



Address by
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WHO EASTERN MEDITERRANEAN REGION
on the occasion of the
SIXTEENTH MEETING OF NATIONAL TUBERCULOSIS PROGRAMME
MANAGERS IN THE EASTERN MEDITERRANEAN REGION

Cairo, Egypt, 6–8 September 2015

Dear Colleagues, Ladies and Gentlemen,

It gives me great pleasure to welcome you all today to the sixteenth Meeting of National Tuberculosis Programme Managers in the Eastern Mediterranean Region.

I would like to acknowledge and commend your work and commitment to lead the fight against tuberculosis in each of your respective countries. Together we have moved forward and implemented the Stop TB Strategy 2011–15, with significant progress towards achieving the tuberculosis-related targets of the Millennium Development Goals. However, we have a long way to go to meet the target of ending the global tuberculosis epidemic by 2035, as set in the global strategy and targets for tuberculosis prevention, care and control after 2015, endorsed by Member States at the Sixty-seventh World Health Assembly in 2014.

Dear Colleagues,

Around half a million tuberculosis cases were notified in our Region in 2014, with a case detection rate of 58%, meaning that nearly the same number of the estimated cases were missed or not reported. At the same time, the treatment success rate remained at 87%, higher than the global target of 85%, and has been sustained for the past six years. This shows that the quality of tuberculosis care in the Region is being well maintained.

The Eastern Mediterranean Region contributes 6% of the estimated global cases of multidrug-resistant tuberculosis. In 2013 there were 3687 cases of multidrug-resistant tuberculosis detected, against an estimated number of 19 000 cases. Out of these detected cases, we could provide treatment to only 2013. The low proportion of treated cases is the result of weak political commitment, limited financial resources in some countries and suboptimal capacity in countries for the programmatic management of drug-resistant tuberculosis. The multidrug-resistant cases not yet registered for treatment pose the threat of spreading drug-resistant tuberculosis, at a very high cost to our countries and our populations. As well, high dependence on external donors,

primarily the Global Fund, has created sustainability risks for tuberculosis control, as domestic financing for tuberculosis control remains less than 30%. During the next three days we will be reviewing these and other challenges in tuberculosis control in the Region and discussing ways to improve case detection and the management of multidrug-resistant tuberculosis.

One of the current challenges for tuberculosis control is instability in the Region, which has resulted in unprecedented outbreaks of diseases previously under control. Tuberculosis control consequently remains very low among the health priorities in the affected countries. Moreover, the huge population displacement, the destruction of many health facilities, including tuberculosis facilities, and the deterioration of national economies have affected programme performance. One of the implications of this situation is the decrease in case detection, from 63% in 2013 to 58% in 2014. The major challenge in countries with complex emergencies is to maintain tuberculosis control as a high priority health intervention. For these countries, technical and financial support are more important than ever.

WHO has developed guidance to combat tuberculosis in emergencies that can be adapted according to country context. We will be discussing this guidance during the meeting, as well as the latest WHO guidelines for management of latent tuberculosis infection, new medicines for multidrug resistance, contact investigation and tuberculosis control in children.

Another important challenge in the Region is stagnant case notification, particularly in countries with a high burden of tuberculosis. Strategic and innovative interventions are needed to address this challenge. In this regard broader and more strategic partnership with the private sector is more critical than ever. An unregulated and booming private sector in high burden countries should be taken as an opportunity and be used to maximum benefit in the fight against tuberculosis.

Dear Colleagues,

The global strategy and targets for tuberculosis prevention, care and control after 2015 have been endorsed by Member States. My team in the Regional Office is actively engaged with you in the development of your national strategic plans in line with the global strategy. We will be reviewing these plans in our meeting. I am pleased to note that many countries with low tuberculosis burden are ready to embark upon tuberculosis elimination plans. During our meeting we will also discuss the draft regional strategic plan for tuberculosis control for 2016–2020. Here I would like to emphasize one of the key components of the draft strategic plan, universal coverage, which will require involving other stakeholders beyond those who are engaged in health care delivery. There is need to develop and harness stronger coalitions and partnerships in all the countries of our Region. I count on your continued and enhanced commitment and assure you of our support.

I wish you a successful meeting and a pleasant stay in Cairo.

Thank you