reporting. [3,4] Although TB prevalence and mortality rates have greatly declined since 1990, the Philippines still ranks 9th among the 22 high TB burden countries. Moreover, it is estimated based on the 2007 National TB Prevalence Survey that it is still insufficient for the country to achieve the MDG. [5]

The insufficiency of achieving the MDG may have been contributed by drug resistance. A global study by the WHO and IUATLD published that a 2.2% prevalence of multi-drug resistant tuberculosis existed worldwide. This rate varied per region in the Philippines – 6.4% in Metro Manila, 9.6% in La Union, 4.4% in Zamboanga,

and 5.2% in Leyte. [6] Another Philippine study in 2006 by Tupasi, et al. found that 62% of their cohorts were resistant to at least five anti-tuberculosis drugs. [7] Rifampicin-resistant tuberculosis bacteria strains were isolated and discovered in another Philippine study, confirming that such resistant strains exist in the country. [8] Because of rifampicin's antibiotic nature, it has been used for certain infectious diseases increasing the likelihood of it being used as monotherapy to tuberculosis increasing the risk of drug resistance thus increasing the prevalence of Tuberculosis. [9]

Other than drug resistance, there are challenges to decreasing the prevalence of tuberculosis. Stigma and misguided assumptions about TB treatment are still barriers to treatment. A study showed that 41% of patients had a delay in consult of more than 4 weeks when they felt that they were ostracized. [10] Furthermore, effective and efficient service delivery, referring to the provision and utilization of financial and human resources, infrastructure and equipment, materials and medical supplies, and policies and guidelines for TB control in the Philippines, is important in ensuring the sustainability and successful progress of the program. In an assessment of 2010-2015 Philippine Plan of Action to Control Tuberculosis (PhilPACT), the Philippines is doing pretty well due to the following reasons. There is a great number of health facilities and a big health workforce base to provide TB care to the general population. The anti-TB drugs and treatment are free, and the diagnostic and treatment services are available and accessible. Policies and guidelines were developed and implemented to support the program and encourage the involvement and mobilization of both the public and private sector. However, despite all these, there are still issues on availability and accessibility, especially in the rural setting, and geographically isolated and depressed areas. Moreover, despite efforts of the Department of Health to address rapid turnover of health staff and issues of inadequacy in skills, these problems still persist and put strains on a finite budget. Furthermore, resistance from health practitioners and institutions exacerbate existing concerns. [11,12,13]

References:

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- [2] UN MDG Dataset. Retrieved 18 April 2014 from <http://mdgs.un.org/unsd/mdg/Data.aspx>
- [3] National TB Control Program Manual of Procedures retrieved April 22, 2014 at http://www.philhealth.gov.ph/partners/providers/pdf/NTP_MoP2_004.pdf
- [4] Comprehensive and Unified Policy for TB Control in the Philippines retrieved April 22, 2014 at http://www.philhealth.gov.ph/partners/providers/pdf/ComprehensiveUnifiedPolicy_TB.pdf
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On the Move Against Tuberculosis

by Mehdi Maqsood LOME-Pakistan Peshawar LC

Tuberculosis, a death-dealing disease mostly affects young adults, in their most productive years. TB not just affects locally in Pakistan but it has a global impact, occurring in every part of the world. In order to eradicate TB on a global level we begin with our own country - Pakistan.

TB in a Pakistani Society

The disease of Tuberculosis or TB still poses a significant development and health challenge to Pakistani society. WHO estimates prevalence of 630,000 year in Pakistan, which is one of the highest in the world. Pakistan along with China, India, Bangladesh and Indonesia shoulders more than half of the total TB burden of the world. This indeed is not an appreciable situation. It currently ranks fifth amongst countries with highest burden of Tuberculosis alongside the fourth highest burden of Drug Resistant TB globally. In an estimated population of around 180 million with annual incidence of TB being 231/100,000, Pakistan produces about 420,000 new cases annually.

COMBATING TB THROUGH AWARENESS CAMPAIGNS

The major hurdle in making Pakistan a TB free country is the lack of awareness among the people regarding TB. In order to boost our

fight against TB, IFMSA Pakistan- Peshawar LC put forth their best effort to organize series of events for medical students of Khyber Medical College Peshawar to create awareness among them regarding the various aspects of TB on 10th march and 24th march on the occasion of World TB day. This awareness event consisted of poster painting competition, and seminar followed by a walk.



COMPETITION

The poster painting competition was organized under the banner of IFMSA Peshawar LC went very well in which 20 teams participated.

Students painted variety of posters that were showing the information on prevention and treatment of TB. The winners were awarded with prizes.

SEMINAR AND WALK

A seminar was conducted by IFMSA PAKISTAN- Peshawar LC in coordination with the community medicine department of Khyber medical college and provincial government ministry of health, in which more than 400 medical students participated. Dr mehar Taj Roghani (advisor to the CM KPK) was the chief guest. Head of the departments: Community medicine, physiology, pathology, pharmacology, anatomy and biochemistry also participated



along with the dean. The main objective of this program was to create awareness among the students regarding TB and its various aspects like understanding the

basic concepts including the case definitions, epidemiology but emphasis was given on prevention and control of the disease. Presentations were given by the officials from TB control Program KPK, awaring the students about TB. Then speech was delivered by the chief guest. Dr Mehar Taj Roghani, who applauded the efforts of IFMSA in arranging these sorts of activities. Then shields were distributed among the participants of poster painting competition. In the end there was walk in the college premises in which students were holding up display card and banners that demonstrated TB awareness illustrations.



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Ministry of National Health Services, Regulations and Coordination Government of Pakistan. National TB Control Program Pakistan. Available from: <http://www.ntp.gov.pk/webdatabase.php>

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IFMSA Asia-Pacific
Contact: Joshua O'Reilly (Asia
Pacific NMO Development
Assistant)

Jc_brandan@hotmail.com

Tuberculosis Resources

Useful links:

TB control –Southeast Asia Report 2012: http://reliefweb.int/sites/reliefweb.int/files/resources/Tuberculosis_WHO-TB-Report-2012.pdf

Epidemiology and control of tuberculosis in the Western Pacific Region: analysis of 2012 case notification data: <http://ojs.wpro.who.int/ojs/index.php/wpsar/article/view/253/377>

Countdown to 2015 – Supplement of Global Tuberculosis Report 2013: http://apps.who.int/iris/bitstream/10665/91542/1/WHO_HTM_TB_2013.13_eng.pdf?ua=1

Tuberculosis in the WHO South-East Asia Region: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2828794/>

Stop TB Partnership: <http://www.stoptb.org/>

Stop TB Strategy: <http://www.who.int/tb/strategy/en/>

Implementing the Stop TB Strategy: http://www.who.int/tb/publications/2008/who_htm_tb_2008_401_eng.pdf?ua=1

Australian Broadcasting Company. 2014. Experts warn of tuberculosis overwhelming Asia-Pacific health systems: <http://www.abc.net.au/news/2014-04-25/experts-warn-of-tuberculosis-overwhelming-asia/5410806>