

# Tuberculosis Control

in South-East Asia and Western Pacific Regions

A Bi-Regional Report



World Health Organization

South-East Asia Region

Western Pacific Region



# TUBERCULOSIS CONTROL

in South-East Asia and Western Pacific Regions 2005

A Bi-Regional Report



This publication was prepared by Stop TB Units in the WHO Regional Offices for South-East Asia (SEARO) and the Western Pacific (WPRO), in collaboration with Asheena Khalakdina, Erwin Cooreman and Nani Nair in SEARO, and Philippe Glaziou, Bernard Tomas, Pieter van Maaren and Dongil Ahn in WPRO.

#### Acknowledgements

The contribution of NTP managers and statisticians from all countries and areas of the South-East Asia and Western Pacific Regions for providing data for this publication is gratefully acknowledged.

WHO Library Cataloguing in Publication Data

Tuberculosis control in South-East Asia and Western Pacific regions 2005: a biregional report.

- 1. Tuberculosis, Pulmonary -- epidemiology. 2. Tuberculosis, Pulmonary -- prevention and control.
- 3. Tuberculosis, Pulmonary -- drug therapy. 4. Directly observed therapy -- utilization. 5. South-East Asia.
- 6. Western Pacific.

ISBN 92 9061 196 0 (NLM Classification: WF 200)

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## **Foreword**

Tuberculosis (TB) remains to be one of the most serious health and development problems in the WHO South-East Asia and Western Pacific Regions, which together carry more than half of the global tuberculosis burden. Every year millions of people are newly infected with the TB bacillus, and thousands die of the disease in these two most populous regions of the world. The spread of the human immunodeficiency virus (HIV) during the last two decades and the emergence of multidrug-resistant forms of TB pose additional challenges to effective TB control.

This year is a landmark for TB control. Five years ago, the World Health Assembly resolved to achieve the global targets of 70% case detection and 85% cure rate among all new infectious cases of TB by 2005. In addition, the Millennium Development Goals have set a new benchmark for further reversing the trends of TB and other major communicable diseases.

Member States are accelerating their efforts to meet these goals. DOTS, the internationally recommended strategy to control tuberculosis, is proving to be successful in many countries. We are happy to note that nearly 90% of people in our regions have access to care under this highly effective strategy. Over 2.2 million cases are managed under DOTS in the two regions each year. Of these, 85% are being successfully treated, averting over 320 000 deaths.

The growing number of patients cured of this debilitating and often fatal disease reflects the success of our interventions. This progress is largely an outcome of the sustained commitment on the part of governments, health workers and civil society.

This publication is the first bi-regional report on tuberculosis control in the South-East Asia and the Western Pacific Regions. It presents data on TB epidemiology and gauges the enormous progress being made by national TB control programmes in both the regions. It presents the overall success with strategies adopted to control TB and highlights the similarities and differences between individual countries.

This progress needs to be sustained and built upon to enable individual countries and the two regions to achieve the targets set under the Millennium Development Goals. This requires continued commitment and adequate support of national TB control programmes for several years to come.

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# **Executive Summary**

This is the first bi-regional report on TB control for the WHO South-East Asia and Western Pacific Regions. It includes data on the estimates of disease burden, case notifications and treatment outcomes reported from 47 countries in the two regions of WHO in 2003.

Tuberculosis is still a major public health problem in both the regions. In 2003, there were an estimated 9.7 million prevalent cases of TB (291 per 100 000 population) in the South-East Asia and Western Pacific Regions, of which almost 5 million were new cases (149 per 100 000 population). Six countries account for about 90% of the total estimated new cases in the two regions. China and India accounted for 63% of incident TB cases (all forms) in the two regions.

The global HIV epidemic has had an impact in countries in Asia and the Pacific: the prevalence of HIV among TB cases was 12% in Cambodia and Thailand, 6.8% in Myanmar and 4% in Viet Nam. In addition, drug resistance was found in almost all settings surveyed in the South-East Asia and Western Pacific Regions; the prevalence of MDR-TB varied widely across settings ranging from 0.5% to 10.4%. The highest prevalence rates of MDR-TB in previously untreated cases were observed in Liaoning (10.4%) and Henan (7.8%) provinces in China.

The case-detection rate in the two regions (see Annex 1 for definition) was 51% for all tuberculosis cases and 50% for new smear-positive cases. In other words, the 2.5 million notified cases (all types) represented 51% of the 5 million estimated cases (all types) and the 1.1 million notified new smear-positive cases represented 50% of the estimated new smear-positive cases.

Case detection rates in DOTS areas have been steadily increasing in the South-East Asia Region since 1998 whereas progress in the Western Pacific Region was relatively slow until 2002. The rise in case detection in the South-East Asia Region is largely due to significant increments in the numbers of cases detected in India (+52%), particularly between 2002 and 2003. Similarly, the increase in case detection in the Western Pacific Region from 2002 to 2003 (+28%) is mostly due to a dramatic increase in case detection in China (+59%). Progress in these two countries with the highest burdens of tuberculosis globally will necessarily drive global progress in TB control.

In DOTS areas, the treatment cure and success rates were 82% and 88% respectively for the cohort of 790 916 new pulmonary smear-positive cases registered for treatment in 2002 (85% and 81% respectively in the South-East Asia Region; 91% and 84%, respectively in the Western Pacific Region). In total, 23 countries out of 45 reported treatment outcomes below the 85%

WHO target (five in the South-East Asia Region, including three high burden countries<sup>1</sup> (Bangladesh, Myanmar and Thailand) and 18 in Western Pacific Region, including two high burden countries<sup>2</sup> (Lao PDR and Papua New Guinea).

Several challenges need to be overcome to sustain the momentum towards reaching the global TB control targets set for end-2005. With DOTS expanding rapidly, ensuring high quality DOTS implementation has become an important concern. Also, TB associated with HIV coinfection and multidrug-resistant TB need to be addressed by implementing collaborative TB-HIV activities and expanding DOTS-plus programmes designed to treat those with drug-resistant forms of TB.

Given that tuberculosis has implications not only on health but also on the social and economic development the achievement of several other targets under MDGs will also depend on good TB control. This makes it all the more imperative that commitment and resources are sustained to ensure that well-managed DOTS programmes continue to effectively reach out to all those affected by TB.

<sup>1</sup> Countries with a high burden of tuberculosis in the South-East Asia Region belong to the global list of 22 high burden countries: Bangladesh, India, Indonesia, Myanmar and Thailand.

<sup>&</sup>lt;sup>2</sup> Seven countries in the Western Pacific Region are considered to have a high burden of tuberculosis: Cambodia, China, Lao PDR, Mongolia, Papua New Guinea, the Philippines, Viet Nam.

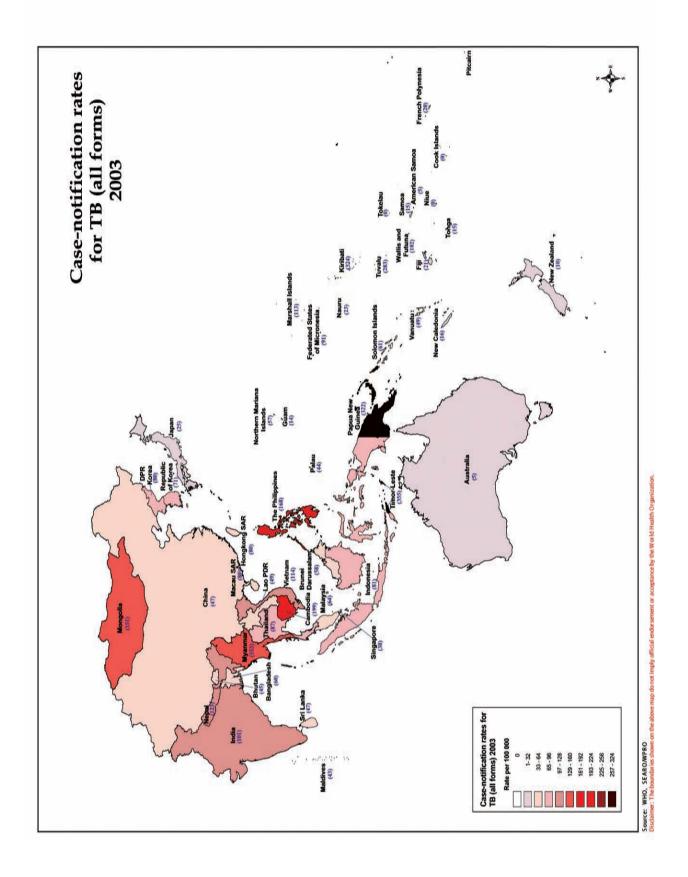
# Introduction

The WHO South-East Asia and Western Pacific Regions cover a vast geographic area with over 60% of the world's population in 48 countries and areas. Of these 47 reported data on TB to WHO in 2003.

During 2004, a standard form for reporting surveillance data was sent to all 48 countries and areas in both regions. Information was collected about the number and types of TB cases notified in 2003, on the outcomes of treatment among smear-positive and smear-negative as well as retreatment smear-positive cases registered in 2002, and about policies and practices in use for TB control. Also, data from drug resistance and TB-HIV surveillance were compiled.

Tuberculosis was declared a "global emergency" by WHO over a decade ago not only because of its toll on the health of individuals but also because of its wider social and economic impact on overall development. Targets were established to measure progress with implementation of the DOTS strategy to combat tuberculosis by 2005. These targets include 100% population coverage with DOTS, 70% case detection and 85% treatment success rate. Achieving these targets is an important intermediate step towards reaching the UN Millennium Development Goal (MDG) of halting and starting to reverse the incidence of TB by 2015. Since 2000, the WHO South-East Asia and Western Pacific Regions have achieved significant progress. A total of 45 of 48 countries in the regions are implementing DOTS, with the coverage reaching 84% at the end of 2003 (77% in the South-East Asia Region and 90% in the Western Pacific Region). The two regions have already achieved the treatment success rate target in DOTS areas and are now moving rapidly to achieve the 70% case-detection target.

Every year, the WHO Regional Offices for South-East Asia and the Western Pacific have separately published an annual TB report to share current knowledge on the state of the TB epidemic in each region. This bi-regional report is the first combined report on tuberculosis in the two regions. Its primary aim is to present data on TB epidemiology and related information reported from national TB control programmes (NTPs) to WHO in the two regions. It highlights the similarities and contrasts between the countries in the two regions and the overall strategies that have been adopted to address TB.



# **Epidemiology**

This report is based on case notifications for 2003 and treatment outcomes for patients registered in 2002 reported by national TB control programmes to the World Health Organization in 2004, using standard data collection forms, with common definitions and variables (Annexes).

#### 2.1 Estimated burden

Estimates of TB prevalence, incidence and mortality in countries are based on a consultative and analytical process that takes into account all available information on case notifications; prevalence of infection and disease; tuberculin surveys; duration of illness; proportion of smear-positive cases; numbers of cases treated and remaining untreated; HIV prevalence and incidence; mortality and demography. The estimates of disease burden are revised annually by WHO to reflect new information gathered through surveillance and from special studies such as prevalence and annual risk of tuberculosis infection (ARTI) studies conducted in countries. For instance, a national sample survey for ARTI, recently completed in India³, was used in these calculations. The estimates are also applied to previous years, retrospectively, when necessary. The estimated figures are WHO provisional estimates published in the WHO Report 2005–Global Tuberculosis Control. The methodology used for case estimates was that described in detail in the "Global Burden of Tuberculosis", published in 1999, and "The Growing Burden of Tuberculosis", published in 2003. Methods used to study the tuberculosis epidemic are also described in "Tuberculosis: Epidemiology and Control".

In all measurements of TB indicators, population estimates provided by the UN Population Division<sup>7</sup>, are used, recognizing that these sometimes differ from population data in the countries themselves (many of which are based on more recent survey data).

In 2003, there were an estimated 9.7 million prevalent cases of TB (291 per 100 000 population) in the South-East Asia and Western Pacific Regions, of which almost 5 million were

<sup>&</sup>lt;sup>3</sup> National Tuberculosis Institute, DGHS, India, Annual Risk of Tuberculosis Infection in Different Zones of India: A national sample survey 2000-2003.

<sup>&</sup>lt;sup>4</sup> Dye C, Scheele S, Dalin P et al. Global Burden of Tuberculosis. Estimated Incidence, Prevalence, and Mortality by Country. JAMA 1999; 282: 677–686.

<sup>&</sup>lt;sup>5</sup> Corbett EL, Watt CJ, Walker N et al. The Growing Burden of Tuberculosis. Global Trends and Interactions With the HIV Epidemic. Arch Int Med 2003; 163(9): 1009-1021.

<sup>&</sup>lt;sup>6</sup> Kumaresan, J. Epidemiology in Tuberculosis: Epidemiology and Control (Jai P. Narain, ed), World Health Organization, Regional Office for South East Asia, 2002 (SEA/TB/248)

<sup>&</sup>lt;sup>7</sup> http://esa.un.org/unpp/, accessed January 2005.

new cases (149 per 100 000 population). China and India accounted for 63% of all incident TB cases (all forms) in the two Regions.

It was estimated that 944 073 deaths from tuberculosis occurred in both regions in 2003 (617 211 and 326 862 in the South-East Asia and Western Pacific Regions, respectively), i.e. 28 deaths from tuberculosis per 100 000 population (38 and 19 in the South-East Asia and Western Pacific Regions, respectively). The death rate from tuberculosis per 100 000 population was highest in Timor-Leste (96) and Cambodia (95) as compared to 33 in India and 18 in China.

Table 1 shows the rates of change in the estimated prevalence and death rates from 1990 to 2003.

**Table 1:** Estimated prevalence rates (all cases) and death rates per 100 000 from TB in the South-East Asia and Western Pacific Regions

	1990	2003	Overall change (%)	Yearly rate of change (%)
Prevalence				
South-East Asia	570	351	-38	-4
Western Pacific	341	236	-31	-3
Total	446	291	-35	-3
Deaths				
South-East Asia	50	38	-24	-2
Western Pacific	26	19	-27	-2
Total	37	28	-24	-2

The estimated prevalence and death rates decreased in both regions at an overall yearly rate –3% and –2%, respectively in South-East Asia and the Western Pacific.

#### 2.2 Case Notification

#### **Notifications**

The population coverage with DOTS was 77% in the South-East Asia Region and 90% in the Western Pacific Region in 2003, with a combined coverage of 84% in the two Regions<sup>8</sup>.

The two regions together detected 58% of the total number of cases detected globally, 23% in the Western Pacific and 35% in South-East Asia. These two regions account for approximately 2.5 million cases of all forms of tuberculosis notified (1.5 million in South-East Asia and almost 1 million in the Western Pacific) and about 1.1 million notified cases of smear-positive tuberculosis (672 878 in the South-East Asia Region and 454 732 in the Western Pacific Region) in 2003. The largest number was from India with over 1 million cases (433 271 smear-positive cases) and China with 615 868 cases (267 414 smear-positive cases). Together, these two countries alone accounted for 40% of all reported tuberculosis cases and 37% of all smear-positive cases reported globally.

<sup>8</sup> Population coverage at the end of 2004 in excess of 90% in both regions (unpublished data from NTP annual reports 2004)

Of all TB case notifications, 86% of all TB cases and 92% of smear-positive tuberculosis cases were reported from DOTS areas. These proportions were slightly higher for the Western Pacific Region: 89% and 95%, for all and smear-positive cases respectively, compared to the South-East Asia Region where these were 85% and 91% respectively.

#### **Notification rates**

The combined case notification rate per 100 000 population in the South-East Asia and Western Pacific Regions was 76 for 2003 (Table 2). In South-East Asia the notification rates were higher than for the Western Pacific with a total case rate of 96 (42 per 100 000 for smear-positive) compared to 57 in the Western Pacific (26 per 100 000 for smear-positive).

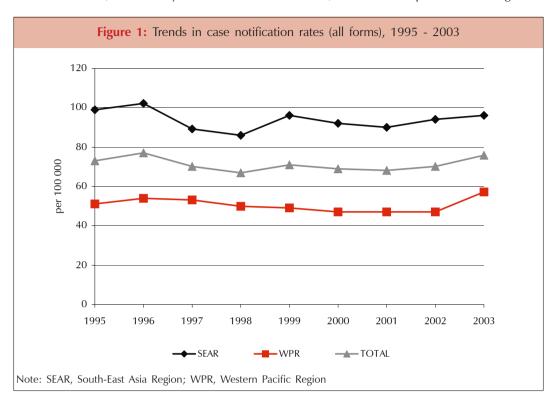
The notification rate for all cases in both regions has been steady since 1995 with the South-East Asia Region having a higher rate (range: 86 and 102 per 100 000) than the Western Pacific

**Table 2:** Notification rates and other indicators for the South-East Asia and Western Pacific Regions, 2003 (per 100 000 population)

		South-East Asia	Western Pacific	Total			
Population (thousands)		1 614 648	1 732 104	3 346 752			
Case Notifications							
All TB cases (number)	Overall <sup>a</sup>	1 555 385	987 927	2 543 312			
	DOTS	1 314 983	879 827	2 194 810			
All TB cases (rate)	Overall	96	5 <i>7</i>	76			
	DOTS	81	51	78			
New TB cases							
Number smear positive(SS+)	Overall	672 878	454 732	1 127 610			
	DOTS	610 079	431 396	1 041 475			
Rate (new SS+)	Overall	42	26	34			
	DOTS	38	25	37			
Smear negative or unknown		636 706	376 679	1 013 385			
Extra pulmonary		180 865	70 506	251 371			
Re-treatment cases							
Relapse		64 936	85 982	150 918			
Treatment after failure		14 649	998	15 647			
Treatment after default		64 217	1 208	65 425			
Other retreatment		42 288	67 709	109 997			
Other		10 428	7 008	17 436			
	Detecti	on Rate					
All cases detection rate (%)		51	51	51			
New SS+ detection rate (%)		49	52	50			
Pop coverage (%)		77	90	84			
DOTS Detection Rate (%)		45	50	47			
Non-DOTS all cases		240 402	108 100	348 502			
Non-DOTS SS+		62 799	23 336	86 135			

Includes both DOTS and Non-DOTS

Region (range: 47 and 57 per 100 000). After a slight but steady decline since 1996, the Western Pacific Region has experienced a more rapid increase in the notification rate from 47 to 57 per 100 000 between 2002 and 2003. The South-East Asia Region has shown a slow decline in notification rates, followed by a slow increase since 2001, from 90 to 94 per 100 000. (Figure 1)



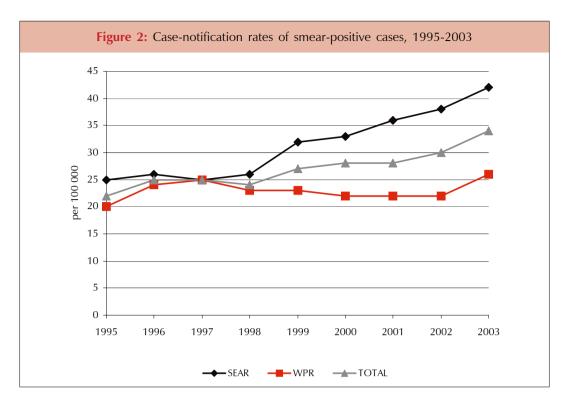
Case-notification rates for smear-positive cases however, have been rising steadily in the South-East Asia Region since 1998, from 25 to 42 per 100 000, after being steady between 1995 and 1998 at around 25 per 100 000. In contrast, the smear-positive notification rate for the Western Pacific Region has been steady between 1997 and 2002 at 22 per 100 000. A comparative increase in the smear-positive notification rate has been made since then to 26 per 100 000. (Figure 2)

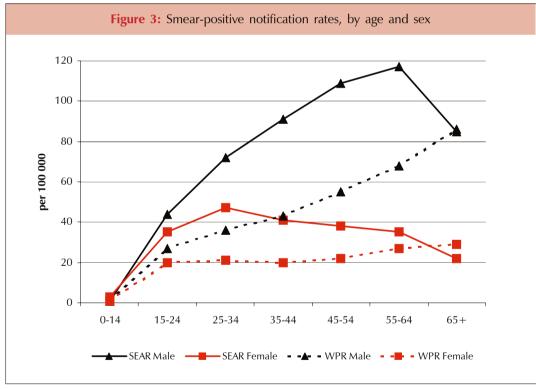
#### Age- and sex-specific notification rates

The age- and sex-specific notification rates for the two regions for 2003 (Figure 3) show that the South-East Asia Region has higher rates for both men and women than the Western Pacific Region. Overall the highest rates are among men aged 15 to 64 years in the South-East Asia Region. In contrast, males in the Western Pacific Region have lower rates overall and display an upward trend in the higher age-groups indicating a shift in the epidemiology of tuberculosis. For females, the pattern is similar to that of males in the respective regions, albeit less dramatic than the trend seen in males. Females in the SEA Region have higher notification rates which are however lower in the higher age groups, compared to females in the Western Pacific Region who have lower rates overall and a slightly increasing rate in the 45+ age groups.

#### **2.3 TB-HIV**

The HIV epidemic has reached a generalized stage at the national level in only three countries in the two regions: Cambodia, Myanmar and Thailand. In Cambodia the prevalence of HIV infection





among those aged 15 to 49 years was estimated to be 2.6% in 2003, in Myanmar the prevalence was 1.2% and in Thailand the prevalence was 1.5%. In addition, the epidemic is generalized in six states of India. In other countries affected by HIV<sup>9</sup>, particularly in China, Indonesia, Nepal and Viet Nam, the HIV epidemic is still at the concentrated stage. In China, HIV prevalence data

<sup>9</sup>http://www.who.int/GlobalAtlas/PDFFactory/HIV/index.asp, accessed February 2005

indicate a focused, explosive spread of infections among intravenous drug users (IDUs) and no significant spread to the non-IDU population. Although HIV/AIDS cases have been detected in all provinces, HIV transmission is focused primarily among IDUs in certain provinces. In Viet Nam, the prevalence is highest among IDUs (24% in 2000) but sexual transmission of HIV is increasing among female sex workers.

Tuberculosis is the most important life-threatening opportunistic infection associated with HIV. In Thailand, 60% of AIDS patients have had pulmonary tuberculosis. This was 80% in Myanmar, 56% in India and 75% in Nepal<sup>10</sup>.

Table 3 shows the estimated prevalence of HIV among TB cases and incidence of TB among HIV-positive adults in countries with a high TB/HIV burden in the two regions. The overall estimated HIV seropositivity among new adult TB cases is 3.5% in the South-East Asia Region and 1.2% in the Western Pacific Region. The three-fold higher proportion in South-East Asia could be attributed primarily to the high burden in India.

**Table 3:** Estimated prevalence of HIV in new TB cases and estimated incidence of TB in HIV-positive adults aged 15-49 years <sup>a</sup>

	Prevalence of HIV in new adult TB cases Percentages <sup>b</sup>	Incident cases of TB (all forms) in HIV+ adults (thousands) <sup>c</sup>
Cambodia	13	6.5
China	0.7	5.8
Myanmar	6.8	5.5
Nepal	2.9	0.9
India	5.2	54.4
Indonesia	0.5	2.3
Thailand	8.7	5.3
Viet Nam	2.8	1.7

<sup>&</sup>lt;sup>a</sup> Detailed methodology and year 2000 estimates published in Corbett et. al. 2003. Arch Intern Med 163:1009-1021.

Table 4 shows the proportion of estimated TB deaths (numbers and rates) among those infected with HIV for some countries in the two regions. In the South-East Asia Region, 0.7% of prevalent TB cases are infected with HIV, but 4% of TB deaths occur among cases with HIV (11% in Thailand). In the Western Pacific Region, 0.2% of prevalent TB cases are infected with HIV and 3% of TB deaths occur in cases infected with HIV (1.5% in Cambodia). Surveillance of HIV in notified TB cases is not yet routinely done in all countries with concentrated or generalized HIV epidemics.

## 2.4 Drug Resistance

Multidrug-resistant tuberculosis (MDR-TB) is posing a threat to tuberculosis control in several countries.

<sup>&</sup>lt;sup>b</sup> Global TB Report 2005, WHO (WHO/HTM/TB/2005.349) and http://www.who.int/GlobalAtlas/PDFFactory/TB/index.asp, accessed April 2005.

 $<sup>^{\</sup>rm c}$  2002 estimates accessed April 2005: http://www.who.int/docstore/gtb/tbestimates/2002tbestimates.xls

<sup>&</sup>lt;sup>10</sup> Jai P. Narain (ed). AIDS in Asia: The challenge ahead. WHO Regional Office for South East Asia 2004

**Table 4:** Deaths due to TB in HIV-positive patients for countries with high TB/HIV burdens

	TB deaths among HIV+			
	Numbers (thousands)	Rates (per 100 000) <sup>a</sup>		
India	22.2	2.1		
Myanmar	1.4	2.9		
Thailand	1.3	2.1		
South-East Asia	26.0			
Cambodia	2.4	17.6		
China	2.2	0.2		
Malaysia	0.1	0.3		
Papua New Guinea	0.1	2.2		
Philippines	0.2	0.3		
Viet Nam	0.4	0.5		
Western Pacific	5.5			
Total	31.5			

<sup>&</sup>lt;sup>a</sup> Rates per 100 000 general population

In 1994, WHO, the International Union Against TB and Lung Disease (The Union) and several partners launched the Global Project on Anti-Tuberculosis Drug Resistance Surveillance. The Global Project methodology for surveillance of drug resistance was designed around and continues to operate on three main principles: (1) surveillance must be based on a sample of TB patients representative of all cases in the geographical setting under evaluation; (2) drug resistance must be clearly distinguished according to the treatment history of the patient in order to allow correct interpretation of resistance data; and (3) optimal laboratory performance must be attained through participation in a quality assurance programme including the international exchange of strains of *Mycobacterium tuberculosis*.

Drug resistance was present in almost all settings surveyed in the South-East Asia and Western Pacific Regions. The prevalence of drug resistance varied widely across settings though (Table 5). Highest prevalence rates of MDR-TB were observed in Liaoning (24.4%) and Henan (36.6%) provinces in China.

Three DOTS-plus pilot projects designed to treat MDR-TB cases under programme conditions were initiated in Bangladesh, India, Nepal and the Philippines in 2003.

Continuous monitoring of trends in high prevalence MDR settings is essential in order to assess current interventions and their impact on the epidemic. To date, it is difficult to interpret trends in high MDR prevalence settings with any certainty. No area reaching MDR prevalence of >6.5% has dropped below that point in subsequent surveys suggesting that, when a critical threshold of transmission has been reached within a population, it may take a considerable amount of time to decrease the prevalence of MDR-TB. The results of improved TB control interventions under DOTS and targeted interventions such as DOTS-plus may not be as rapidly evident in these settings as they might in a population with a lower prevalence of resistance.

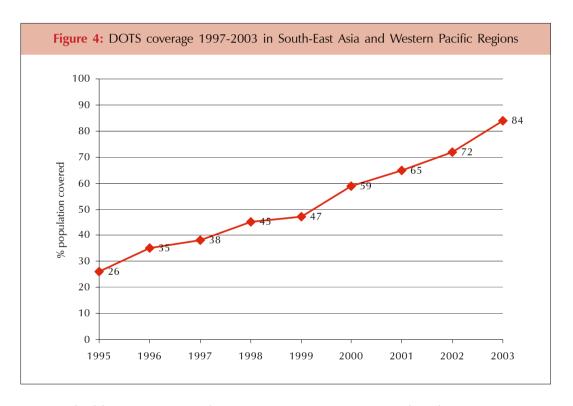
 Table 5: Anti-tuberculosis drug resistance, by country

	New cases					Previously treated cases	
	Year	No.	INH Resistance	Any Resistance	MDR	No.	MDR
South-East Asia Region							
India							
North Arcot	1999	282	12.8	23.7	2.8		
Raichur District	1999	278	12.2	21.9	2.5		
Wardha District	1999	197	10.7	19.8	0.5		
Nepal	2001	755	1.6	11	1.3	171	20.5
Thailand	2001	1 505	5.3	14.8	0.9		
Myanmar	2003	733		30.2	4	172	20.3
Western Pacific Region	on						
Australia	2001	770	5.6	9.9	1.6		
Cambodia	2001	638	4.7	10.3	0	96	3.1
China, Hong Kong	2001	3 470	2.3	10.2	0.8	169	11.2
China							
Henan	2001	1 222	3.3	29.8	7.8	265	36.6
Hubei	1999	859	3.7	17.5	2.1	238	21.8
Liaoning	1999	818	5.4	42.1	10.4	86	24.4
Inner Mongolia	2003	806	5.0	35.0	7.3		
Zhejiang	1998	802	2.7	14.8	4.5	140	35.0
Korea	1998	2 370	4.9	10.6	2.2	283	7.0
Japan	1997	1 374	2.0	10.3	0.9	264	19.7
Malaysia	1996	1 001	1.0	4.2	0	16	0.0
Mongolia	1999	405	4.4	29.4	1		
New Zealand	2001	272	4.4	11.4	0	22	0.0
Singapore	2001	823	1.6	5.0	0.5	126	8.0
Viet Nam	1996	640	6.7	32.5	2.3		

# **Progress in TB Control**

## 3.1 DOTS Coverage

Among the 48 countries and areas in the South-East Asia and Western Pacific Regions, all but two had at least part of their population covered by DOTS units. Figure 4 shows the DOTS population coverage achieved between 1995 and 2003.



Much of the increase in population coverage in recent years is attributed to DOTS expansion in India, China and Myanmar.

#### 3.2 Case Detection

The DOTS case-detection rate in the two Regions (see Annex 1 for definition) was 78% for all tuberculosis and 47% for new smear-positive cases (Table 6). In other words, the 2.5 million notified cases (all forms) represented 51% of the 5 million estimated cases (all forms) and the 1.1

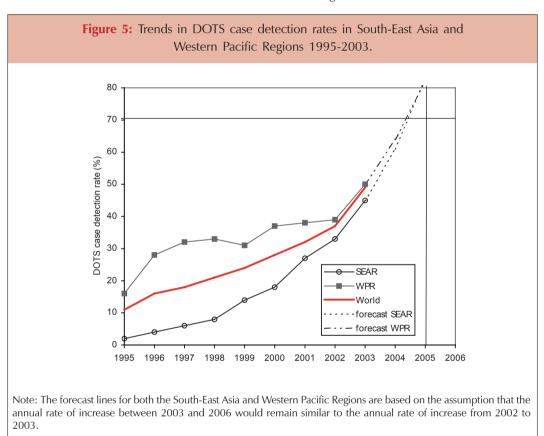
**Table 6:** DOTS case detection rates of all forms and smear-positive (SS+) cases in 2003

	DOTS case-d (percer	letection rate ntages)	
	SS(+) cases	Increase (2002–2003)	
South-East Asia	45	+36	
Western Pacific	50	+28	
Overall	47 +34		

million notified new smear-positive cases represented 50% of the estimated new smear-positive cases.

The overall case-detection rate (DOTS and non-DOTS) was 51% for both Regions individually and combined. For smear-positive cases, this was 49% in South-East Asia and 52% in the Western Pacific Region. DOTS areas reported 47% of all estimated new

smear-positive cases (i.e. one million new smear-positive cases) in the two Regions. Case detection has increased 34% between 2002 and 2003 in the two regions.

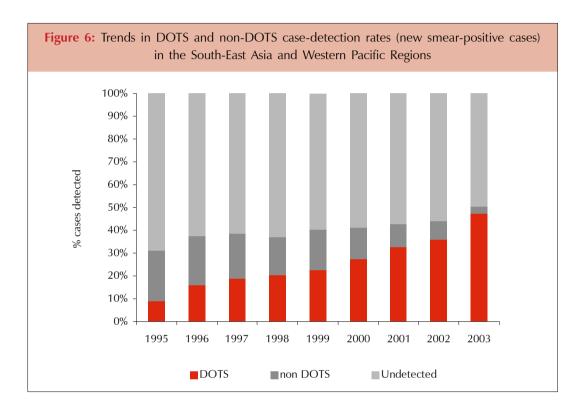


DOTS case detection has made steady progress in the South-East Asia Region since 1998 whereas progress in the Western Pacific Region was slow until 2002. The increase in case detection in the South-East Asia Region is largely due to the large increase in India (+52%) between 2002 and 2003. Similarly, the increase in case detection (+28%) in the Western Pacific Region between 2002 and 2003 is mostly due to a dramatic increase in case detection in China (+59%).

If the rate of progress from 2002 to 2003 is maintained, the global target of 70% case detection rate may be reached in both Regions by the end of 2005 or during early 2006. In total, over 1.1 million additional new smear-positive cases will need to be detected per year to reach the target (760 000 in the South-East Asia Region and 437 000 in the Western Pacific Region).

# 3.3 DOTS Enrolment and Progress in Overall Case Detection

Figure 6 shows trends in new smear-positive case detection rates in DOTS and non-DOTS areas in both Regions during the period 1995 to 2003. In the South-East Asia Region, the DOTS case-detection rate increased initially at the expense of the non-DOTS case-detection rates. The total case-detection rate although increasing slightly, only made rapid gains after 1999. In the Western Pacific Region, the total case-detection rate was stable from 1997 to 2002 although there was a rapid DOTS expansion during this period.



#### 3.4 Treatment Outcomes

In DOTS areas, the cure and treatment success rates were 82% and 88% respectively, for the cohort of 790 916 new pulmonary smear-positive cases registered for treatment in 2002 (85% and 81%, respectively in the South-East Asia Region, and 91% and 84%, respectively in the Western Pacific Region). With the minimal difference between cure and treatment success rates (6%), TB control programmes should not have difficulty in reaching 85% cure rates. It is notable that the failure rates in both DOTS (2%) and non-DOTS (1%) areas are very low (Figure 7).

In total, 23 countries and areas out of the 45 that reported treatment outcomes below the 85% global target, five are in the South-East Asia Region, including three high burden countries<sup>11</sup> (Bangladesh, Myanmar and Thailand), and 18 in the Western Pacific Region, including two high burden countries<sup>12</sup> – (Lao PDR and Papua New Guinea). Non-DOTS areas reported a lower success rate for treatment completion than DOTS areas.

<sup>&</sup>lt;sup>11</sup> Countries with a high burden of tuberculosis in South-East Asia Region belong to the global list of 22 high burden countries: Bangladesh, India, Indonesia, Myanmar and Thailand.

<sup>&</sup>lt;sup>12</sup> Seven countries in the Western Pacific Region are considered to have a high burden of tuberculosis: Cambodia, China, Lao PDR, Mongolia, Papua New Guinea, the Philippines, Viet Nam.

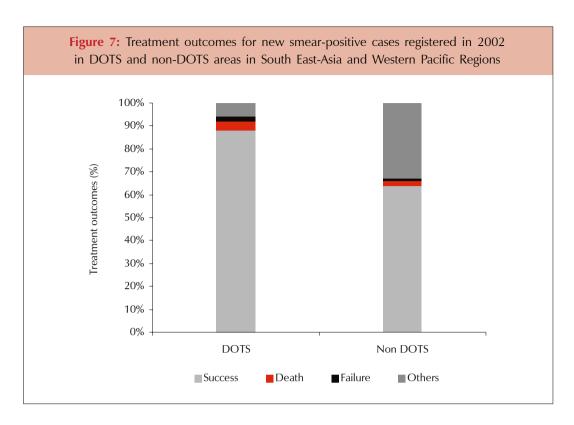
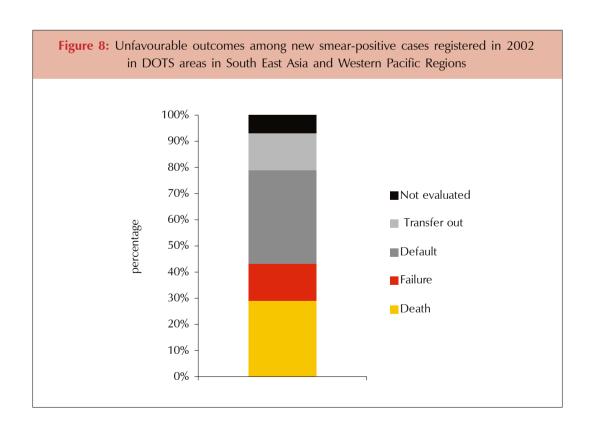
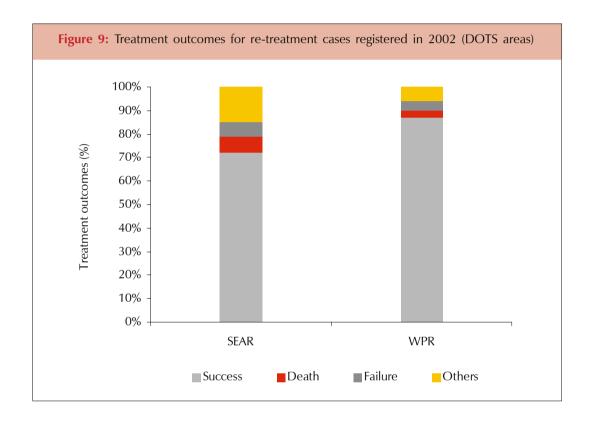


Figure 8 shows the distribution of unfavourable outcomes in both regions combined. Defaults (36%) followed by deaths (29%) together account for close to two-thirds of all unfavourable outcomes among new smear-positive TB cases registered under DOTS programmes in the Western Pacific and South-East Asia Regions in 2002.



#### 3.5 Treatment Results of Re-treatment Cases

Figure 9 shows treatment outcomes for re-treatment cases in the South-East Asia and Western Pacific Regions. In 2003, the proportion of relapse cases among all smear-positive cases was 9.7% in the South-East Asia Region and 19% in the Western Pacific Region. The high proportion of relapses among all smear-positive cases in the Western Pacific Region was mainly due to the high proportion of relapses observed in China (26%). The high success rate among re-treatment cases in China accounted for the overall high treatment success rate (92%) among re-treatment cases in the Western Pacific Region. A larger proportion of deaths occurred among re-treatment cases in the South-East Asia Region (7%) than among those in the Western Pacific Region (3%). Thailand contributed to the large proportion of re-treatment deaths in the South East Asia Region (17%). This is partly due to the higher HIV prevalence and an ageing population in Thailand.



# **Grouping of Countries**

## 4.1 High Burden Countries

High burden countries include Bangladesh, India, Indonesia, Myanmar and Thailand in the South-East Asia Region, and Cambodia, China, Lao PDR, Mongolia, Papua New Guinea, the Philippines and Viet Nam in the Western Pacific Region<sup>13</sup>. All high burden countries in the South-East Asia Region belong to the WHO list of 22 high burden countries<sup>14</sup>.

#### **Epidemiology**

In 2003, the high burden countries accounted for 96% of the South-East Asia Region's population and for 86% of the Western Pacific Region's population; and for 95% of notified new cases in the South-East Asia Region and for 91% of the notified new cases in the Western Pacific Region.

Overall case detection of new TB cases has made considerable progress in China and India from 2002 to 2003 (+59% and +52% respectively). The estimated prevalence rates (all cases) have decreased at a rate of -2%/yr in China and -4%/yr in India. The estimated incidence rate (all cases) has decreased at a rate of -1%/yr in China but remained stable in India.

Figure 10 shows trends in DOTS and non-DOTS case-detection rates in China, India, Indonesia and Viet Nam. In China and India, most of the increase in the DOTS case-detection rate until 2002 has occurred at the expense of non-DOTS areas while early and extensive DOTS coverage in Indonesia and Viet Nam resulted in a regular increase in overall case-detection rates.

Figure 11 shows the age distribution of cases in three of the highest burden countries in the two regions. A contrasting age pattern emerges between India and Indonesia, where a hump of higher notification rates is observed in the age group 15 to 64 years as opposed to China, where the pattern resembles that of middle to high-income countries with increasing rates with age.

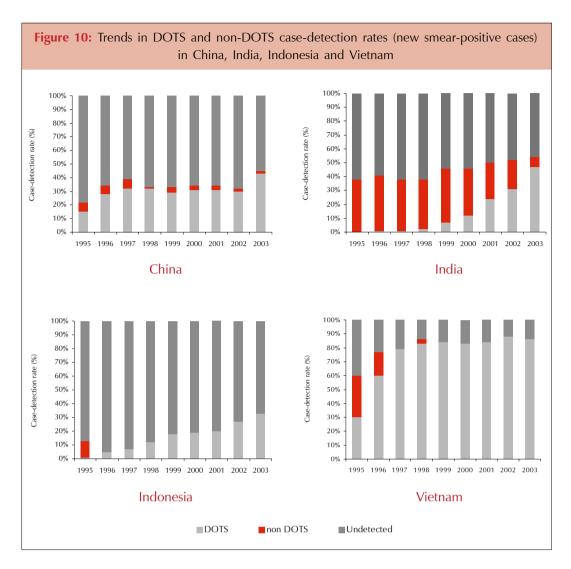
Figure 12 shows increasing notification rates with age, with the exception of the Philippines, which follows a pattern similar to India and Indonesia but with much higher rates overall.

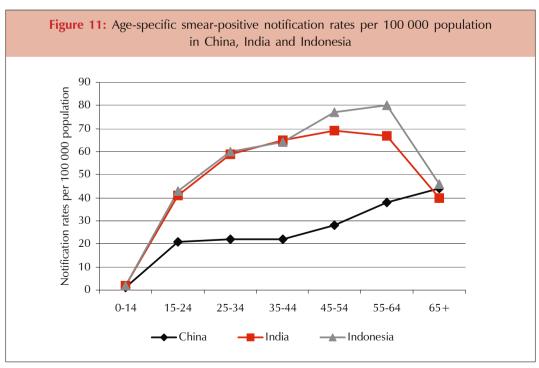
#### **Progress in TB control**

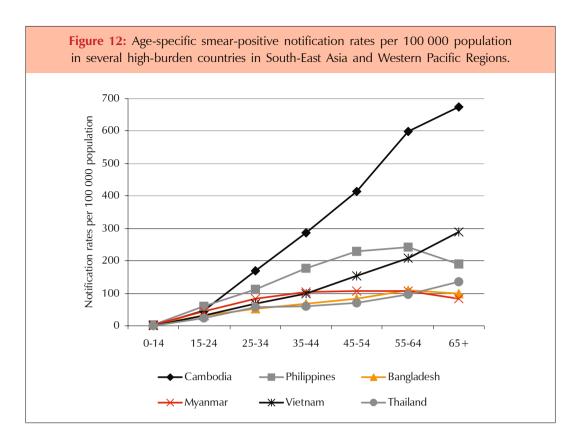
All countries with a high burden of TB are using WHO-recommended guidelines for national TB control programmes. Drug procurement is centralized in all countries. National reference

<sup>&</sup>lt;sup>13</sup> Based on incidence rates per 100 000 population.

<sup>&</sup>lt;sup>14</sup> WHO. Global Tuberculosis Control 2005. Surveillance, Planning, Financing. WHO Geneva 2005.

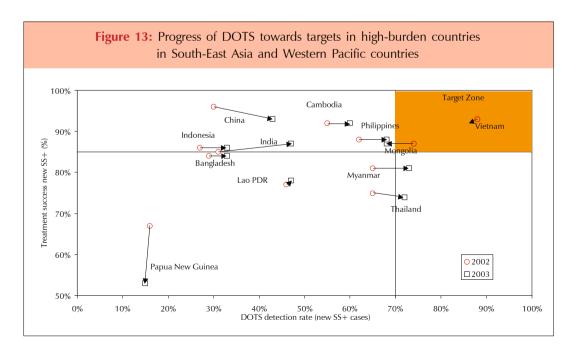






laboratories have been designated. All the countries use sputum microscopy for diagnosis and directly observed treatment (DOT) is applied in most public health units within DOTS areas. Treatment and smear microscopy examinations are free of charge in all public health facilities in DOTS areas in these countries. Reporting of treatment results is based on cohort analysis in all countries with DOTS programmes. Screening and treatment of contacts is done in some units only.

DOTS expansion made the most significant progress in the high burden countries. Figure 13 presents the progress of DOTS towards targets between 2002 and 2003.



The treatment success in Thailand remains below the WHO target because of high death rates, which are partly attributed to HIV and to a comparatively high proportion of older patients. The performance of the TB programme in Papua New Guinea remains unsatisfactory.

Thailand has integrated TB and HIV programmes at the central and provincial levels, allowing streamlined TB-HIV activities. India has successfully expanded DOTS employing contracted national consultants who assist the state level NTP managers in implementing and monitoring the programme at the field level. China has recently made progress in case detection as a result of a strong political commitment at all levels and countrywide implementation of a public-public partnership linking general hospitals and TB dispensaries. Multidrug-resistant TB remains at high levels in several provinces, and there is a need to assess the magnitude of anti-TB drug resistance nationally. Myanmar has continued to make steady progress with case detection and treatment success along with phased expansion. Bangladesh and Indonesia are making slower advances in case detection while maintaining high treatment success rates.

The transition to decentralized health care systems in countries such as Indonesia poses a great challenge to maintaining a successful TB programme because of the limited management capacity and insufficient human resources at provincial and district levels. Future actions in these countries to improve the TB programme will focus on human resource development (HRD) including capacity building through training of health staff, particularly for supervision and quality assurance<sup>15</sup>.

Common issues and challenges include overstretched public health systems, the lack of adequate infrastructure and sufficient skilled staff. HIV-TB and MDR-TB create additional challenges in several countries with a high burden of TB. There is increasingly a need for greater involvement of other sectors, particularly the private sectors to ensure access to quality services and for attention to information, education and communication guidelines to improve community awareness and utilization of services.

#### 4.2 Low and Intermediate Burden Countries

#### **High income countries**

#### **Epidemiology**

Middle to high income countries include Australia, Brunei Darussalam; China, Hong Kong SAR; China, Macao SAR, Japan; the Republic of Korea; Malaysia, New Zealand and Singapore. A stagnation of notification rates (defined as a slowdown or reversal of the annual decline of the crude notification rate) is observed in several countries and areas (Table 7). Notification rates continue to decline in the Republic of Korea, Japan, Singapore and, to a lesser extent, in Hong Kong SAR. However, the causes of this stagnation vary between countries. Although ageing of the population and the epidemic appears to be a major contributing factor, depending on the local situation, other factors such as migration and HIV, do play an important role. With the exception of Malaysia, all countries have a high case-detection rate among all TB cases, well above the 70% global target.

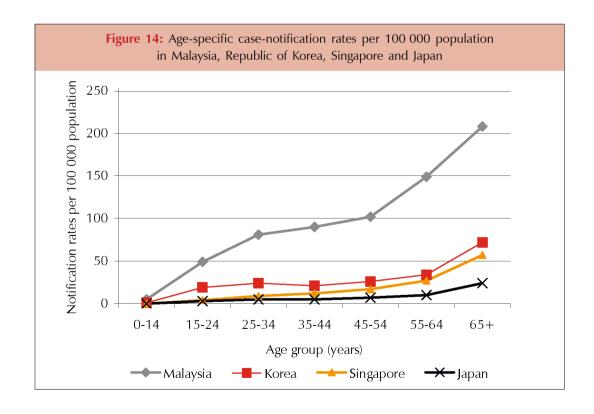
Tuberculosis Control in the South-East Asia Region 2004, WHO Regional Office for South-East Asia (SE-TB-272)

**Table 7:** Annual rate of change in notification and case-detection rates (all cases) in middle to high-income countries

	in notifica	e of change ation rates %)	Yearly rate of change in CDR (%)	Case detection rate (%)
	1980-90	1990-2003	1990-2003	2003
Australia	-6.0	-1.7	0	84
Brunei Darussalam	-10.0	+1.3	-1	106
China, Hong Kong SAR	-2.7	-1.5	-3	103
China, Macao SAR	-13.0	+0.75	-1	97
Japan	-3.6	-3.7	-4	79
Republic of Korea	-4.2	-5.9	0	81
Malaysia	-3.3	+0.19	-1	61
New Zealand	-6.6	+0.25	0	94
Singapore	-7.8	-3.4	-3	92

In Hong Kong SAR and Singapore, stagnation is mainly due to ageing of the tuberculosis epidemic and ageing of the population. Some risk groups seem to emerge, such as the urban poor, and the homeless. Population movements may have some importance, such as migrant workers in Singapore and travel in and out of mainland China into Hong Kong SAR.

In Malaysia, increasing tuberculosis notification rates in the 25-44 age group and the relatively high case-fatality rates in this age group suggest that tuberculosis is increasing at least in part due to the spread of HIV infection in this population (Figure 14).



In Brunei Darussalam and Macao SAR, changes in diagnostic practices and/or notifications, as well as ageing of the tuberculosis epidemic, appear most important, but transmission from migrant workers seems to play a role.

The Republic of Korea shows a continuing decline. However, some stagnation due to ageing of the epidemic may be expected within the next 20 years as the annual risk of infection has declined to approximately 0.5% and therefore there is limited scope for further decline.

Treatment success was below the 85% target in Australia, Brunei Darussalam, Hong Kong SAR, Japan, Korea, and Malaysia. This may be attributed partly to high death rates due to the age structure of the cases in countries such as Australia (10% death rate), to an increasing impact of HIV in countries such as Malaysia (8% death rate) where there is an increase in notification rates in the 25-44 years age group, or to high transfer rates such as in the Republic of Korea (10% transfer rate) where the information system does not easily capture treatment outcomes.

#### **Progress in TB control**

With the exception of Japan, the Republic of Korea and Australia, all middle to high-income countries have 100% DOTS coverage. China and the Republic of Korea use an internet-based surveillance system, which in the Republic of Korea also covers the private sector. Japan passed a new legislation for tuberculosis control which will put emphasis on active case detection in high-risk groups. TB-HIV collaborative activities were progressively being implemented in Malaysia. Tuberculosis control has not been thoroughly assessed in vulnerable populations (migrants, elderly, homeless, intravenous drug users), where barriers to TB services exist. Population movements have some importance, such as migrant workers in Singapore and Brunei Darussalam, and travel in and out of mainland China into Hong Kong SAR. TB notification rates in Australia are much higher in the population of foreign origin and largely reflect notification rates in the country of origin.

#### **Countries with emerging economies**

There are five countries in this category without a relatively high burden of TB, all in the South-East Asia Region<sup>16</sup>. These countries include both mountainous nations of Bhutan, the Democratic People's Republic of Korea and Nepal, as well as Sri Lanka, and Timor-Leste.

#### **Epidemiology**

The case-notification rates for 2003 among this group of countries are very heterogeneous, ranging from 16 per 100 000 in Bhutan to 132 per 100 000 in Timor-Leste. In DPR Korea's the yearly rate of change for case detection is at +89% between 1999 and 2003 reflecting a huge increase in case detection from 2% to 96% in less than five years. The crude case-notification rate has also increased over 25% during the same period.

The age-specific notification rates for Bhutan and Sri Lanka are the lowest in the group and also fairly constant across the age groups. DPR Korea and Nepal have a similar trend with increasing rates from 0-54 years followed by a strong decline in rates in the 55+ ages. The notification rates

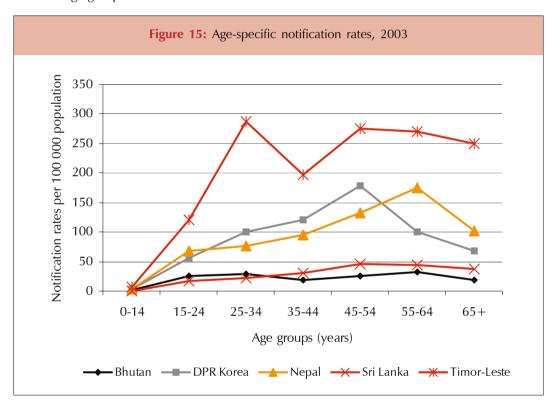
<sup>&</sup>lt;sup>16</sup> Tuberculosis Control in the South-East Asia Region 2004, WHO Regional Office for South-East Asia (SE-TB-272)

Table 8: Case-notification rates, case-detection rates and rate of change, 1999-2003

Countries	SS+ notification rate (per 100 000)	Overall SS+ case-detection rate	CDR yearly rate of change 1999-2003	Notification rate yearly rate of change 1999-2003
Bhutan	16	32%	5.0%	-6.1%
DPR Korea	77	96%	89.4%	25.5%
Nepal	57	60%	6.3%	0.5%
Sri Lanka	23	83%	-0.8%	4.3%
Timor-Leste <sup>a</sup>	132	53%	-11%*	-5.2%*

<sup>&</sup>lt;sup>a</sup> rate of change is only for 2002-2003 period for Timor-Leste

in Timor-Leste are greater than in the other countries in this group and have the highest rates in the 45 +age groups.



#### **Progress in TB control**

Case-detection rates for smear-positive tuberculosis in these countries range from a low of 32% in Bhutan to a high of 96% in DPR Korea. The highest population coverage (100%) in Bhutan is offset by the lowest case-detection rate (32%) in this group of countries. Nepal also demonstrates a similar paradox with high coverage (94%) but lower than optimal case detection (60%). DPR Korea shows a reversal of this relationship with the highest case-detection rate (96%). The case detection rate has remained fairly steady at a little over 70% in Sri Lanka during the same period. Treatment success rates are consistently high, above 81% in all countries in this group.

A key challenge for expansion of DOTS implementation in this group of countries is the insufficient capacity to ensure quality laboratory diagnostic services, especially in Bhutan,

Table 9: Progress with DOTS in 2003

Countries	DOTS population coverage (%)	Overall SS+ case-detection Rate (%)	Treatment success (2002 cohort) (%)	SS+ Case notification rate (per 100 000)
Bhutan	100	32	86	16
DPR Korea	80	96	88	77
Nepal	94	60	86	57
Sri Lanka	74	83	81	23
Timor-Leste	78	53	81	132

DPR Korea and Sri Lanka. Technical and managerial capacity requires strengthening with minimum staff turnover in Sri Lanka and Timor-Leste. For the hilly countries bordering India, namely Nepal and Bhutan, internal and cross-border migration of the population remain a problem as does population access to health care in remote regions.

Plans for further strengthening DOTS programmes in all these countries include building managerial and human resource capacity at all levels, increasing community awareness, attention to improved supervision and monitoring including quality assurance for laboratory services. In addition, in Bhutan, DPR Korea and Timor-Leste's plans are under way to improve infrastructure. Annual risk of TB infection (ARTI) surveys are being planned in DPR Korea and Nepal. In addition, the pilot DOTS Plus project has been initiated in Nepal.

#### **Island Countries**

#### **Epidemiology**

The island countries<sup>17</sup> group includes Maldives in the South-East Asia Region and Pacific Island Countries (PICs) in the Western Pacific Region: American Samoa, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Northern Mariana Islands, Marshall Islands, the Federated States of Micronesia, Nauru, New Caledonia, Niue, Palau, Pitcairn, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Wallis and Futuna.

Case-notification rates vary widely among island countries. Rates also fluctuate with time due to the very small population size of most countries or areas. In the Pacific, higher rates are consistently observed north of the equator, with the exception of Guam, as compared to countries located south of the equator. Notification rates (all types) in Kiribati have been consistently higher than 200 per 100 000 since 1998, and are the highest rates recorded in the Western Pacific Region.

A great deal of uncertainty is attached to estimates of incidence and prevalence in individual island countries and areas due to the limited amount of data and the small population size. Several countries show a case-detection rate well over 100% as a result of poor estimates of incidence and mopping up of prevalent cases.

The prevalence of HIV is low in all island countries and none of them has reached the concentrated stage of the epidemic. HIV has therefore a very limited impact on the epidemiology of TB in these countries.

<sup>17</sup> The term "Island Countries" refers to both countries and areas

There is limited data on drug resistance in the Island countries; overall estimates indicate low rates of multidrug resistance.

#### **Progress in TB control**

With the exception of the Federated States of Micronesia and Wallis and Futuna, all island countries have 100% DOTS coverage despite widely scattered populations where organization of tuberculosis control is complicated.

Maldives was one of the first countries globally to achieve both cure rate and case-detection targets in 1997 and has surpassed these since 2000.

Key challenges and constraints include weak supervisory capacity because of difficulties in travelling between islands, as well as in organizing decentralized treatment services, and inadequate laboratory capacity with limited capacity to implement national quality assurance programmes.

Monitoring with precision progress towards the Millennium Development Goals in island countries will remain a challenge until better estimates of tuberculosis morbidity and mortality can be obtained.

Future actions to improve TB control in Maldives will involve continued training of health staff and an improved communications strategy, particularly in the treatment of latent TB as the country moves towards elimination of TB entirely. Training efforts including training for TB laboratory staff are pursued in Pacific Island countries. The majority of islands in PICs are situated in remote locations and transport is infrequent and unreliable in some cases. Recognizing the unique situation of the Pacific, the Secretariat of the Pacific Community (SPC), the Member States and WHO endorsed a Pacific Strategic Plan to Stop TB in 2000.

## **WHO'S WORK**

### 5.1 WHO's Work in the Regions

WHO has continued to assist countries in both regions towards achieving the 2005 global targets and in reducing the burden of TB.

Although there are separate regional strategic plans for South-East Asia Region (SEAR Strategic Plan for TB Control 2002-2006<sup>18</sup>) and the Western Pacific Region (WPR Strategic Plan 2000-2005<sup>19</sup>), the two regions share common broad strategies to achieve the goals of TB control. The implementation of these strategies had been critical to achieving progress in both regions:

- Expanding DOTS has been the key strategy to curb the TB epidemic in both regions.
  National TB programmes were assisted to build technical and managerial capacity to
  ensure quality while continuing to expand DOTS to cover the entire population in
  countries.
- Improving case detection as the major focus of activities closely following on DOTS expansion. Countries were assisted to build and expand collaboration/partnerships with other sectors and providers, and to improve community awareness and use of DOTS services.
- Strengthening advocacy, communications and social mobilization activities to increase
  political commitment and community participation in TB control.
- Implementing a collaborative approach to addressing the emerging challenge of TB-HIV co-infection.

In the Western Pacific Region, there was strong support for implementing activities to address the issue of multi-drug resistant-TB in several countries and enhancing country capacity for surveillance and programme monitoring. In the South-East Asia Region, implementation of operational research to identify replicable interventions to more effectively deliver DOTS in the diverse health settings has been a priority activity.

WHO played a catalytic role in implementing these strategies in the countries through focused technical support, capacity strengthening, effective coordination, information exchange,

<sup>18</sup> Regional Strategic Plan for TB Control 2002-2006. WHO Regional Office for South-East Asia, New Delhi (SE-TB-246).

<sup>&</sup>lt;sup>19</sup> Regional Strategic Plan to Stop TB in the Western Pacific Region 2000-2005. WHO Regional Office for the Western Pacific. Manila. 2000.

advocacy, monitoring and supervision, and strengthening partnerships and mobilizing resources for TB control.

### Providing timely and effective technical support

The regional and country offices continued to assist countries in effectively undertaking TB control activities through sustained technical assistance, in-country missions, information exchange and consensus building on effective strategies and policies for TB control.

Bringing technical assistance closer to the countries is one of the key approaches that have led to good progress. Long-term professional staff have been posted in five countries of the SEA Region (Bangladesh, India, Indonesia, Myanmar and Nepal) and six countries and areas in the Western Pacific Region (Cambodia, China, Pacific island countries, Papua New Guinea, the Philippines and Viet Nam). A network of national professional officers and national consultants is providing technical assistance at the field level in all countries with a high burden of TB.

In both regions, WHO continues to provide targeted technical assistance for specific areas and to strengthen the operationalization of regional and country strategies. In recent years, technical assistance has been targeted at accelerating DOTS expansion and case detection, and in initiating response to emerging issues that included TB-HIV, MDR-TB and collaboration between public and private health providers for TB control.

### Capacity strengthening

WHO is continuing to strengthen technical and management capacity for TB control in both regions. One of the crucial areas is improving human resource capacity, which has been one of the persistent challenges of TB control. WHO continues to support regional, intercountry and national training courses on TB control in several areas, including surveillance and data management, laboratory methods for the diagnosis of TB including quality assurance, TB-HIV and drug resistance surveillance. WHO also supports fellows from countries for specific technical and management capacity strengthening objectives, which were found useful by many countries to promote exchange of information on lessons learnt with implementing DOTS and addressing specific challenges. In the SEA Region, the inter-country courses on comprehensive TB control and on leadership and strategic management for TB control programme managers have resulted in similar training being undertaken at the national level. In the WP Region, around 25 TB staff from different countries in the Region are supported to the International TB Course in Viet Nam organized in collaboration with the International Union of Tuberculosis and Lung Diseases (IUATLD).

WHO is building capacity in the countries to respond to challenges by developing regional guidelines and plans and supporting countries to adapt these guidelines or plans to their specific settings. WHO has published the Quality Assurance Guidelines for Smear Microscopy in the Western Pacific Region, which had been the basis of the specific guidelines in some countries. To provide guidance on TB-HIV response, the SEA Region developed the Regional Strategic Plan on HIV-TB while the Western Pacific Region published the TB-HIV Framework for Collaborative Activities, which now serves as the basis for country TB-HIV frameworks. Moreover, a training course on operationalizing TB-HIV interventions, held in Thailand in January 2005 and the TB-HIV conference

for the Mekong countries<sup>20</sup> held in Viet Nam, will help improve country capacity for joint TB-HIV activities.

With increasing emphasis on increasing good collaboration of health providers, especially private health providers, WHO is supporting countries to initiate and expand the private and public mix DOTS (PPMD) approach in some countries. Two countries in both regions, that is, India and the Philippines, have implemented PPMD projects that could be considered as models globally.

### Effective coordination and information exchange

Both regions continued to coordinate information exchange and technical discussions on strategies and policies for TB control at regional and country levels. In both regions, a number of meetings were organized that include the regional Technical Advisory Group meeting, the meeting of national TB programme managers (including laboratory managers in the case of WPR) and other technical meetings, that include special meetings on surveillance and monitoring, PPMD, TB-HIV and other technical areas, at the regional or at the country level. The technical advisory or working group meetings and the meeting of the national TB managers provided opportunities to review the programme, discuss issues and constraints, exchange lessons learned, and discuss strategies and new approaches to overcome the challenges for TB control.

Sustaining political commitment for TB control has been part of the work. Both regions have implemented advocacy activities to maintain a good level of interest in TB control in the countries and also among donors. In 2004, WHO organized a China-WHO High Level Meeting to Accelerate TB Control in the 12 priority provinces of China. At this meeting, high-level officials, mostly vice-governors, affirmed their commitments to achieve the global TB control targets of 2005.

### Strengthening partnerships and mobilizing resources for TB Control

Stop TB partnerships were established in 1999 in the Western Pacific Region and in 2003 in the SEA Region. WHO plays a key role in strengthening partnerships for TB control by providing fora at regional and country levels for discussions on several aspects of TB control among technical partners and donors, including technical, strategy and policy development and implementation, the effective and efficient use of financial resources.

WHO continues to work with international funding partners, including the Australian Agency for International Development, Canadian International Agency, United States Agency for International Development, Japan Government, World Bank and the Global Fund to close the gap for TB control in both regions. WHO assisted several countries with a high burden of TB to secure drug supplies from the Global Drug Facility and other donors, and for improving laboratory facilities through different donors.

For the Global Fund, almost all countries which applied for funding support for their NTPs were assisted to develop proposals during Round 4. Proposals from six countries in the two regions (Bhutan, China, India, Laos, Mongolia and Nepal) amounting to a total of US \$102

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<sup>&</sup>lt;sup>20</sup> Mekong countries include Cambodia, China Yunnan Province, Laos, Thailand, Myanmar and Viet Nam.

million over five years succeeded in getting Global Fund approvals during this round. Four years after the Global Fund was established, proposals approved by the Global Fund in both regions amount to a total of US \$393 million over five years, substantially reducing the funding gap to achieve the 2005 process targets of TB control.

### Monitoring and evaluation

It is becoming increasingly important that countries be enabled to objectively measure and report on progress towards reaching the goals set by both regions. The Regional Offices continued to collect, compile, analyse and provide feedback to countries on routinely collected data on DOTS implementation. Information routinely collected from countries and analysed is published in the Global TB Control Report and the Bi-regional report on TB control in the Western Pacific and South-East Asia Regions. Monitoring missions were undertaken together with key partners and donors in most countries with a high burden of TB in 2004. These missions are useful for monitoring programme performance and assessing country capacity for surveillance and programme monitoring.

A regional workshop on surveillance and epidemiology was conducted in each of the two regions. The workshops have contributed towards building capacity at the national level to compile, analyse and effectively use routinely collected data and to plan for improved surveillance for TB. In addition, several countries have initiated plans to better estimate incidence, prevalence and mortality of TB at national and sub-national levels.

### **Operational research**

Countries are being encouraged and supported in undertaking operational research projects that are contributing towards identifying mechanisms to improve access, make services more user-friendly and increase the involvement of other sectors, to further increase case detection and improve treatment outcomes. Projects to increase collaboration among a broad range of health providers are in place in Bangladesh, China, India, Indonesia, Republic of Korea, Myanmar and the Philippines, while other countires are being assisted to initiate similar collaborative activities. Communication for Behavioural Impact or COMBI, a new package for community information, education and communication, was piloted and evaluated by the Revised National Tuberculosis Control Programme (RNTCP) in India. Lessons learnt from these projects will be used to plan similar efforts in other countries in the Region.

## **Tables**

Country data for the Western Pacific and South East Asia Regions: estimated burden of TB, 1990 and 2003

		Incidence 1990	e 1990			Prevalence 1990	1990	٥		Death 1990	Ubb		Inci	ncidence 2003	203		Pr	Prevalence 2003	2003		2	Death 2003		
	All cases incl	HIV+	All cases incl. HIV+ New ss + incl. HIV+ All cases incl. HIV+ All cases in	HIV+	All cases incl.	HIV+	All cases excl	HIV+	All cases incl	HIV+	All cases excl. HIV+		All cases incl. HIV+	2	New ss+ incl. HIV+		All cases incl HIV+	( -	All cases excl HIV+		All cases incl HIV+	-	All cases excl HIV	+
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number		Number		Number Ra		Number		Number		Number		Number Rate		ber Ra	ate
American Samoa	24								5	1	5	1	80		80					54		Н	4	9
Australia	1,067	9	478	3	1,195	_	1,195	_	171	-	171	_	1,128	9	505	3	1,142	9	1,132	9	113	_	111	_
Brunei Darussalam	159	62	72	28	443	172	443	172	33	13	33	13	195	54	88	25	217	61	217	19	17	5	17	5
Cambodia	56,202	577	24,848	255	154,356	1,584		1,579	12,009	123	11,593	119	71,830 50	508		225	107,836	762	105,008	742	13,493 9	11,469	469 8	31
China	1,345,828	116	605,046	52	3,748,967	325	3,748,967	325	282,443	24	282,443	24		102	599,758	46 3,	3,203,059	246 3	3,200,204	245	235,864 1	8 233,918	918	8
China, Hong Kong SAR	6,326	111	2,845	20	17,611	309	17,608	309	1,329	23	1,327	23		77	2,446	35	5,554	79	5,548	79	468	7	467	_
China, Macao SAR	348	93	156	42	696	260	696	260	73	20	73	20	382	82	172	37	414	68	413	89	45	0	44	0
Cook Islands	10	52	4	23	27	145	27	145	2	11	2	1	Ω.	30	7	13	11	29	11	29	-	9	_	9
Fiji	376	52	169	23	1,047	145	1,047	145	79	11	79	7	249	30	112	13	318	38	317	38	38	4	37	4
French Polynesia	102	52	46	23	283	145	283	145	21	11	21	7	73	30	33	13	94	39	94	38	11	5	1	5
Guam	189	141	85	63	525	392	525	392	40	30	40	30	98	09	44	27	171	105	170	105	19	2	19 1	12
Japan	64,322	52	28,927	23	71,939	58	71,895	58	10,323	8	10,313	8	39,927	31	17,956	41	53,210	42	53,154	42	4,973	4	4,960	4
Kiribati	101	141	45	63	282	392	282	392	21	30	21	30	53	09	24	27	53	09	53	09	4	4	4	4
Lao PDR	7,376	178	3,318	80	20,547	497	20,547	497	1,548	37	1,548	37	8,891	57	3,999	71	18,504	327	18,494	327	1,482	.1,	1,475 2	56
Malaysia	21,380	120	9,591	54	59,540	334	59,536	334	4,488	25	4,485	25	25,785 10	106	11,567	47	33,128	136	32,945	135	4,044	7 3,	3,942 1	91
Marshall Islands	63	141	28	63	174	392	174	392	13	30	13	30	32	09	41	27	32	09	32	09	2	4	2	4
Micronesia	136	141	61	63	378	392	378	392	28	30	28	30	. 99	09	29	27	89	62	89	62	9	9	9	9
Mongolia	4,875	220	2,194	66	13,581	613	13,581	613	1,023	46	1,023	46	5,025 19	194	2,261	87	6,149	237	6,147	237	834 3	1.7	833 3	32
Nauru	5	52	2	23	14	145	14	145	-	11	-	1	4	30	2	13	5	36	5	36	0.5	4	0.5	4
New Caledonia	241	141	108	63	671	392	671	392	51	30	51	30	137	09	19	27	236	103	235	103	26 1	_	26 1	_
New Zealand	356	11	160	5	398	12	398	12	57	2	57	2	413	11	185	5	420	11	418	11	4	_	14	_
Niue	-	52	0.5	23	3	145	3	145	0.3	11	0.3	11	9.0	30	0.3	13	1	59	<b>—</b>	59	0.1	9	0.1	9
Northern Mariana Is	62	141	28	63	172	392	172	392	13	30	13	30	48	09	21	27	53	29	53	29	9	80	9	8
Palau	21	141	10	63	09	392	09	392	4	30	4	30	12	09	9	27	16	92	16	92	2	8	2	8
Papua New Guinea	10,992	267	4,925	120	30,621	744	30,621	744	2,307	56	2,307	26	13,437 2:	235	6,020	105	30,240	529	30,108	527	2,782 4	.9 2,	2,700 4	17
Philippines	205,495	336	92,457	151	572,431	937	572,431	937	43,126	71	43,126	71	236,885 29	1 296	106,580	133	366,171	458	366,079	458	38,872 4	.9 38,811	311 4	6†
Rep. Korea	36,762	98	16,539	39	102,406	239	102,406	239	7,715	18	7,715	18		87	18,744	39		118	56,409	118	4,715	0 4,	1,690	0
Samoa	83	52	37	23	232	145	232	145	17	11	17	1	53	30	24	13	79	44	78	44	6	5	6	5
Singapore	1,763	58	789	26	1,967	65	1,963	65	283	6	282	6	1,749	41	783	18	1,806	42	1,786	42	198	5	193	2
Solomon Islands	449	141	202	63	1,250	392	1,250	392	94	30	94	30	286	09	129	27	288	09	288	09	21	4	21	4
Tokelau	0.8	52	0.4	23	2	145	2	145	0.2	11	0.2	11	0.5	30	0.2	13	6.0	59	6.0	59	0.1	9	0.1	9
Tonga	52	52	23	23	144	145	144	145	11	1	11	=	31	30	4	13	45	44	45	4	N	5	72	2
Tuvalu	5	52	2	23	13	145	13	145	1.0	1	1.0	=	3	30	-	13	9	59	9	59	9.0	9	9.0	9
Vanuatu	210	141	95	63	286	392	286	392	44	30	44	30	127	09	22	27	150	71	150	71	18	80	18	8
Viet Nam	133,660	202	59,924	91	372,326	563	372,326	563	28,051	42	28,051	42	144,942 1.	178	64,982	80	194,970	240	193,762	238	18,750 2	3 18,116		22
Wallis & Futuna Is	7	52	3	23	20	145	20	145	-	11	-	7			2				4	30			0.3	2
WP Region	1,899,047	125	853,229	26	5,175,246	341	5,174,709	341	395,426	56	394,995	26							4,073,485	235		19 321,957	957 1	6
Bangladesh	269,193	246	121,126	= 3	810,699	14/	810,699	14/	71,342	50	71,342	20		740		_ 9	4776	490	719,339	104	83,533 5	83,46/	,46/	> 5
DDD Vores	3,320	178	1,380	t 0	106 801	070	106 891	070	934	5 7	934	C 7	777.07	170	121,1	000	4,370	187	4,5,7	101	2 140/			- 7
Dr N norea	1 420 446	168	634 211	75	4 263 735	504	4 260 935	503	377 611	4 4/	374 964	44			10,124		3 085 876		3 054 470	787	352.085	3 329 915	Ì	2 12
Indonesia	519.763	285	233.706	128	1 565 313	860	1.565.313	960	137 748	76	137 748	76			Ì				1 482 607	674		55 525,313	168	- 10
Maldives	388	180	175	2 2	1169	542	1 169	542	103	48	103	48							125	39			>	2
Mvanmar	69.260	171	30,847	92	208,022	514	207,910	513	18.402	45	18,296	45	_	171	37.655	92	92.429	187	90.475	183	12.410	.5 11.	11.748 2	- 42
Nepal	39 361	211	17 636	95	118 501	636	118 493	636	10 435	92	10 427	2.6		211	23,809	95	80.074	318	79.556	316		29 7	7 138 2	00
Sri Lanka	10,186	61	4,582	27	30,677	182	30,677	182	2,700	16	2,700	16	'	09	5,187	27	16,956	89	16,948	89			1,680	6
Thailand	77,404	142	34,377	63	226,398	416	225,061	414	21,069	39	19,805	36		142	39,683	. 63	130,418	208	127,792	203		19 10,853	353 1	
Timor-Leste	4,115	556	1,850	250		1,674	12,393	1,674	1,091	147	1,091	147	4,323 5.	556		250	5,872	754	5,863	753	747	9(	742 9	35
SEA Region	2,449,136	190	1,096,068		7,354,416	570	7,350,160	269	650,840	20	646,817	20	3,061,657	190 1,3	1,370,201		5,661,702	351 5	5,623,979	348	617,211 3		734 3	37
Total	4 348 183	155	1 949 297	69	12 529 662	446	12 524 869	446	1 046 266	37	1 041 812	37	4 994 711 14	149 2.2	2 238 589	6 29	9 742 708	291 9	9 697 464	290	944 073 2	28 913 697	591 2	27

Country data for the Western Pacific and South East Asia Regions: notification, detection and DOTS coverage, 2003

OOTS	Notifications	New ss+	number	1	65	1	1	10,127	353	ж c	) I	1	3 631	100,0	1	I	I	1 1	1	1	1	1 1	1 1	2,310	- 6,597	775	C + 7	I	10	1	I	23,336	1	1 1	947	1	ſ	1	- 699	1	1 6	62,799
Non-DOTS	Notific	All cases	number	1	359	1	1	62,191	1,163	L7 °	o I	1	10.288	0070	-1	I	I	1 1	1	1	1	1 1	1 1	12,798	20,425	1 C8	C 70	1	30	1	1	108,100	1		236,297	1	1	1	1.691	1	1 000	240,402
		DDR	%	24	6	138	09	43	28	9/	63	65	1 04	419	47	69	140	97	57	23	57	7.75	06	15	23	51	107	1	08 1	70	356	50	33	32	- 6 - 74	33	106	73	09 0	7.2	53	5 7
		_	rate	3	0	34	134	20	70	78	0 00	6	0 9	113	33	33	38	59	0	9	3	0 0	24	16	- 6	<b>►</b> ∞	29	0	= '	19	69	25	37	16	35	42	21	55	19	45	132	38
	ons	New ss+	number	2	48	121	18,923	257,287	1,426	130	20	21	7 212	66	1,882	7,989	20	1.541	-	14	106	0	5 12	921	4,379	12	138	0	= 1	40	55,937	431,396	53,618	360	16,445 372,088	92,566	89	27,448	3.652	28,459	1,027	610,079
DOTS	Notifications		rate	2	3	28	199	42	63	2,0	21	20	<del>7</del>	324	49	64	113	151	23	16	10	0 12	ý <del>4</del>	98	28	15	61	0	5 1	49	114	51	09	45	79	81	43	153	123	87	355	78 7
Ď		All cases	number	m	290	206	28,216	553,677	4,461	350	179	20	22	284	2,780	15,671	09	3.918	2.00	36	386	0 45	f o	5,607	13,463	27	293	0	16	104	92,741	879,827	88,156	1,026	39,396 836,768	178,260	137	75,744	30,925	54,504	2,760	1,314,983
		od work	_	001	63	001	001	91	001	8 8	8 0	001	000	100	85	001	00 8	26 20	00	001	00	06	8 8	46	8 8	001	8 8	0	0 0	001	100	06	66	001	80	86	100	95	94 74	00	1	
	e		%	24	22			45	73	80	53	65 1	0 0	419					57 1					,		51 1			80		356 1	25			24	33	,		93			
	Detection rate	New ses		, 9				9.		<u> </u>	7 2 2	) 6	3								4																		78 6			
		All cases	er %	-	- 84	3 106	1 3		103	ر ر	7.	1 6	1 2 2	- 540	- 31	9	198	151 /		- 26	8	0 6				- 51	. 10		- 52 1 954	1 82	- 64				- 60 - 60	- 28	96 -					8 2
	Other		number	1			.6		549							. 4		`	1	1	38			724	5,540	1		1				7,008		1					2,194			10,428
		Other	number		1	ı	1	62,709	I			ı	1 1		ı	1	I	1 1		ı	1	1	1 1	I	1 1	1	1 1	ı	1 1	ı	I	602,79		ı	42.288		ı	1	1 1		1 0	109 997
	nt cases	After default	number	5	1	_	28	1 ,	_ `	o c	) I	1	0		39	175	0 0	31	0	1	1	0 0	00	I	713	0	0	0	0 0	0	189	1,208	1	11	833 61.295	-	0	1,487	412	1	18	65 425
	Re-treatment cases	After failure	number	1	1	0	51	1 0	0	0 0	) I	1	0	1	5	20	0 0	23.0	0	1	1	0 0	00	I	359	0 1	0	0	0 -	-	491	866	1	19	1,105	1	0	964	300	: 1	8	14,649
	~	Relapse	number	1	23	4	754	68,881	319	32	υ	5	1 014	4	98	406	0 0	146	0	-	19	0 0	00	1,367	4,070 3,201	0	- 10	0	0 10	-	5,449	85,982	2,505	38	1,700	4,086	3	4,494	2,064	1,693	20	64,936
Whole Country		Extra- pulmonary	number	-	497	40	4,232	30,768	594	, <del>4</del> C	55	5	6 160	110	317	1,465	18	1.419	-	12	136	0 0	2 7	6,769	1,893	173	43	0	~ 80	18	14,564	20,506	7,120	344	4,606 132,253	4,047	40	17,796	5,619	6,756	473	180,865
Whol		. 0 =	number	0	316	41			2,932	154	49	19	15	71	495	5,811	22	812	-	6	125	0 0	2	7,038	33,942 18,399	8 8 7 1 2	107	0	2 7		16,791	376,679		284	18,112				8,894 2.650	17,596		1 013 385 7
	New cases			0	38			77		224	۱ ۹	36			77		20	1 4 5		19	181	30	ς <sub>ι</sub>			20	138	0	- 0		10			443	7		0	- 20		-		7
	New	Pulm confirm- ed	number					5	χ,				17.3		7,277						==	Ì		3,231							,	401,7			419,668				4.764			880,998
		Smear-positive	r rate	2 3	13 1		_			138 30			0 0	-				27 23		14 6		0 0		31 57		12 7			11 11 0	-	37 69				71 41				48 57 21 23		_	78 42
		Smear-	number		113			7		ř			10 843	2,0		7,5		-						3,231							55,937	454,732			17,392				14,348			1 127 610
		ses	rate	3	3 5		_			98 - (			2 14				_	3 151		5 16		0 57		322		7 15			5 15		114				101				3 123		(1)	96
		All Cases	number	60	949	206	28,216	615,868	5,624	3/1	179	20	31 638	284	2,780	15,671	09	3.918	5	36	386	0 47	6	18,405	33,888	27	293	0	16 30	104	92,741	987,927	88,156	1,026	41,810	178,260	137	75,744	30,925	54,504	2,760	7,555,385
		Pop thousands		62	19,731	358	14,144	1,304,196	7,049	464 18	839	244	107 654	88	5,657	24,425	53	2.594	13	228	3,875	2 2 2 2 2	20	5,711	47,700	178	477	2	104 11	212	81,377	1,732,104	146,736	2,257	22,664 1.065,462		318	49,485	25,164	62,833		1,614,648
				American Samoa	Australia	Brunei Darussalam	odia		China, Hong Kong SAK	China, Macao SAK Cook Islands	Fili	French Polynesia	Guam	Kirihati	Lao PDR	Malaysia	Marshall Islands	Mongolia	Nauru	New Caledonia	New Zealand	Niue Northern Mariana Is	Palau	Papua New Guinea	rınınpınıes Rep. Korea	Samoa	Solomon Islands	Tokelau	Tonga Tuvalu	Vanuatu	Viet Nam		hse	Bhutan	DPK Korea India	esia	Maldives	Myanmar	Nepal Sri Lanka	Thailand	-Leste	SEAR

Country data for the Western Pacific and South East Asia Regions: treatment outcomes for cases registered in 2002

			S	w smea	r-positi	ve cases	New smear-positive cases – DOTS	S						New sm	New smear-positive cases – non-DOTS	tive case	s – non-	-DOTS					Smear.	Smear-positive re-treatment cases - DOTS	re-treat	ment cas	es – DO	LS	
	Number of cases	of cases	of notif	% cured	compl-	%ied	% failed	% default tr	% trans- n	» one suc	Sanccess Nr	Number of cases	of notif	cured	compl-	% died	% failed	% default	% trans-	% not suc	N %saccess	Number regist'd cu	% cured co	% % % compl- die	% % died failed	d default	It trans-	30 %	seasons %
	notified	regist'd	negista		Dalla			=				notified regist'd			Dalla					evall				nais					
American Samoa	_	-	100		100	1	1	1	1	<u>-</u>	00				1	1	1	1	1	1	1	1			1	1	1	1	1
Australia	127	180	142	21	57	9 5	I		9	4	78	83 139	167	6	89	7	T	I	12	I	77	7 9	24	47 1	18	,	12	I	7 5
Drunel Darussalam	17 259	17 206	101	000	67	2	1 <	o c	l <del>-</del>	1	50	I	1	1	1	ı	ı	ı	ı	1	ı	075			- 07	2 °	1 +	1	00
Callibourd	100,230	000,71	5 5	0 0	n (	t +	) t	۷ ,	- (	1 6	,			L	1 1	l <del>.</del>	Ιŧ	1 (	l <del>,</del>	1 (	1 6		00	n L	۰ ,	0 (	- ,	1 (	000
China. Hong Kong SAR	1.501	1,529	102	71	nœ	- LC	- 00	– m	7 12	n		389 363	53 93	000	\ <del>-</del>		- c	v 0	- 86	7		46,932 246	59	n 6	7 12	7 6	- 4	7	0000
China, Macao SAR	135	138	102	87	2	, rv	)	,	2	2	89		-	)	. 1	75	)	25	) I	1	. 1	47	62	26	. 4	. 4	. 4	1	87
Cook Islands		-	100	100	ı	)	1	. ,	. 1	<u> </u>	100	! !		- 1	1	) I	- 1	1	- 1	- 1	1	: 1	1 1		. 1	. 1	. 1	- 1	) I
	75	73	97	85	-1	2	1	00	_		35	I	1	-1	1	- 1	-1	1	-1	- 1	-1	2 1	100	1	1	-1	- 1	-1	100
French Polynesia	28	28	100	1	82	^	1	1	1	1	82	1	1	1	1	1	1	1	1	1	1	80	1	75 2	. 25	1	1	1	75
Guam	31	28	90	89		25	1	1	7	1	89	I	1	1	1	1	1	1	1	1	1	3 1	100	1	1	1	I	1	100
Japan	6,172	6,602	107	52	24	12	4	2	9	L	92	4,635 2,985	15 64	17	16	2	4	0	09		34	743	47	24 1	11 7		80	1	71
Kiribati	82	82	100	87	7	4	7	ı	1	L	94	I	1	1	I	I	I	1	1	1	1	3	33 (	29	1	1	1	1	100
Lao PDR	7,829	1,738	95	67	11	<b>\</b> 0	0	= ;	4 n	1	78	I	I	1	I	I	ı	ı	ı	I	ı	117	54	12	6	6	er.	9	99
Marchall Islands	1,930	+2+′/	111	1 6	0 /	0		=	2	1	0/0	I	1	1	1	1		1		1		ı		1			1	1	1
Maishall Islands	2 رز	202	- 6	96	2	ı	ı	I	ıc	1	31	I	I	I	ı	ı	ı	ı	ı	ı	ı	l c	ı		1		I	2.0	I
Mongolia	1.670	1.671	100	- 68	4	l co	l ru	l m	n (r	ı C	37	1 1		1 1	1 1	1 1		1 1	1 1	1 1	1 1	226	7. 1	1 17	. 11		l ru		- 69
Naurii	6	6	100	020	. 1	0.5	)	) I	n 1		020	ı		1	1	ı	1	1		ı	ı		) I	2 1	)	. 1	) I	)	) I
New Caledonia	21	20	95	45	40	2 12	1	10	1		85	1		1	ı	I	1	1	1	1	1	-	100	1				1	100
New Zealand	88	93	106	1	09	2	1	1			90	I	1	1	ı	ı	1	ı	1	1	1	3		29	1	1	-1	33	29
Niue	_	2	200	20	20	I	1			-	100	I	1	1	1	I	1	1	I	1	1	I	1	1	1	1	1	1	I
Northern Mariana Is	21	21	100	71	I	2	ı	ı	24		71	I	I	I	ı	I	1	ı	ı	1	1	I	1	1	1	1	I	I	I
Palau	6	80	89	38	T	25	1	1		38	38	1	1	I	I	I	I	I	I		I				1		1	1	1
Papua New Guinea	926	930	100	39	4 :	m ·	_	16	2		53	- 1,34		I	I	I	I	ı	ı	100	ı	82	56	26 1	12 9	_	12	I	21
Philippines Ren Korea	65,148	59,453 4 743	ا ا	7 2	٦ ,	ω <del>L</del>	۰ ر	n w		0 -	88	1 345	1 1	1 1	1 1	l I	1 1	1 1	1 1	1 1	I I	1 576	1 99	1 6	1 0	1 10	1 00	1 0	1 89
Samoa	19	19	100	84	1 1	- [	1 1	5 I			34		1	1	1	1	1	1	1	1	1		2 1				)	1 1	9 1
Singapore	317	449	144	5 1	87	- ^	1	9	n 0		87	238 449	189	1	65	29	1	9	0	1	65	87		70 1	11	17			70
Solomon Islands	108	108	100	71	19	. 4	1	. 12	2	1	06			I	1	i I	1	1	1	1	1	2 1	100		. 1	: !	- 1	-1	100
Tokelau	I	1	1	1	1	ı	1	1	ı	1	1	I	1	1	1	ı	ı	1	1	1	1	1	1	1	1	1	1	1	1
Tonga	23	24	104	75	ω	17	I	I	ı	L	83	I	1	I	1 5	١٢	ı	l L	ı	L	L	<del>-</del>	100	I	1	1	I	I	100
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Vanuatu Viet Nam	56.698	38	123	63	٦٥	= ~	Λ £	n -	n c	ı	6/	,	I I	I	ı	ı	ı	ı	I	ı	ı	7 2 070 9	001	ا لا	L		1 0	I	100
Wallis & Futuna Is	10,000	5.5	2002	100	4	ו ר	- 1	- 1	4	,	100			1 1	1 1	1 1		1 1	1 1	1 1	1 1		83	o 1	ו ר	4 1	4	17	3 8
WP Region	340,666	339,754	100	84	9	7	-	7	7	7	91 31	1,442 18,982	32 60	64	10	7	-	7	12	6	74 5	57,071	81	9	3 4	. 2	7	7	87
Bangladesh	45,741	46,811	102	81	3	2	-	7	3		84	0/0/1	I	1	I	1	1	1	1	1			99	3	4 2	10	3	12	69
	364	390	107	92	10	3	3	2	2	_			1	1	1	1	I	ı	1	1			40	15	2 7	. 5	2	31	22
orea	14,290	14,290	100	82	.3	7	2	3	5	1		_	5 32	70	6	4	5	ro i	7	ı	79		75	9	9 9		3	1	81
	245,135	244,859	100	86	, ,	4 (	m t	91	0 0		87 150	50,698 41,368	18 27	4	17	7	-	30	0	1		~ -	99	m [	7 6	<u>-</u>		0	7.5
Indonesia	/6,230	/6,230	9 5	77	15	7 6	- ~	ų	٠,	n	36	ı	T T	I	ı	ı	ı	ı	I	ı	ı	3,/31	09	_	2 3	٠ ٠	n	Σ Σ	8 72
Myanmar	24.162	23.922	8	77	10	יזי	1 0	0	2		81			1						1		8.036	, ,	0	. 4	101	1 4	ı C	75
Nena	13 307	13 307	100	. 84	0.	יין (	1 0	י נר	10		86	407 407	100	89	10	4	-	σ	-	00			80	0	7	5 4	٠ ٣	0 0	82
Sri Lanka	3.643	3.643	8 2	79	1 0	4	1 ←	12	1 0	0 0	3.1				12	4	- 1	12	- ~	2 0	80		54	1 9	6	26	2	- 0	2 09
Thailand	25,593	26,559	104	69	ıΩ	1	2	: 0	4		74				1	1	1	1	1	1	1		55	6 1	17 7	6	9	ı	62
Timor-Leste	1,090	1,091	100	71	10	9	_	10	2	1	91	1	1		ı	ı	1	I	1	1			1	1	T	1	1	1	1
SEA Region	449,615	451,162	100	81	4	4	7	9	-	_	85 157		34 28	45	17	7	7	28	6	0	29 10		89	4	2 6	13	-	-	72
Total	790,281	790,916	100	82	5	4	7	2	7	_	_	88,557 62,766			12	7	-	70	10	n		163,494	73	2	9	y	-	-	77

Country data for the Western Pacific and South East Asia Regions: re-treatment outcomes for cases registered in 2002

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Country data for the Western Pacific and South East Asia Regions: trends in DOTS treatment success and detection rates, 1994-2003

			DOTS	DOTS new smear-positive treat	ositive treat	ment success (%)	(%)					DOTS	new smear-	DOTS new smear-positive case detection rate (%)	detection rat	te (%)		
	1994	1995	1996	1997	1998	1999	2000	2001	2002	1995	1996	1997	1998	1999	2000	2001	2002	2003
American Samoa	1	100	1	1	20	100	100	100	100	1	1	64	ı	34	23	23	12	24
Australia	1	1	1	99	7.5	84	74	99	78	1	1	1	23	30	24	20	25	6
Brunei Darussalam	I	1	1	1	85	92	63	56	84	I	1	I	Ī	123	100	111	129	138
Cambodia	84	91	94	91	92	93	91	92	92	40	34	44	47	53	49	47	55	09
China	94	96	96	96	97	96	95	96	93	15	28	32	32	29	31	31	30	43
China, Hong Kong SAR	I	1	1	1	85	78	92	78	62	1	1	I	ı	09	59	57	09	58
China, Macao SAR	75	1	1	81	1	78	89	98	89	98	155	194	163	1	93	91	79	92
Cook Islands	1	1	1	50	1	80	ı	100	100	1	1	ı	32	1	1	75	39	1
E	06	98	1	87	06	92	85	85	85	47	49	49	56	51	50	61	65	63
French Polynesia	1	29	95	100	74	85	97	80	82	1	94	107	91	91	82	1	84	65
Guam	ı	1	I	ı	ı	94	93	7.1	89	ı	ı	ı	ı	1	85	97	29	ı
Japan	I	1	I	ı	Ī	92	70	7.5	92	1	I	I	ı	I	22	29	33	40
Kiribati	1	1	1	ı	83	88	91	98	94	1	ı	34	170	203	196	244	329	419
Lao PDR	1	70	55	62	75	84	82	77	78	1	24	33	40	45	40	40	46	47
Malaysia	1	69	1	1	1	06	78	79	92	64	69	1	1	1	73	73	69	69
Marshall Islands	I	1	1	1	83	82	91	98	100	1	1	1	59	96	99	94	119	140
Micronesia	64	80	ı	1	ı	95	93	100	91	18	30	ı	ı	1	43	24	71	92
Mongolia	59	78	78	86	84	98	87	87	87		31	31	54	29	62	73	74	68
Nauru	1	1	1	1	1	50	25	100	50	1	I	I	1	1	216	110	112	57
New Caledonia	62	75	1	1	70	77	89	84	85	24	31	I	1	30	28	28	33	23
New Zealand	1	1	1	1	1	1	30	6	09	1	1	1	1	1	41	37	48	57
Niue	1	1	1	1	1	1	1	1	100	1	1	1	1	1	1	1	364	1
Northern Mariana Is	I	1	1	1	I	80	81	74	71	1	1	I	ı	1	117	85	96	75
Palau	64	29	75	I	I	1	ı	100	38	115	53	97	ı	1	I	Ī	156	06
Papua New Guinea	I	09	1	93	72	99	63	29	53	1	4	-	7	4	7	80	16	15
Philippines	80	I	82	83	84	87	88	88	88	I	I	3	10	20	48	22	62	68
Rep. Korea	71	92	71	82	I	ı	ı	I	83	34	65	56	58	I	ı	ı	1	23
Samoa	20	80	100	1	98	94	92	77	84	48	30	48	1	63	49	43	77	51
Singapore	88	98	1	1	I	95	85	88	87	57	26	ı	1	I	13	22	39	44
Solomon Islands	I	65	73	92	92	1	81	89	06	1	55	71	91	63	92	85	81	107
Tokelau	I	1	1	1	I	ı	I	I	1	1	1	I	ı	1	I	1	ı	1
Tonga	89	75	82	75	94	80	93	92	83	48	78	64	97	63	86	54	161	80
Tuvalu	1	1	1	1	1	I	I	1	1	1	Ι	I	I	Ι	1	1	1	1
Vanuatu	I	I	Ì	I	I	88	88	88	79	ı	I	I	I	36	40	77	52	70
Viet Nam	91	91	06	82	93	92	92	93	92	30	09	79	83	84	83	84	88	98
Wallis & rumna is	1 6	1 3	1 8	1 8	1 .	1 3	1 6	001	200	1 ,	1 8	1 6	1 6	1 3	1 1	1 6	449	320
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Dangladesii	2 1	- 10	7/	0 10	00	- 10	00	+ 0 0	0 0	\ 00	<del>-</del>	0 0	52	57	23	67	53	23
bnutan DPR Korea	_	/6	96	93	96	000	90	93	888	97	74	73	77	97	67	5.7	32 79	3.2 9.1
lodia logia	83	79	70	83	84	83	84	- 00	8 2		-	-	,	1 1	12	20	3.1	47
Indopesia	26	91	81	20 7.	1 00	20 22	24	86	86	l <del>-</del>	- LC	- 1	12	, 2	19	20	27	33
Maldives	95	97	93	94	94	96	97	26	95	96	26	94	94	101	. 6	62	i 80	106
Myanmar	1	99	29	82	82	81	82	. 6	81	1	26	26	29	32	48	29	65	73
Nepal	I		85	87	89	87	86	88	86	1	9	=	16	44	56	26	57	09
Sri Lanka	77	62	80	26	92	84	77	80	81	63	61	71	75	75	89	73	7.1	70
Thailand	1	ı	78	62	89	77	69	75	74	Ī	I	2	21	39	46	73	65	72
Timor-Leste	I	1	ı	1	I	1	1	73	81	1	1	I	I	1	1	ı	59	53
SEA Region	80	74	77	72	72	73	83	84	82	2	4	9	<b>©</b>	14	18	27	33	45

Country data for the Western Pacific and South East Asia Regions: age and sex distribution of smear-positive cases in DOTS areas, 2003 (absolute numbers)

				Male						Female	le						AI.	_			
	0-14	15-24	25-34	35-44	45-54	55-64	65+	0-14	15-24	25-34	35-44	45-54	55-64	65+	0-14	15-24	25-34	35-44	45-54	55-64	65+
American Samoa	1	ı	1	1	I	1	I	1	1	1	1	1	1	1	1	1	I	1	1	1	ı
Australia Brinei Darissalam	0 0	4 r.	3	- 1	9 8	- α	12	0 0	96	V 4	11	C 4	2 г	2 9	0 0	10	10	3	8 2	13.3	<u>+ + + + + + + + + + + + + + + + + + + </u>
Cambodia	37	805	1.514	2.183	1.848	1.729	1 487	46	691	1.287	1.975	2.208	1.857	1.256	83	1.496	2.801	4 158	4.056	3.586	2.743
China	1,059	24,199	31,471	30,210	31,370	26,330	31,210	1,350	18,143	18,414	14,147	11,578	8,661	9,145	2,409	42,342	49,885	44,357	42,948	34,991	40,355
China, Hong Kong SAR	3	94	78	119	167	150	337	80	75	113	98	52	37	104	=	169	191	205	222	187	441
China, Macao SAR	0	8	8	16	26	6	23	0	7	7	10	7	4	5	0	15	15	26	33	13	28
Cook Islands	I	I	I	I	I	I	I	I	I	ı	I	I	I	I	ı	I	I	I	I	I	I
ifi	2	6	7	9	6	22	9		2	9	4	4	_		2	14	13	10	13	12	9
French Polynesia	I	2	2	-	2	4	3	1	3	-	_	-	0	-	I	2	3	2	3	4	4
Guam	0	2	-	3	4	_	2	_	3	_	4	2	-	5	_	5	2	_	9	8	10
Japan	-	130	335	368	713	926	2,502	2	133	272	153	177	199	1,271	3	263	209	521	890	1,155	3,773
Kiribati	5	13	5	6	9	9	0	5	20	4	12	7	3	4	10	33	6	21	13	6	4
Lao PDR	9	94	186	240	233	202	200	7	78	105	160	161	115	92	13	172	291	400	394	317	295
Malaysia	216	1,211	2,010	2,073	1,798	1,438	1,601	196	696	1,044	857	699	584	979	412	2,180	3,054	2,930	2,467	2,022	2,227
Marshall Islands	9	4	2	_	_	2	2	4	6	2	4	9	-	4	10	13	4	=	13	3	9
Micronesia	0	3	2	2	0	7	_	4	4	4	_	-	7	_	4	_	9	m ;	-	4	2
Mongolia	10	206	217	171	93	22	39	19	254	233	148	45	32	19	29	460	450	319	138	87	28
Nauru	0	0	0	0	-	0	0	I	ı	I	I	ı	I	1	0	0	0	0	-	0	0
New Caledonia	0	-	-	-	-	-	3	0	0	2	2	0	0	e	0	-	3	3	-	-	9
New Zealand	5	6	10	9	9	80	6	7	18	∞	-	10	4	Ŋ	12	27	18	^	16	12	14
Niue	I	I	I	I	I	ı	ı	I	I	I	I	I	I	1	I	I	I	I	ı	I	1
Northern Mariana Is	0	2	2	2	_	0	2	-	co ·	0	2	_	0	0	_	2	2	4	2	0	2
Palau	0	0	_	-	_	_	0	-	0	0	_	0	-	2	_	0	-	2	-	2	2
Papua New Guinea	15	164	132	33	20 173	28	9 0	24	167	148	51	25	17	2 2	39	331	280	134	31	45	11
Prilippines	356	0,360	9,302	504,11	10,713	0,440	5,048	300	3,218	160,4	10/,4	4,000	2,838	2,018	929	9,5/8	13,833	10,219	51/,41	9,503	3,666
kep. korea	2	104	504	/cc	493	3//	104	5	283	167	4 (	133	150	450	57	989	822	/31	979	776	951
Singapora	1 0	7 01	<del> </del>	1 44	1 02	- 92	1 Y	1 0	7 4	7 7	7 7	13	7 00	30	c	4 4	7 80	7 7	83	s 4	- o
Solomon Islands	0 4	5 4	0	17	0, 4	၃ ထ	0	0	+ 4	7 4	16	13.5	0 01	S -	13	28	23	28	27	18	<u> </u>
Tokelau	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	I	1	1	I	1
Tonga	0	-	-	_	_	0	2	0	_	0	_	-	2	0	0	2	-	2	2	2	2
Tuvalu	I	1	I	I	I	I	I	I	1	I	I	1	1	I	I	1	1	1	I	I	I
Vanuatu	-	2	4	/	2	2	33	0	4	4	33	2	-	2	-	9	∞	10	7	m	2
Viet Nam	49	3,475	7,036	8,486	7,965	5,066	7,793	99	1,659	2,262	2,327	2,574	2,283	4,896	115	5,134	9,298	10,813	10,539	7,349	12,689
Wallis & Futuria is	100	07.000	2 0 0 2	7	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	42 804	40 440	0 000	707 20	- 00 00	24 020	24 600	16 046	10 051	2 949	0 010	01 11 0	2 01 01 0	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0 243	0 406
Wrn	000	37,230	22,943	96,060	50,019	42,697	49,449	2,003	407,67	4 203	24,929	2006	10,040	19,937	3,040	+10,00	01,733	01,013	016///	5,745	004,60
Bhitan	076	9,100	507	0,030	0,947	100,0	4,142	4+C	4,290	707'+	3,230	2,000	1,130	160	23	119	766,11	37	38	35	4,733
DPR Korea	. 50	1.101	2.173	2.541	2.340	1.327	295	- 06	797	1.542	1.531	1.316	723	326	171	1.893	3.715	4 072	3.656	2.050	888
India	1,890	42,830	54,948	56,283	47,204	30,256	16,242	4,120	31,332	31,895	19,662	11,520	6,903	3,379	6,010	74,162	86,843	75,945	58,724	37,159	19,621
Indonesia	532	9.570	12,647	10,925	9.558	6.720	3.615	608	8.734	10,127	7.889	6.085	3,907	1,649	1,140	18.304	22,774	18.814	15,643	10,627	5.264
Maldives	-	14	7	4	6	6	4	0	80	2	-	5	-	0	-	22	12	5	14	10	4
Myanmar	107	2,536	4,408	4,427	3,269	1,974	1,296	154	1,781	2,442	2,003	1,491	943	617	261	4,317	6,850	6,430	4,760	2,917	1,913
Nepal	122	2,039	1,658	1,619	1,769	1,639	735	189	1,283	1,107	873	609	486	220	311	3,322	2,765	2,492	2,378	2,125	955
Sri Lanka	=	286	399	609	999	421	315	12	250	181	148	149	103	103	23	536	280	757	814	524	418
Thailand	4	1,636	4,615	4,259	3,497	2,740	3,241	49	944	1,678	1,350	1,279	1,264	1,866	06	2,580	6,293	2,609	4,776	4,004	5,107
Timor-Leste		130	135	107	98	99	41	13	98	116	92	92	43	17	18	228	251	183	174	109	58
SEAK	3,119	65,370	88,315	88,852	75,381	50,673	30,206	5,793	49,577	53,414	36,808	24,629	15,538	8,774	8,912	114,947	141,729	125,660	100,010	66,211	38,980
Total	4,904	102,600	141,260	144,938	131,000	93,570	79,655	7,856	75,361	82,224	61,737	46,328	32,384	28,731	12,760	177,961	223,484	206,675	177,328	125,954	108,386

Country data for the Western Pacific and South East Asia Regions: age and sex distribution of smear-positive cases in non-DOTS areas, 2003 (absolute numbers)

Marting Martin					Male							Female							N All			
Seek   34   10   10   11   11   12   12   12   12		0-14	15-24	25-34	35-44	42-24	55-64	<b>65</b> +	0-14	15-24	25-34	35-44	45-54	55-64	<b>65</b> +	0-14	15-24	25-34	35-44	45-54	55-64	<b>65</b> +
No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	moa	T	L	1 1	1	1 1	1 -	1 :	1 1	1 0	1 1	1	1 )	1 0	Li	1 -	L	Ly	1 0	1 1	1 '	1 ;
508         74         926         1139         1394         1236         113         1394         1212         200         130         130         130         1304         131         200         13	salam	0 1	10	<b>\</b> 1	<b>⊢</b> 1	ıΩI	4	<u>ي</u> 2	0 1	m I	9 1	<b>⊢</b> I	m I	7	ıΩl	0 1	13	<u>.</u> 1	7 1	жо I	9 1	23
8-48		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Series 3 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		74	926	1,289	1,394	1,215	913	817	57	899	834	636	523	327	320	131	1,594	2,123	2,030	1,738	1,240	1,137
1	Kong SAR	2	10	12	21	28	27	136	2	6	20	15	80	4	26	^	19	32	36	36	31	192
No.	o SAR	0	-	1	0	-	0	4	0	0	0	<del>-</del>	0	0	0	0	-	<del>-</del>	<del>-</del>	-	0	4
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State   Colored Colo		ı	I	ı	ı	1	ı	1	ı	ı	I	Ī	1	ı	1	ı	1	1	1	1	1	1
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96         1,367         2,152         2,346         2,015         3,264         78         1,151         1,498         1,091         850         691         1,799         174         2,518         3,650         3,422         3,196           96         1,367         2,152         2,346         2,015         3,264         78         1,151         1,498         1,091         850         691         1,794         1,746         3,650         3,422         3,196           5         1,26         1,27         2,234         2,015         3,264         78         1,151         1,498         1,091         850         1,146         3,650         3,422         3,196           5         1,26         1,27         2,234         2,661         3,483         1,776         6,25         3,179         4,422         3,658         2,535         1,416         6,60         1,146         7,600         11,132         10,962         8,196           5         1         2         2         3,422         3,452         3,535         1,419         6,60         1,146         7,600         11,132         1,962         8,196           5         1         2         2 <t< th=""><th></th><td>1 5</td><td>1 0</td><td>1 0</td><td>l <del>c</del></td><td>ا ن</td><td>1 0</td><td>1 &lt;</td><td>1 0</td><td>1 6</td><td>1 &lt;</td><td>l <del>c</del></td><td>1 0</td><td>1 0</td><td>1 0</td><td>1 4</td><td>  L</td><td>ıc</td><td>۱۲</td><td>1 4</td><td>ıc</td><td>1 &lt;</td></t<>		1 5	1 0	1 0	l <del>c</del>	ا ن	1 0	1 <	1 0	1 6	1 <	l <del>c</del>	1 0	1 0	1 0	1 4	L	ıc	۱۲	1 4	ıc	1 <
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96         1,367         2,152         2,331         2,346         2,015         7,6         1,151         1,498         1,091         850         691         1,599         174         2,518         3,650         3,422         3,196           5         1,367         2,152         2,331         2,346         2,015         3,264         78         1,151         1,498         1,091         850         174         2,518         3,650         3,422         3,196           5         1 <th></th> <td>1</td> <td>1</td> <td>ı</td> <td>ı</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>ı</td> <td>ı</td> <td>1</td> <td>1</td> <td>ı</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>- 1</td>		1	1	ı	ı	1	1	1	1	ı	ı	1	1	ı	1	1	1	1	1	1	1	- 1
96         1,367         2,152         2,331         2,346         2,015         3,246         7,101         1,151         1,498         1,091         1,979         174         2,518         3,650         3,422         3,196	ina Is	1	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	1	ı	1	ı	ı	ı	1	1
-         -		96	1,367	2,152	2,331	2,346	2,015	3,264	78	1,151	1,498	1,091	850	169	1,979	174	2,518	3,650	3,422	3,196	2,706	5,243
5         1         2         2         2         4         4         4         8         4         1         2         2         2         4         4         4         8         9         8         8         8         8         8         9         8         8         8         8         9         8         9         8         9         8         9         8         9         9         6         9         9         9         6         9         4         4         8         8         8         9		1	I	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
53         106         137         129         85         31         81         76         76         44         84         44         84         46         44         88         84         187         213         208           4,421         6,810         7,304         5,661         3,483         1,776         625         3,779         4,422         3,588         2,535         1,416         7,600         11,123         10,962         8,196           4,421         6,810         6,810         7,146         7,600         1,146         7,600         1,123         10,962         8,196           8         1,26         2,641         3,642         3,772         2,535         1,749         606         1,146         7,600         11,232         10,962         8,196           8         8         1,26         3,74         7,6         2,63         3,732         3,88         29         1,75         2         2         2           1,127         3,64         3,642         1,922         630         3,772         2,652         1,484         667         1,157         7,764         11,298         8,568           8,866         9,136		ı	I	1	I	1	1	1	1	1	1	1	1	E :	I	1	1	I	1	1	ı	1
4,421         6,810         7,304         5,661         3,483         1,776         625         3,179         4,422         3,558         2,535         1,419         606         1,146         7,600         11,232         10,962         8,196           -		2	53	106	137	129	85	72	3	31	81	92	79	46	44	ω	84	187	213	208	131	116
-         -		521	4,421	6,810	7,304	5,661	3,483	1,776	625	3,179	4,422	3,658	2,535	1,419	909	1,146	2,600	11,232	10,962	8,196	4,902	2,382
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4,499 6,984 7,526 5,916 3,642 1,922 630 3,265 4,540 3,772 2,652 1,494 667 1,157 7,764 11,524 11,298 8,568 5,866 9,136 9,857 8,262 5,657 5,186 708 4,416 6,038 4,863 3,502 2,185 2,646 1,331 10,282 15,174 14,720 11,764		1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	l 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
5,866 9,136 9,857 8,262 5,657 5,186 708 4,416 6,038 4,863 3,502 2,185 2,646 1,331 10,282 15,174 14,720 11,764		527	4,499	6,984	7,526	5,916	3,642	1,922	630	3,265	4,540	3,772	2,652	1,494	299	1,157	7,764	11,524	11,298	8,568	5,136	2,589
		623	5,866	9,136	9,857	8,262	2,657	5,186	208	4,416	6,038	4,863	3,502	2,185	2,646	1,331	10,282	15,174	14,720	11,764	7,842	7,832

Country data for the Western Pacific and South East Asia Regions: smear-positive notification rates (per 100 000 population) by age and sex, 2003

				Male						ı	Female							₩			
	0-14	15-24	25-34	35-44	45-54	55-64	+ 29	0-14	15-24	25-34 3	35-44 4	45-54 5	55-64	9 + 29	0-14	15-24 2	25-34 3	35-44 4	45-54	2-64	<b>65</b> +
American Samoa	1	1	1	1	1	1	1 -	1 -	1	1 1	1 -		1 -	1	1 -				1	1 -	1
Australia Brunei Darussalam	0 0	15	72	0 9	39	96	3 165	0 0	1 28	38	0 43	27	0 86	1 108	0 0	1 21	55	24	34	0 96	136
Cambodia	-	20	185	321	425	902	1077	2	44	154	253		523	466	-				414	598	673
China	_	23	28	29	39	26	73	_	19	17	41		19	18	-				28	38	44
China, Hong Kong SAR	l	ı	ı	ı	ı	ı	1	I	1	1	ı		1	I	ı				1	ı	ı
Cook Islands	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı		ı	ı	ı				ı	ı	ı
Fiji	ı <del>–</del>	1 =	=	1 =	22	21	42	1 1	1 9	1 01			28	1 1	ı <del>-</del>				16	25	19
French Polynesia	1	80	10	2	15	20	54	1	13	5	9		0	17	1				12	26	35
Guam	0 (	15	∞ ι	22	39	120	103	4 (	24	6	36		20	101	7				31	73	102
Japan	0	23	5	/	1.5	16	37	0	~	4	23			4	0				7	10	24
Kiribati 130 pop	l <del>-</del>	1 4	1 5	1 0	1 20	1 001	242	l <del>-</del>	1 5	- 20	l u		1 0	1 10	l <del>.</del>				1 01	120	1 E
Malaysia	- rv	53	105	126	147	209	323	- 15	- 4 - 4	56	53		87	109	- 12				102	149	208
Marshall Islands	1	1	1	1	1	1	1	1	1	1	1		1	1	1				1	1	1
Micronesia	0	25	28	35	0	102	57	20	34	53	17		96	46	6				11	66	51
Mongolia	2	72	96	66	102	106	92	2	06	104	84		59	35	3				75	82	29
Nauru	ı	ı	1	ı	1	I	ı	ı	ı	ı	ı		1	I	ı				1	1	ı
New Caledonia	0 ,	rs (	r.	9 (	ω (	12	49	0 0	0 1	Ξ,	12		0 (	44	0 ,				4 (	9	46
New Zealand		5	4	7	7	4	4	7	,	η.	>		7	7	-				ν.	ν,	Υ .
Northam Mariana Is	ı	I	I	ı	ı	ı	ı	I	ı	I	I		ı	ı	ı				ı	ı	I
Northern Mariana Is	ı	I	I	ı	ı	ı	ı	I	ı	I	I		ı	ı	ı				ı	ı	I
Palau Prem New Cripes	I <del>-</del>	1 00	1 00	35	- 7.0	1 0	1 0	ıc	٠, د	1 00	1 21		1 1	1 0	۱ ر				1 1	1 1	1 0
Papua Inew Guinea Philippines	- ~	07	30 147	250	339	344	926	7 6	32 40	55 74	104		147	121	7 C				230	243	190
Rep. Korea	0	19	28	30	39	50	96	ı —	19	19	12		18	57	ı <del>-</del>				26	34	72
Samoa	1	10	1	1	ı	29	1	1	1	17	30		51	22	1				1	41	13
Singapore	0	9	6	17	28	43	88	0	2	6	7		=	32	0				17	27	57
Solomon Islands	4	28	24	52	26	84	0	6	30	40	71		112	16	9				94	86	8
Tokelau	1 0	1 0	1 9	1 9	1 6	L	I d	L	1 9	1 0	1 9		1 6	L	L				1 !	1 !	1 :
longa	0	6	13	13	29	0	7.2	0	10	0	19		69	0	0				27	37	34
Tuvalu	۱۲	ıc	1 00	- 63	1 2	1 7	70	1 0	1 5	1 10	- JC		1 6	1 0	l <del>c</del>				1 1	1 0	1 2
Viet Nam	4 C	. <del>1</del>	103	158	236	297	385	> <del>-</del>	20	33	42		125	207	- c				153	208	289
Wallis & Futuna Is	ī	: 1	1	1	1	1	1	. 1	1	) I	<u>.</u> 1		1	. 1	) [				1	1	1
WPR	-	27	36	43	22	89	98	-	20	21	20		27	29	-				39	48	22
Bangladesh	1	34	62	93	123	183	178	2	30	39	40		37	24	2				82	109	100
Bhutan	2	27	33	19	33	38	59	c	25	26	17		27	12	2				25	32	19
DPR Korea	3	64	115	148	227	135	100	m	48	82	92		89	43	3				178	100	29
India	<b>—</b> (	45	Ε!	16 i	106	108	2 3	m (	36	46	36		26	4 6	7 7				69	29	40
Indonesia	7 -	4 4	۵/	4/	4 8	108	- 9	7 0	4 0	4 6	4.0		20	97	7 -				/ 3	90	46
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Nepal	2	80	06	122	198	276	169	1 4	, 15 4	63	67		78	4 4	4 m				133	174	102
Sri Lanka	ı <del>-</del>	17	30	47	99	63	58		18	15	14		21	18	. –				46	44	38
Thailand	- (	29	83	93	107	137	194	- (	17	29	27		59	89	- '				70	96	135
l imor-Leste	ν) <del>Γ</del>	131	265	477	300	331	363	ם ת	111	319	168		117	741	ء د				2/5	0/7	250
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Country data for the Western Pacific and South East Asia Regions: number of TB cases notified, 1980-2003

2002 2003	2	1,013 94:	24,610 28,216	462,609 615,868 6.244 5.62 <sup>2</sup>	388 37	-	150 17:	64 50	27 878 21 638	n (	2.621 2.780	14,389 15,671	_	2 820 2 95	16,0 620,0	65 30	329 38	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	t 5,		34,967 33,888	L	1,516 1,616	230 23	29 10	13 30	101 102 95 044 92 741	. 6	805,578 987,927	35 30	81,963 88,156	1,089 1,020	060.951 1.073.065		125 13.	57,012 75,744			2,760 2,761 85 366 1 552 625	10 1.	100 100	30,344 2,340,33
2001 2	8	980		470,221 40 7.262	465	2	183	62				14,830		104	3,22,0	61	377	0 8	) I	. '	37,268		1,536	267	12	16	90 728		808,817 80	35	7	1,037	4 ro	, 2	139	79 519		49,656	1 414 141 1 4	6	100	2,222,930 4,4
2000	3	1,043	18,891	7.578	449	2	144	62				15,057	34	91		94	344	0 22	Ç 1	· ·	21,782		1,728	305	24	16	152		789,457	35	75,557	1,140	1.115,718			30,840	8,413	34,187	1 414 228	6	100	, 2,203,003
1999	3	99 1,073		3 449,518 73 7.512	25	- 3	56 192	)5 93	Lo	76 40,000	53 2,434	14,908	6	сп	2,010	90 28	55 447	0 1	- 32		_		20 1,805	203	30 22	18	78 120 58 879		34 822,454	31 33 36 97	56 79,339	1,174	-	97 69,064	76 153	56 19,626	,	0 2	11 1 464 312	6 6	00 100	45 2,200,700
7 1998	9	145 89		394 445,70 <sup>2</sup> 072 7.673	575 40	0	171 10	91 10	100 44 046		923 2.1	13,539 14,11		107 12		88	321 30	0	. 15		767 162,360 215 34,661		977 2,12	010	21	1 3	184 178 838 87 468		313 834,604	31	420 72,23	1,211 1,29	859 1.102.002		173 1.	7,122 14,7	6,542 6,92	7	981 1 279 0	6	100 100	294 2,113,0
1996 1997	0	1 1		504,758 466,394 6.501 7.073	570	0	200	98	- 47	4 L		12,691 13,	6	126	、 I	104	2	2 12	- 52		165,453 195, 39,315 33,		1,951 1,977	n C	22	1 0	126 18 74711 7783	. ~	874,721 870,313	31	9	1,271 1,	290.343 1.132.859		212	22,201 17,	9	(7)	0 352 1 308	8	89	5,0/5 2,1/7,
1995 19	1	1,073	14,603		402	1	203	I	72 078			11,778 1		172		87	391	0	19				1,889		20	36	79 55 739 7		818,740 87			1,299	-	35,529 2			4	45,428 3	- 100 850 1 47	8	89	45,2 086,812,2
1994	4	1,057	01	363,804	1	4	280	88	94	753	1.135	11,708	I	173	4	97	352	2	4 4		38,155		1,677		23	19	152	, -	724,345	33	48,276	1,159	114.374 1.		_	15,583	6,132	47,767	- 298 759 1	8	89	,,023,104 4,
1993	4	991	13,270	344,218	285	9	183	78	78 461	104,04	2.093	12,285	19	151	CCt/I	104	274	<del>-</del> 1	25	7,451	1/8,134	49	1,830	700	33	28	114 52 994	11	718,799	33	54,001	108	1.081.279	62,966	175	19,009	6,809	49,668	1 287 176 1	8	89	2,005,975
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1991	6	116 95 43	10,903	_ ~		_	24	59 4	- 50 613			02 11,059		167 350		43 14(	148 33	0 0 28	07		008 207,371 004 57,864		1,841	1	23 2	23 3	40 23	,	92 760,870	33 3	56	54 996	82 1.555.353	: 		116 14,905 42 8 983	66 6,17	4	- 1 747 25	8	89 89	71,000,12
39 1990	2	952 1,0	906′	),607 375,481 ,704 6.510	274 3	-	218 2	73	- 67 671	171 31,0	952 1.826	,686 11,7	7	68 367	0 0	128 1	303 3	1 80	3 2	7396 2,497	,2/2 31/,008 ),012 63,904	37	,617 1,591	00+	36	26	144 146	30	,916 893,992	35	,191 48,673	,525 1,1	500 1.519.182	,516 74,4	203	),940 12,416 003 10.142	,429 6,666	1,553 46,510	- 860 1 719 3	8	89	1/10 2,013,0
1988 198	13	954		304,639 310 7.021 6	320	20	162	63	4-1 7-1 7-1 7-1	208	7.279	10,944 10	11	77	2, 24	111	295	37	17		74,460 70	29	1,666 1	3/2	4	24	118 52 463 52	1	716,450 741	36	44,280 45	1,126 1	1.457.288 1.510	97,505 105	85	9,348 10	6,092	50,021 44	1 667 348 1 735	6	100	33,/30 2,4//
1987	6	907		251,600 3 7.269	389	16	173	80	34		3.468		32	98	4,472	74	296	0 95	38		163,740 I		1,616	934	24	22	90			36		809		:		11,986	6,411		1 520 444 1 6		78	1,2/1,29/ 1,33/,/83 1,/0/,012 1,816,300 1,336,886 2,083,2/1 2,1/3,483 2,383,/36 2,4
1986	8	906		265,095 7.432	420	17	199	82	49	129	1.514	10,735	37	9 818	8	96	320	5 2	7 2	2,877	153,129	65	1,760	267	35	27	131			36	45,599	1,582	1.279.536 1.403.122	16,750	111	10,840	6,596	52,152	1 413 418 1		89	2,U03,2/1 4,
1985	5	1,088	)	226,899			. 4		5/8 5/7		4		15	99	266,2		359	0		3,453	151,028 87,169	43	1,952		49		124 46 941		615,1	36	•	1,073	1.168.804	17,681		10,506	Ŋ	'`	1 323 509	8	1 020 600	000'006'1
1984	8 12	9 1,299	10	7 151,564 1 7.843				8 80	8 54 1 61521		9	, -	5 12	3 75			5 404	3 1	4 20		0 151,863 2 85,669		5 2,143		0 54		6 188 5 43 875		541,0	96 36	45	7 904	8 1.109.310			2 11,045	9				89 89	7 1,616,300
1983	9	,270 1,219 245 276	7	54 117,557				65 78	49 48		4		12 1	67 73			437 415	75 7	17 1		15 106,300 (78 91,572		2,179 2,065		45 50		173 196 206 43 185		462,	36 36		720 1,017				11,012	9	9	111 1 244 819		89 89	210,/0/,1 60
11 1982	9	1,386 1,270 285 245		7.729 7.527					41 49 65 867 63 940		4	10,970 11,944		1 004 1 340			448 4	0 92	10	m .	98,532 100,878		2,425 2,1		49		92 173		461,5	33	49	2,657 7	769.540 923.095			12,461 12,069 337 1.459		1			89	/,/66,1 /67,
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	American Samoa	Australia Brunei Darussalam	Cambodia	China China. Hong Kong SAR	China, Macao SAR	Cook Islands		French Polynesia	Cuam	Japali Kirihati	Lao PDR	Malaysia	Marshall Islands	Micronesia	Nauru	New Caledonia	New Zealand	Niue Northern Mariana Is	Palau	Papua New Guinea	Philippines Rep. Korea	Samoa	Singapore	Jokelan	Tonga	Tuvalu	Vanuatu Viet Nam	Wallis & Futuna Is	WPR	number reporting	Bangladesh	Bhutan	Drn norea India	Indonesia	Maldives	Myanmar Nepal	Sri Lanka	Thailand	Timor-Leste	number reporting	percent reporting	101

Country data for the Western Pacific and South East Asia Regions: case notification rates (per 100 000 population), 1980-2003

Country data for the Western Pacific and South East Asia Regions: new smear-positive cases, 1993–2003

					Z	Number of cases	S								Ra	te (per 100 0	00 population	-			
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	1993	1994	1995	1 9661	ŀ	1998 1999	9 2000	2001	2002	2003
American Samoa	-	4	1	0	9	2	3	2		Н	2	2	8						3	2	c
Australia	557	. 1	I	1	226	203	285	251			113	۱۳	1	1					-	ı <del></del>	· -
Brunei Darussalam	89	1	1	1	0	1	102				121	24	1	1					28	32	34
Cambodia	0	11,058	11,101	12,065	12,686	13,865	15,744		14,361	17,258	18,923	,	66	26	102	104	111 123	3 113	107	125	134
China Hong Kong SAP	24,898	104,/29	134,488	1 774	1.0/357	7 18,707	2///107	1 940			1 779	\ <del>[</del>	'n	1.1					16	15 77	ا2 عج
China, Macco CAB	4,429	I	1,0/1	71/1	275	150,2	2,020				130	14.	I	27					77	رد	200
Cook Islands	001	I <del>-</del>	<u>+</u> - 1	0 0	973	9/7	1 0				0 0	27	Ιισ	t 1					<u></u> ₹ =	5 7 12	90
i i <del>E</del>	58	. 09	89	69	99	74	65	62			70	. 80	. &	6					6	6	- ∞
French Polynesia	1	38	1	37	41	34	33	29			21	1	18	1					0	12	6
Guam	1	40	I	I	I	I	1				0	ı	28	I ;					30	19	0
Japan	17,890	16,770	14,367	12,867	13,571	11,935	12,909				10,843	4	13	7					6	00	œ
Kiribati	66	184	1 7	144	50	52	59				96	131	240	ç					75	95	113
Malavsia	6.954	6.861	6.688	7.271	7.496	7,802	8,207	8,156			7,002	36	35	33					35	2 CC	33
Marshall Islands	12			12		11	17				20	26	1	1					29	34	38
Micronesia	1	1	6	14	6	4		15			27	1	1	8						20	25
Mongolia	98	145	455	692	1,171	1,356	1,513	1,389			1,541	4	9	19					65	65	59
Nauru	1	2	I	I	ı	I	2	4			-	1	19	1					16	16	ω
New Caledonia	16	28	21	26	24	26	22	20			4	6	15	= '					6	6	9
New Zealand	91	61	78	06	83	106	94	74			106	3	2	2					2	2	3
Niue	0	0	0	-	0	0	- !	0			0	0	0	0					0	51	0
Northern Mariana Is	1 0	1 5	4 0	26	21	56	15	27			16	1 6	1 99	25					26	28	20
Pallau Danis Now Cripes	0		1 652	4 4	1 105	2 107	1 014	7367			2 221	4.9	99	35					- 10	C + C + C + C + C + C + C + C + C + C +	72
Philippines	92 2 2 9	87 401	1,032	269 88	80.163	2,10/	73 373				2,231	141	131	139					- 72	/- 83	6 6
Rep. Korea	16.630	13.266	11,754	11,420	9.957	10.359	9.559				10.976	38	30	26					25	25 40	23
Samoa	21	18	15	6	14	7	17				12	13	11	6					9	11	
Singapore	513	861	455	519	436	482	465	248			586	16	26	13					6	13	4
Solomon Islands	155	114	109	06	113	140	93	109			138	44	31	29					26	23	29
Tokelau		0	-	0			0				0	1	0	99					0	ı	0
Tonga	16	7	6	4	=	16	0 0	5			Ε °	16	17	6			16		∞ (	22	= 0
Vocast	7	- 63	30	I C	1 99	3.0	43	0 63			0 0	77	3.7	17					0 80	0 6	0 0
Ver Nam		4 1	37.550	48.911	50.016	54.889	53.805				55,937		à 1	52					68	71	69
Wallis & Futuna Is	1	1	3	3	-						7	1	1	21					7	7	48
WPR	222,895	241,732	315,946	388,346	416,952	379,699	383,884				454,732	41	15	20					22	22	56
Bangladesh	18,993	1,710	20,524	29,674	33,117	37,737	37,821				53,618	16	- 9	17					29	33	37
Bhutan DBD Vorce	I	352	367	308	284	270	315	347			360	ı	70	70					17	17	16
Dr. Noled	225 256	776 543	764 515	200 052	778 776	778 775	3,073				123 271	75	75	20					37	3.8	//
Indonesia	62,622	49 647	31.768	11 790	19 492	32.280	49 172				92,566	33	26	16					27.	35	+ <sub>C</sub>
Maldives	126	125	114	106	95	88	88				68	53	51	46					20	19	21
Myanmar	1	1	8,681	9,716	6,695	10,089	11,458				27,448	1	1	20					44	49	55
Nepal	6,679	10,442	8,591	10,365	11,323	11,306	13,410				14,348	33	51	14					57	26	57
Sri Lanka	3,335	3,405	3,049	2,958	3,506	3,761	3,911				4,321	19	19	17					23	23	23
Thailand	I	20,260	20,273	16,997	13,214	7,962	14,934	17,754			28,459	1	35	35					46	4 ;	45
I imor-Leste	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100,000	1 000	- 100 010	- 01.036	1 1 000	1 000				1,027	1 6	1 6	1 6					1 8	25	132
SEAR Total	517,355	312,484	357,682	3/2,86/	369,383	382,1/1	461,332		561,939	7	6/2,8/8	73	77	52					36	30	7 6
lotai	240,250	224,216	0/3,020	/61,213	/ 00/233	0/9/10/	017,000	066,490			010,121,	0.	01	77					07	nc	ţ

### Country data for tuberculosis drug resistance

		8	New cases				ly treated ses
	Year	No	INH	Any	MDR	No	MDR
WPR							
Australia	2001	770	5.6	9.9	1.6	-	-
Cambodia	2001	638	4.7	10.3	0	96	3.1
China							
Hong Kong	2001	3470	2.3	10.2	0.8	169	11.2
Henan	2001	1222	3.3	29.8	7.8	265	36.6
Hubei	1999	859	3.7	17.5	2.1	238	21.8
Liaoning	1999	818	5.4	42.1	10.4	86	24.4
Inner Mongolia	2003	806	5	35	7.3	-	-
Zhejiang	1998	802	2.7	14.8	4.5	140	35
Korea	1998	2370	4.9	10.6	2.2	283	7
Japan	1997	1374	2	10.3	0.9	264	19.7
Malaysia	1996	1001	1	4.2	0	16	0
Mongolia	1999	405	4.4	29.4	1	-	-
New Zealand	2001	272	4.4	11.4	0	22	0
Singapore	2001	823	1.6	5	0.5	126	8
Viet Nam	1996	640	6.7	32.5	2.3	-	-
SEAR							
India							
North Arcot	1999	282	12.8	23.7	2.8	-	-
Raichur District	1999	278	12.2	21.9	2.5	-	-
Wardha District	1999	197	10.7	19.8	0.5	-	-
Nepal	2001	755	1.6	11	1.3	171	20.5
Thailand	2001	1505	5.3	14.8	0.9	-	-
Myanmar	2003	733	-	30.2	4	172	20.3

### **Annexes**

## Annex 1 Definitions<sup>21</sup>

### 1. Definitions of Tuberculosis Cases

*A case of tuberculosis.* A patient in whom tuberculosis has been bacteriologically confirmed, or diagnosed by a clinician. Any person given treatment for tuberculosis should be recorded.

*All types:* The sum of new smear-positive pulmonary, relapse, new smear-negative pulmonary and extrapulmonary cases.

**New smear-positive pulmonary tuberculosis:** A patient who has never received treatment for tuberculosis or has taken anti-tuberculosis drugs for less than 30 days and who has one of the following:

- two or more initial sputum smear examinations positive for acid fast bacilli (AFB); or
- one sputum examination positive for AFB plus radiographic abnormalities consistent with active pulmonary tuberculosis as determined by a clinician; or
- one sputum specimen positive for AFB and at least one sputum that is culture positive for AFB.

**New smear-negative pulmonary tuberculosis:** A case of pulmonary tuberculosis that does not meet the above definition for smear-positive tuberculosis:

**Extrapulmonary tuberculosis:** Tuberculosis of organs other than the lungs: e.g. pleura, lymph nodes, abdomen, genito-urinary tract, skin, joints, bones, meninges, etc. Diagnosis should be based on one culture-positive specimen, or histological or strong clinical evidence consistent with active extrapulmonary tuberculosis, followed by a decision by a clinician to treat with a full course of anti-tuberculosis chemotherapy. (A patient diagnosed with both pulmonary and extrapulmonary tuberculosis should be classified as a case of pulmonary tuberculosis.)

**Retreatment cases:** Patient previously treated for tuberculosis, undergoing treatment for a new episode of bacteriologically-positive (sputum smear or culture) tuberculosis.

**Relapse:** A patient previously treated for tuberculosis and declared cured or treatment completed, who is later diagnosed with bacteriologically-positive (culture smear) tuberculosis.

<sup>&</sup>lt;sup>21</sup> WHO, IUATLD, KNCV. Revised international definitions in tuberculosis control. Int J Tuberc Lung Dis 2001; 5: 213-215.

### 2. Definitions of Treatment Outcome

**Cured:** Initially smear-positive patient who was smear-negative in the last month of treatment, and on at least one previous occasion.

**Completed treatment:** A patient who has completed treatment but who does not meet the criteria to be classified as a cure or a failure.

**Treatment success:** The sum of patients who are cured and those who have completed treatment.

**Died:** A patient who dies for any reason during the course of treatment.

**Failure:** Smear-positive patient who remained smear-positive at five months or later during treatment.

**Defaulted:** A patient who has interrupted treatment for two consecutive months or more.

**Transferred out:** A patient who has been transferred to another recording and reporting unit and for whom the treatment outcome is not known.

Not evaluated: Patient who did not have the treatment outcome evaluated.

**Note:** In countries where culture is current practice, patients can be classified as cured or failure on the basis of culture results.

### 3. Indicators to Assess Treatment Outcome

*Cure rate:* Proportion of cured cases out of all cases registered in a certain period (in 2002 in this report).

**Treatment success rates:** The sum of the proportion of patients who were cured and patients who completed treatment out of all cases registered in a certain period. The global target is a 85% cure rate and a greater treatment success rate.

The cure rate and treatment success rate are expressed as a percentage of registered cases. The number of new cases registered for treatment in 2003 (reported in 2004) is compared to the number of cases notified as smear-positive in 2002 (reported in 2003). Differences may arise because NTPs do not compile data at the end of each calendar year, diagnoses may be incorrect, patients are lost between diagnosis and the start of treatment, or lost records. All registered cases should be evaluated. Data on the six standard, mutually exclusive outcomes of treatment are compiled. These figures are reported as percentages of all registered cases, so that the possible outcomes plus the fraction of cases not evaluated sum up to 100%. When a country states the number of patients registered for treatment, but gives no outcomes, no result is reported rather than zero treatment success. Although treatment outcomes are expressed as percentages, they are referred to as rates. The six possible outcomes plus the fraction of cases not evaluated sum up to 100%. If the number of registered cases is lower than the sum of the six outcomes or is missing, the denominator for treatment success will be the number evaluated or the number of smear-positive cases notified in the previous year, whichever is greater.

### 4. Case-detection Rate and DOTS Detection Rate

**DOTS.** The recommended strategy for tuberculosis control. It comprises:

- Government commitment to ensuring sustained, comprehensive tuberculosis control activities.
- Case detection by sputum smear microscopy among symptomatic patients self-reporting to health services.
- Standardized short-course chemotherapy using regimens of six to eight months, for at least all confirmed smear-positive cases. Good case management includes DOT during the intensive phase for all new sputum smear-positive cases, the continuation phase of rifampicin-containing regimens and the whole re-treatment regimen.
- A regular, uninterrupted drug supply of all essential anti-tuberculosis drugs.
- A standardized recording and reporting system that allows assessment of case-finding and treatment results for each patient and of the tuberculosis control programme performance overall.

**Targets for tuberculosis control** established by the World Health Assembly:

- To cure 85% of the sputum smear-positive tuberculosis cases detected.
- To detect 70% of the estimated new sputum smear-positive tuberculosis cases.

Case notifications represent only a fraction of the true number of cases in a country because the coverage by effective NTPs may be incomplete.

The estimated case detection rate is defined as:

Case-detection rate (%) = Annual new smear-positive notifications (country)

Estimated annual new smear-positive incidence (country)

DOTS detection rate refers to case detection under DOTS:

DOTS detection rate (%) = Annual new smear-positive notifications under DOTS

Estimated annual new smear-positive incidence (country)

The case-detection rate and DOTS detection rate are identical when a country has a 100% DOTS enrolment rate. Updated estimated incidence for 2003 used in this report was provided by WHO.

**Population with access to DOTS:** The country's population that lives in administrative areas where DOTS services are available..

**DOTS enrolment rate (%):** This indicates a proportion of cases enrolled in DOTS out of notified cases.

DOTS enrolment rate (all types) (%) = Annual notifications of all types under DOTS

Total of annual notifications of all types

**DOTS enrolment rate (New S+) (%)** = Annual notification of new S+ under DOTS  $\overline{}$  Total of annual notifications of new S+

### Annex 2

# Formulas for Estimating Tuberculosis Incidence, Prevalence and Deaths

Source: Corbett EL, Watt CJ, Walker N et al. The Growing Burden of Tuberculosis. Global Trends and Interactions With the HIV Epidemic. Arch Int Med 2003; 163(9): 1009-1021.

Formulas	Definitions		
1. $I = T/d$ and $I_s = T_s/d_s$	N = Population $I =$ Incidence of TB (No. of new Cases of TB per year)		
2. $P = tI$ and $P_s = t_s I_s$	P = Prevalence of TB		
3. $I_{\mathcal{J}}N = \lambda k$	T = TB case notifications (per year) D = Deaths from $TB$		
4. $D = fl$ and $D_s = fl_s$	<u>IRR</u> = TB incidence rate ratio (TB incidence rate in Human Immunodeficiency [HIV]-Positive persons/TB incidence in HIV-Negative persons)		
5. $I = I_a^* + I_a^- + I_n$ or $I = m_a^+ r_a^+ N_a^+ + m_a^- r_a^- N_a^- + m_a^- r_a^- N_a$	d = Proportion of cases notified (Case detection rate) t = Average duration of TB disease (Years) $\lambda = \text{Rate of infection with } \textit{Mycobacterium tuberculosis}$ (MTB) (Annual rate of infection per person per year) k = Ratio of incidence of smear-positive TB to rate of MTB Infection		
6. $IRR = ma^+ra^+/ma^-ra^- = (la^+/Na^+)/(la^-/Na^-)$	<ul> <li>t = Proportion of TB patients who die from TB</li> <li>(Case fatality rate [CFR])</li> <li>m = Prevalence of infection with MTB</li> </ul>		
7. $I_a^+/I_a = IRR(N_a^+/N_a)/[1+(N_a^-/N_a)(IRR-1)]$	<ul> <li>r = Rate of progression to TB disease in MTB-infected individuals (per person per year)</li> <li>s = Sputum smear-positive TB (no subscript implies all forms)</li> <li>a = Adult (15-49 Years Old)</li> </ul>		
8. $I_a^* = I_a^+ - I_a^- N_a^+ / N_a^-$	n = Other age groups (<15 or >49 Years Old), assumed HIV-uninfected		
9. $D_a^* = D_a^+ - f^- (I^+ - I_a^*)$	<ul><li>+ = HIV positive</li><li>- = HIV negative</li><li>* = Attributable to HIV infection</li></ul>		

## Annex 3 **Statistical Methods**

Rates of change per year in time series were assessed by estimating the slope of the log-transformed rates against time.

The statistical analysis was carried out using the R language<sup>22</sup>, freely downloadable from the internet<sup>23</sup>.

<sup>&</sup>lt;sup>22</sup> Ross Ihaka and Robert Gentleman. R: A language for data analysis and graphics. Journal of Computational and Graphical Statistics, 5(3):299-314, 1996.

<sup>23</sup> http://www.r-project.org



### World Health Organization South-East Asia Region Western Pacific Region