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Report on the
**FOURTH INTERREGIONAL MEETING ON THE
TUBERCULOSIS CONTROL INITIATIVE IN THE
COUNTRIES OF THE HORN OF AFRICA**

Nairobi, Kenya, 28–30 September 1999



World Health Organization
Regional Office for the Eastern Mediterranean
Alexandria, Egypt
1999

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1. INTRODUCTION

The Regional Office for the Eastern Mediterranean (EMRO) of the World Health Organization (WHO), in close collaboration with the Regional Office for Africa (AFRO) of WHO and the Ministry of Public Health of Kenya, convened a Fourth Interregional Meeting on the Tuberculosis Control Initiative in the Countries of the Horn of Africa in Nairobi, Kenya, from 28 to 30 September 1999.

The objectives of the meeting were to:

- Monitor the implementation of the recommendations made in the previous meeting for the Horn of Africa Tuberculosis Control Initiative in Djibouti from 24 to 26 April 1997.
- Update the tuberculosis situation analysis for the countries in the Horn of Africa.
- Prepare a joint plan of action for the further promotion of the Horn of Africa Tuberculosis Control Initiative in the participating countries.

The meeting was attended by the directors of national tuberculosis control programmes (NTPs) from the countries in the Horn of Africa, namely Djibouti, Sudan and Somalia, from the Eastern Mediterranean Region, and Eritrea, Ethiopia and Kenya from the African Region. The director of Uganda could not attend the meeting. WHO representatives for Djibouti, Eritrea, Somalia and Sudan and their counterpart for Ethiopia as well as WHO staff from AFRO and EMRO attended the meeting. Observers from concerned agencies and nongovernmental organizations (NGOs) in Kenya and Somalia also attended the meeting. The programme of the meeting is included in Annex 1 and the list of participants is in Annex 2.

The meeting was addressed by His Excellency Dr Sam K. Ogeri, Minister of Public Health, Kenya. Dr R. Chatora, WHO Representative for Kenya, delivered a message from Dr Ebrahim M. Samba, WHO Regional Director for Africa, and Dr Najibullah Mojadidi, WHO Representative to Somalia, delivered a message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean.

Dr Samba, the WHO Regional Director of Africa, expressed his welcome to the participants of the meeting in his message. Dr Samba underscored the serious magnitude of tuberculosis in the world and particularly in Africa. He urged the participants to utilize the Direct Observation of Treatment, Short-Course (DOTS) strategy to control the serious epidemic of tuberculosis. In this connection, Dr Samba expressed his appreciation for the effort made by the national tuberculosis programme of Kenya, which had done very well in controlling tuberculosis with DOTS.

Dr Samba, however, indicated that serious challenges remained in ensuring DOTS coverage, especially in remote areas. There were no natural borders such as rivers or lakes between countries in the Horn of Africa. People moved freely across borders, and in many cases members of the same family lived across the borders. This movement of people

required countries to collaborate and undertake joint planning exercises in order to work together to contain tuberculosis. Dr Samba stated that for this reason the current interregional meeting for the Horn of Africa was applauded. Dr Samba closed his message by pledging his continued support to the Horn of Africa Tuberculosis Control Initiative.

Dr Gezairy, the WHO Regional Director for the Eastern Mediterranean, welcomed the participants to the meeting in his message. Dr Gezairy highlighted the importance of the Horn of Africa Tuberculosis Control Initiative (HATCI) as the first interregional initiative to deal with tuberculosis problems common to participating countries, particularly tuberculosis control among mobile populations. He acknowledged the joint plan of action for cross-border tuberculosis control prepared in the last year's meeting and expressed his eagerness to learn the implementation status of the plan.

In this connection, Dr Gezairy stressed that the current meeting was critical to the real success of the Initiative. Countries needed to have clear idea of how to implement the cross-border activities successfully throughout the area. There had been good momentum in the Initiative, he said, however it should result in real work in the field. Dr Gezairy wished the participants a successful meeting and closed his message.

Dr Onger, Minister of Public Health for Kenya, welcomed the participants and expressed the support of the Ministry of Public Health for the Horn of Africa Tuberculosis Control Initiative. Dr Onger stressed the seriousness of the epidemic of tuberculosis in Africa and expressed his appreciation to the World Health Organization for supporting the meeting and bringing together national managers of tuberculosis programmes to lay down strategies to control and harmonize the treatment of tuberculosis across the common borders.

Dr Onger stated that tuberculosis was increasing in Kenya by 20% every year. Last year alone, he said, the national programme documented 50 000 cases of tuberculosis and cost the programme over KES 120 million (equivalent to USD 1.6 million). Some of the hospitals in Northern Kenya near the borders had over 50% bed occupancy being taken by tuberculosis patients alone. This had forced the Ministry of Public Health to put up tuberculosis *manyatta* near hospitals in order to cope with the large number of patients. Several patients travelled across the borders in search of treatment.

Dr Onger therefore urged the participants to work out treatment protocols that would allow patient transfers across the borders without interrupting the treatments. Dr Onger closed his address by expressing his support to the participants' effort to map out implementable strategies for tuberculosis control in the countries of the Horn of Africa.

2. PLENARY ON THE REVIEW OF THE OUTCOME OF THE MEETING ON THE HORN OF AFRICA TUBERCULOSIS CONTROL INITIATIVE IN 1998

The participants reviewed the activities of the Horn of Africa Tuberculosis Control Initiative (HATCI) with the help of Dr Asma El Sony, coordinator of the Horn of Africa Tuberculosis Control Initiative (HATCI) and director of the national tuberculosis control

programme of Sudan. The review focused on the recommendations and the joint HATCI plans of action prepared in the previous meeting of the initiative that took place in April 1998.

The key points of the recommendations prepared in 1998 were as follows. The full description of these recommendations is attached as Annex 3:

- HATCI is the technical body to provide necessary advice to the Horn of Africa Initiative (HOAI).
- National tuberculosis programmes of the participating countries should implement all five components of the DOTS strategy nationwide (DOTS ALL OVER).
- National tuberculosis programmes should achieve high performance of work such as 75–85% of the sputum positivity among the detected pulmonary cases of tuberculosis and 85% of the treatment success rate.
- National tuberculosis programmes should give priority to border communities in the implementation of the DOTS strategy.
- In the DOTS implementation at the border communities, basic health services and cross-border communications should be strengthened.

The joint plans of action prepared in 1998 focused on the cross-border tuberculosis control activities by choosing the following triangular border areas:

- Eritrea, Ethiopia and Sudan
- Djibouti, Ethiopia and Somalia
- Ethiopia, Kenya and Somalia
- Djibouti, Eritrea and Ethiopia
- Kenya, Sudan and Uganda.

The timetable for the initiation of the cross-border tuberculosis control activities in the above areas follows. It was understood in the meeting of 1998 that the timing of the start of each activity would be different by triangular areas because of different social, economic and security situations.

Table 1. Plan of action prepared in 1998

| <u>Time</u> | <u>Activity</u> | <u>Responsible Body</u> |
|-------------------------|---|-------------------------|
| April 1998 | Official introduction of plan of action and recommendations to MOH, UNHCR, etc. | NTPs |
| June 1998 | Field assessment Preparation of training materials (WHO modules, interagency field manual) | NTPs |
| August 1998 (1 week) | Training of health personnel, printing and distribution of transfer form, recording/reporting forms, distribution of stationery | NTPs, WHO |

| <u>Time</u> | <u>Activity</u> | <u>Responsible Body</u> |
|-------------------|---------------------------------------|--------------------------|
| September 1998 | Launching of the project in the sites | NTPs, WHO, NGOs, etc. |
| January 1999 | Evaluation of the project | NTPs, WHO |
| February 1999 | Plan for expansion of the project | NTPs, WHO |

3. HORN OF AFRICA INITIATIVE

The participants reviewed the Horn of Africa Initiative (HOAI) with the help of Dr Cesare Forni, coordinator for the Horn of Africa Initiative.

3.1 Background

The health and safety of people who live in border areas are widely neglected. The remoteness and prevalent pastoral lifestyle of many communities living near international borders in the Horn of Africa makes it difficult to provide them with services, while these populations sustain a large reservoir for a number of communicable diseases. Therefore the risk of transmission within and across the borders is high.

For adequate disease control in border areas, there is an urgent need for collaboration and coordination between bordering countries. Health Ministers of countries in the Horn of Africa shared this concern during a conference on public health held in Addis Ababa in March 1998 and signed a protocol for cooperation. The protocol called for intercountry collaboration for cross-border control of priority health problems.

WHO was requested to facilitate relevant provisions and the Government of Italy granted USD 1.4 million to WHO for the implementation of the plan. Istituto Superiore di Sanita, in Italy, was to provide technical assistance.

3.2 Achievements

In July 1998 one WHO professional staff person was posted in the office of the WHO Representative to Ethiopia in Addis Ababa to be in charge of the programmes. Since then operational cross-border areas have been identified (Djibouti, Somalia, Ethiopia, Kenya), baseline surveys have been conducted in the operational areas, cross-border health committees (CBHC) have been established and the project has gained recognition and interest at regional and international levels.

In March 1999, after a technical review, AFRO, EMRO and WHO headquarters noted that a number of laudable achievements has been made and recommended that the project be extended until December 1999, that additional funding be sought to cover activities beyond that date and that a 6-month plan of work be approved.

From April to June 1999 communication and medical equipment were provided to health facilities in the operational areas and training needs were identified. Joint cross-border harmonization and training activities have been going on since July 1999, covering health information systems, programmes and case management of major communicable diseases. Training will be completed in December 1999. At that time the tools required for operational cross-border disease control will be in place, namely:

- Intercountry consensus for collaboration on health
- Institutional and technical arrangements
- Human resources capacity
- Material support to border health facilities
- Cross-border information/communication network
- Interagency collaboration.

As an added value beyond communicable disease control, the programme has established a cross-border channel for collaboration in areas of the Horn of Africa where natural disasters, conflicts and civil unrest perpetuate instability and vulnerability. The potential for this channel to facilitate other areas for intercountry and interagency collaboration is high and includes area-based development, early warning, health and nutrition management in emergencies and health as a bridge for peace activities.

3.3 Looking ahead

To establish sustainable intercountry cross-border cooperation in humanitarian action is a long and different process. Moreover, the natural socioeconomic and political context prevailing in the Horn of Africa adds additional challenges. A programme life span of about six years is required to consolidate achievements, expand activities and ensure preparedness and response to any possible contingency that can occur in such an unstable Region.

Subject to funds availability, HOAI in the next three years could consider consolidating achievements, expanding activities to other geographical areas, establishing a subregional information/communication network, and facilitating rapid transition from post conflict settings to rehabilitation/development in identified border areas.

4. THE WORKSHOPS IN HARGEISA AND MOYALE, AUGUST 1999

The participants reviewed activities in the two sessions of the workshop on harmonization of case management and health information systems of tuberculosis, malaria and diarrhoeal diseases. The sessions were held in Hargeisa, Somalia, 2–6 August 1999, and in Moyale, Ethiopia, 30 August–3 September 1999. The workshops were held with the support of the Horn of Africa Initiative.

The Horn of Africa Initiative has started a number of cross-border activities for the control of communicable diseases. Through the activities it has been recognized that harmonization of tools and guidelines and identification of channels for information exchange are much needed among participating countries. In response, the initiative organized the two workshops.

The workshops aimed to achieve the following objectives: make inventory of health facilities and identify contact health workers for cross-border activities; develop cross-border patient transfer form; develop forms and identify a list of channels for information exchange; and elaborate instructional guidelines for the management of cross-border transferred patients.

The workshop in Hargeisa, Somalia, was attended by participants from three countries: Djibouti, Somali Regional State of Ethiopia and North-West Somalia (Somaliland). The workshop in Moyale, Ethiopia, was attended by participants from Ethiopia and Kenya. In the workshops the participants were divided into two groups: one for tuberculosis and the other for malaria and diarrhoea, and carried out group exercises to meet the above objectives.

The group for tuberculosis in both workshops developed a plan of implementation for cross-border tuberculosis patient transfer activities. The plan contained the following activities:

- Debriefing of national health authorities
- Strengthening of communication network
- Orientation seminar on developed forms and guidelines
- Reproduction and distribution of developed forms and guidelines
- Implementation of official cross-border patient transfer
- Supervisory visits to designated cross-border tuberculosis patient transfer health facilities in respective countries
- Information exchange/feedback reports on transferred patients
- Cross-border review meetings.

The participants acknowledged the good outcome of the workshops as potential model projects for cross-border tuberculosis activities in HATCI. The participants also acknowledged that the workshops took place successfully through close collaboration between the concerned national authorities, HATCI and the Horn of Africa Initiative. In light of this, the participants stressed the importance of the close collaboration between HATCI and HOAI and emphasized that the plans of action prepared in the workshops should be implemented.

5. COUNTRY PRESENTATIONS

The participating countries presented their tuberculosis situation and tuberculosis control activities by highlighting the status of DOTS implementation and the implementation status of the plans of action on tuberculosis control for mobile populations prepared in 1998. Tables 1–4 show summaries of the country presentations.

In the plenary discussions after the country presentations, the participants noted the following issues in terms of the Horn of Africa Tuberculosis Control Initiative:

National tuberculosis programmes

Good progress was observed in terms of DOTS implementation and expansion. Djibouti and Kenya have achieved DOTS ALL OVER. Other participating countries, Eritrea, Ethiopia, Somalia and Sudan, have expanded DOTS coverage during the last year.

DOTS project areas have produced satisfactory results in general: e.g. 75% to 90% treatment success rate. However, as represented in the case of Ethiopia, smear positivity among pulmonary cases of tuberculosis is still low. This indicates that the laboratory network in tuberculosis control is still weak and/or that doctors do not give due priority to smear examinations in the diagnosis of tuberculosis.

Cross-border tuberculosis control activities

Two workshops were successfully held in Hargeisa and Moyale in August 1999 and projects are expected to start in October 1999. Good collaboration between HATCI and HOAI was established during these two workshops. This collaboration is essential for the sustainable promotion of HATCI.

Border areas were given an equal opportunity in the implementation of DOTS. In Ethiopia, for instance, DOTS was implemented in one border area in 1999, although it was not in the original DOTS expansion plan of Ethiopia for 1999.

No action has yet taken place in the field, however, although the action plan prepared in 1998 called for cross-border activities to start in early 1999. No cross-border patients have been registered nor treated to date.

**Table 1. Demography in the countries of the Horn of Africa
(data from the meeting in 1998)**

| | Djibouti | Eritrea | Ethiopia | Kenya | Somalia | Sudan | Uganda |
|---------------------------|----------|---------|----------|-------|---------|-------|--------|
| General population | | | | | | | |
| Population (million) | 0.6 | 2.5 | 56.0 | 28.3 | 5.8 | 28.1 | 21.9 |
| % urban | 85% | 20% | 14% | 28% | N.A. | 24% | 13% |
| Mobile population | | | | | | | |
| Total: (× 1000) | 150 | 250 | 860 | 8500 | 261 | 6000 | 900 |
| Displaced (× 1000) | 50 | - | - | 4300 | 55 | 4800 | - |
| Refugees (× 1000) | 25 | - | 300 | 252 | 200 | 394 | 265 |
| Nomads (× 1000) | 78 | 250 | 560 | 4000 | 6 | 1800 | 630 |

N.A.: Information is not available

Table 2. Tuberculosis situation (general)

| | Djibouti | Eritrea | Ethiopia | Kenya | Somalia | Sudan | Uganda |
|--|----------|---------|----------|---------------------|---------|--------|--------|
| Epidemiology (1998) | | | | | | | |
| ARI (%) | 2.8 | 2 | 2 | 1.1 | 4 | 1.8 | 2.2 |
| Estimated tuberculosis (S+) | 900 | 3 000 | 75 000 | 15 600 | 12 500 | 27 900 | 26 400 |
| Estimated tuberculosis (All) | 1 800 | 6 000 | 15 500 | 31 000 | 22 800 | 50 600 | 48 000 |
| Case detection in the country (1998) | | | | | | | |
| All cases | 1697 | 8000 | N.A. | 102 88 ¹ | 4071 | 22 762 | N.A. |
| Smear (+) | 890 | 600 | N.A. | 66 96 ¹ | 3121 | 10 791 | N.A. |
| M/F (%) | 1.9:1 | 1:1 | N.A. | 1.6:1 | 2:1 | 1.4:1 | N.A. |
| Treatment outcome in the country (1997) | | | | | | | |
| Cured | 1024 | N.A. | N.A. | 10 073 | 2332 | 3125 | N.A. |
| Completed | 413 | N.A. | N.A. | 2324 | 180 | 1579 | N.A. |
| Died | 48 | N.A. | N.A. | 917 | 103 | 284 | N.A. |
| Failure | 18 | N.A. | N.A. | 96 | 37 | 264 | N.A. |
| Defaulted | 389 | N.A. | N.A. | 1414 | 103 | 1166 | N.A. |
| Transfer | 4 | N.A. | N.A. | 1271 | 24 | 403 | N.A. |
| HIV seroprevalence (data from the 1998 meeting) | | | | | | | |
| General population | 3% | 1.5% | 5-7% | 8% | N.A. | 0.5-2% | 12% |
| tuberculosis cases | 16.8% | 6.9% | 30-50% | 40% | N.A. | 9% | 65% |

ARI: Annual risk of tuberculosis infection
 S+: Smear positive pulmonary tuberculosis
 N.A.: Information is not available

¹: data of the first half of 1998
 M/F: male and female ratio
 HIV: Human Immunodeficiency Virus

Table 3. DOTS implementation

| | Djibouti | Eritrea | Ethiopia | Kenya | Somalia | Sudan | Uganda |
|---|----------|---------|----------|--------|---------|-------|--------|
| DOTS implementation | | | | | | | |
| When started | 1996 | 1996 | 1992 | 1976 | 1995 | 1995 | 1996 |
| Current Coverage | 100% | 60% | 60% | 100% | 48% | 70% | N.A. |
| Case detection in DOTS areas (1998) | | | | | | | |
| All cases | 1 697 | 1 200 | 70 093 | 49 413 | 4320 | 7199 | N.A. |
| Smear (+) | 890 | 600 | 18 925 | 24 029 | 3121 | 4199 | N.A. |
| Sputum smear conversion rate (1997) | | | | | | | |
| % | 98% | N.A. | 97% | 82% | 90% | 80% | N.A. |
| Treatment outcome in DOTS areas (1997) | | | | | | | |
| Cured | 1024 | 340 | 5118 | 10 073 | 2332 | | N.A. |
| Completed | 413 | 5 | 656 | 2324 | 180 | | N.A. |
| Died | 48 | 5 | 554 | 917 | 103 | | N.A. |
| Failure | 18 | 2 | 114 | 96 | 37 | | N.A. |
| Defaulted | 389 | - | 1145 | 1414 | 103 | | N.A. |
| Transfer | 4 | 8 | 450 | 1271 | 24 | | N.A. |

N.A.: Information is not available

Table 4. Implementation status of the plans of action prepared in 1998 on cross-border tuberculosis control activities

| Triangular border areas | Implementation status | Remarks |
|-----------------------------|--|---|
| Djibouti, Ethiopia, Somalia | Hargeisa workshop was held. Expected to start from October 1999 | See the above chapter 4. |
| Ethiopia, Kenya, Somalia | Moyale workshop was held for Ethiopia and Kenya. Expected to start from October 1999 | See the above chapter 4. Bordering Somalia area has no security stability |
| Eritrea, Ethiopia, Sudan | No activity yet | Conflict between Eritrea and Ethiopia |
| Djibouti, Eritrea, Ethiopia | No activity yet | Conflict between Eritrea and Ethiopia |
| Kenya, Sudan, Uganda | No activity yet | Operational Life Line for Southern Sudan has yet to have strong tuberculosis control activity |

6. PREPARATION FOR PLANS OF ACTION FOR THE HORN OF AFRICA TUBERCULOSIS CONTROL INITIATIVE

Along with the above plenary discussions, participants prepared joint HATCI plans of action focusing on two main areas of work, intercountry activities and cross-border activities.

For the intercountry activities, the national managers of tuberculosis control programmes in the participating countries prepared a joint plan of action with the help of Dr Abdourahamane Sow, WHO Representative to Djibouti.

For the cross-border activities the participants were divided into the following groups so that all triangular border areas would be included in the plans:

- Eritrea, Ethiopia and Sudan
- Ethiopia, Kenya and Somalia
- Djibouti, Eritrea and Ethiopia
- Kenya and Sudan.

The plan of action prepared in the workshop in Hargeisa was used as template for the action plan development.

7. PLAN OF ACTION ON INTERCOUNTRY ACTIVITIES IN THE HORN OF AFRICA TUBERCULOSIS CONTROL INITIATIVE

The participants identified the need to convene the following five intercountry meetings in the next biennium (2000–2001). Of them, the first three meetings were proposed to take place in the year 2000 and another two meetings should take place in the year 2001.

a) Fifth interregional meeting on the tuberculosis control initiative for the countries of the Horn of Africa (2000)

Objectives: Monitor progress of DOTS implementation in the HATCI countries, monitor the implementation of the joint plans of action on tuberculosis for border areas, monitor the implementation of the recommendations made in the previous HATCI meeting in Nairobi in September 1999, and prepare plans of action for improvement and expansion of the DOTS strategy.

b) Meeting on development/harmonization of basic microscopy services for tuberculosis control (2000)

Objectives: Complete an inventory of existing microscopy services (staff, equipment, supplies and quality control), harmonize microscopy procedures (training and basic equipment), and develop and standardize quality control of smear microscopy.

c) Meeting on tuberculosis control training in educational institutions for health professionals (2000)

Objectives: Identify the new educational objectives in line with the guidelines of national tuberculosis programmes, adapt training tools and curricula to educational objectives, and implement a task force for tuberculosis control in each educational institution.

d) Meeting on optimization of the management information system on tuberculosis control (2001)

Objectives: Identify the minimum required tuberculosis data as a part of an integrated national Management and Health Information System (MIS), identify specific data to be collected by the national tuberculosis programmes, develop guidelines for feedback of information to the peripheral level, and develop a system of communication on the performance of national tuberculosis programmes such as the DOTS QUARTERLY FAX.

e) Meeting on improvement and harmonization of anti-tuberculosis drug management (2001)

Objectives: Identify the existing situation of anti-tuberculosis drugs supply in the different countries, update knowledge on selection of anti-tuberculosis drugs and procurement procedures, promote the use of fixed dose combination of anti-tuberculosis drugs of proven quality and bioavailability, and explore the feasibility of joint procurement of anti-tuberculosis drugs.

8. PLAN OF ACTION ON CROSS-BORDER ACTIVITIES IN THE HORN OF AFRICA TUBERCULOSIS CONTROL INITIATIVE

A plan of action was prepared for each triangular area by using the workshops in Hargeisa and Moyale as examples. The participants identified activities, time, indicators, responsibility, funds and possible financial sources in the plans.

8.1 Border areas between Djibouti, Ethiopia and Somalia

| Activity | Time | Indicator | Responsibility | Funds (US\$) | Possible financial source |
|---|---|--|--|--------------|---------------------------------------|
| Debriefing of national health authorities | Mid-August 1999 | Letters of endorsement from relevant authorities | Cross-border health committee (CBHC) leaders | - | - |
| Strengthening of communication network | Ongoing | Fax machines and photocopiers delivered, radio communication established | HOAI project coordinator and WHO country offices | 15 000 | HOAI |
| Orientation seminar on developed forms and guidelines | August/September 1999 | Seminar report | WHO country offices and cross-border tuberculosis coordinators | 3000 | HOAI/WHO |
| Reproduction and distribution of developed forms and guidelines | August/September 1999 | Forms and guidelines available in designated health facilities | WHO country offices and cross-border tuberculosis coordinators | 3000 | HOAI/WHO |
| Implementation of official cross-border patient transfer | 1 October 1999 | Number of tuberculosis patients transferred/received | Cross-border tuberculosis coordinators, CBHC leaders | - | - |
| Supervisory visits to designated cross-border tuberculosis patient transfer health facilities in respective countries | Every two months (starting December 1999) | Report on supervisory visits | Cross-border tuberculosis coordinators | 10 000 | National tuberculosis programmes WHO |
| Information exchange/feedback reports on transferred patients | Quarterly (starting 4th quarter 1999) | Quarterly feedback reports circulated and received | Cross-border tuberculosis coordinators and CBHC leaders | - | - |
| Cross-border review meetings | Initially quarterly (January 2000) | Review meeting reports | HOAI project coordinator | 6000 | National tuberculosis programmes, WHO |

8.2 Border areas between Ethiopia and Kenya

| Activity | Time | Indicator | Responsibility | Funds (US\$) | Possible financial source |
|---|----------------------------------|--|--|--------------|---------------------------------------|
| Preparation of guidelines | September 1999 | Published guidelines | WHO/HOAI | - | - |
| Reproduction and distribution of developed forms and guidelines | October 1999 | Forms and guidelines available in designated health facilities | WHO country offices and cross-border tuberculosis coordinators | 3000 | HOAI/WHO |
| Orientation seminar on developed forms and guidelines | November 1999 | Seminar report | WHO country offices and cross-border tuberculosis coordinators | 3000 | HOAI/WHO |
| Implementation of official cross-border patient transfer | December 1999 | Number of tuberculosis patients transferred/received | Cross-border tuberculosis coordinators, CBHC team leaders | - | - |
| Gradual identification of diagnostic and treatment units | Ongoing 1999 | Identified health facilities | Cross-border tuberculosis coordinators, CBHC team leaders | - | - |
| Cross-border review meetings | Initially quarterly (April 2000) | Review meeting reports | HOAI project coordinator | 6000 | National tuberculosis programmes, WHO |
| Program evaluation by consultants | February 2000 | Evaluation reports | HOAI project coordinator | - | - |

8.3 Border areas between Ethiopia (Eli Dar), Eritrea (Assab) and Djibouti (Tadjourah)

| Activity | Time | Indicator | Responsibility | Funds (US\$) | Possible financial source |
|---|------------------|---|------------------------------|--------------|---------------------------|
| Advocate for political will | October 1999 | Letters of endorsement from relevant authorities | Ministries of Health | - | - |
| Create awareness, obtained consensus and support from concerned national authorities | October 1999 | Awareness created. Letters of endorsement from relevant authorities | Ministries of Health | - | - |
| Briefing for local authorities, communities and seek support for border clearance and cross-border communications | November 1999 | Letters of endorsement from local authorities | Ministries of Health | 3000 | WHO/HOAI |
| Establish cross-border health committee and nominate cross-border tuberculosis coordinators | November 1999 | Established cross-border health committees and nominated cross-border tuberculosis coordinators | Ministries of Health | - | - |
| Assessment of cross-border areas | December 1999 | Report of assessment | Ministries of Health and WHO | 5000 | HOAI/WHO |
| Cross intercountry micro-planning meeting | 1st quarter 2000 | Report of the cross-border micro-planning meeting | Ministries of Health and WHO | 15 000 | HOAI/WHO |

8.4 Border areas between Ethiopia (Humera), Eritrea (Omahajer) and Sudan (Gagora)

| Activity | Time | Indicator | Responsibility | Funds (US\$) | Possible financial source |
|---|---------------|---|------------------------------|--------------|---------------------------|
| Advocate for political will | January 2000 | Letters of endorsement from relevant authorities | Ministries of Health | - | - |
| Create awareness, obtained consensus and support from concerned national authorities | February 2000 | Awareness created. Letters of endorsement from relevant authorities | Ministries of Health | - | - |
| Briefing for local authorities, communities and seek support for border clearance and cross-border communications | March 2000 | Letters of endorsement from local authorities | Ministries of Health | 3000 | WHO/HOAI |
| Establish cross-border health committee and nominate cross-border tuberculosis coordinators | April 2000 | Established cross-border health committees and nominated cross-border tuberculosis coordinators | Ministries of Health | - | - |
| Assessment of cross-border areas | April 2000 | Report of assessment | Ministries of Health and WHO | 5000 | HOAI/WHO |
| Intercountry micro-planning meeting | June 2000 | Report of the cross-border micro-planning meeting | Ministries of Health and WHO | 15 000 | HOAI/WHO |

8.5 Border areas between Kenya and Sudan

| Activity | Time | Indicator | Responsibility | Funds (US\$) | Possible financial source |
|--|----------------|--|--|--------------|---|
| Official introduction of plan of action and recommendations to Ministry of Health, UNHCR, NGOs | October 1999 | Letters of endorsement from relevant authorities | Ministries of Health | - | - |
| Field assessment preparation of training materials | January 2000 | Preparation of training materials | National tuberculosis programmes, UNHCR, NGOs, WHO | 4500 | National tuberculosis programmes, WHO, donors |
| Training of health personnel and distribution of forms | March 2000 | Trained personnel | National tuberculosis programmes, UNHCR, NGOs, WHO | 6520 | National tuberculosis programmes, WHO, donors |
| Launch the project in sites | May 2000 | Project in place | National tuberculosis programmes, UNHCR, NGOs, WHO | 4500 | National tuberculosis programmes, WHO, donors |
| Evaluation of projects | September 2000 | Smear conversion rate, treatment success rate | National tuberculosis programmes, UNHCR, NGOs, WHO | 4500 | National tuberculosis programmes, WHO, donors |
| Plan of expansion of the projects | September 2000 | Plan of action | National tuberculosis programmes, UNHCR, NGOs, WHO | 15 000 | National tuberculosis programmes, WHO, donors |

9. RECOMMENDATIONS

Recognizing the serious magnitude of tuberculosis throughout the countries of the Horn of Africa and the need to strengthen intercountry collaboration in tuberculosis control, the participants reiterated their commitment to further promote HATCI and continue to implement the recommendations prepared in the previous HATCI meeting of April 1998. The participants acknowledged the outcome of the two sessions of the workshop on harmonization of case management and health information systems of tuberculosis, malaria and diarrhoeal diseases, in Hargeisa, Somalia (2–6 August 1999), and Moyale, Ethiopia (30 August–3 September 1999), which took place through successful collaboration between the concerned national authorities, HATCI and the Horn of Africa Initiative (HOAI). The participants also underlined that the plans of action prepared in the workshops should be implemented.

In light of the above, the participants of the meeting, with the help of the WHO secretariat, developed the following recommendations for the further promotion of the Horn of Africa Tuberculosis Control Initiative (HATCI):

1. There should be institutional mechanisms to strengthen collaboration between HATCI and HOAI at intercountry and national levels. In this regard, the capacity of the HATCI secretariat needs strengthening. The participants reiterated that the presence of the strong HATCI–HOAI collaboration is essential to undertake the following important activities for the promotion of HATCI:
2. With the recognition that cross-border tuberculosis control is an important area of work in the Horn of Africa:
 - The participants will request Ministries of Health and concerned national authorities in their countries as well as international agencies, in particular WHO, to provide necessary assistance including financial support for the implementation of the plans of action on cross-border activities prepared in the meeting.
 - In this connection, the participants underlined the strengthening of tuberculosis control in border areas is important and recommended that NTPs give equal opportunity to border areas in the expansion of DOTS.
3. In order to facilitate the regular information exchange, the participants recommended to introduce the HATCI QUARTERLY DOTS FAX, which each participating country will complete and send to the HATCI coordinator.
4. With the recognition that tuberculosis control needs further strengthening in line with the DOTS strategy in the Horn of Africa, intercountry workshops on the following subjects need to be carried out in the next biennium, 2000–2001 after due preparation:
 - Development/harmonization of basic microscopy services for tuberculosis control.

- Tuberculosis control training in educational institutions for health professionals.
 - Optimization of the management of information system on tuberculosis control.
 - Improvement and harmonization of anti-tuberculosis drug management.
5. In order to monitor the implementation of the above activities, the participants underlined the importance of continuing the annual HATCI meeting in conjunction with the HOAI meetings.

10. FINAL DISCUSSIONS AND CLOSING

The participants and the WHO secretariat have acknowledged the progress made in the Horn of Africa Tuberculosis Control Initiative. Although the progress was not as extensive as expected, it was still satisfactory given the difficult social, economic and security situations in the Horn of Africa.

The participants reiterated that in order to ensure good progress in the Horn of Africa Tuberculosis Control Initiative, close collaboration with the Horn of Africa Initiative was needed at all levels, particularly at intercountry and national levels. Each participating country should consider the Horn of Africa Tuberculosis Control Initiative as its national initiative and not an initiative started by WHO. This was seen as essential in terms of the sustainability of this important initiative. Dr Mojadidi, WHO Representative to Somalia, emphasized the above points and closed the meeting.

Annex 1

PROGRAMME

Tuesday, 28 September 1999

- 08:30–09:00 Registration
- 09:00–09:30 Opening session
Message from Dr Ebrahim M. Samba, WHO Regional Director for Africa
Message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean
Message from Dr Sam K. Onger, Minister of Public Health, Kenya
Introduction of participants
Objectives and method of work
- 09:30–10:00 Plenary session
Joint Plan of Action for HATCI prepared in 1998
Dr Asma El Sony, HATCI Secretariat
- 10:00–10:30 Horn of Africa Initiative
Dr Cesare Forni, HOAI Coordinator
- 10:30–11:30 Outcome of the workshop in Hargeisa, August 1999 (attended by Djibouti, Ethiopia and Somalia)
- 11:30–14:00 Country presentations in three groups:
Implementation status of the plan of action
- 14:00–16:00 Plenary discussions and summarization of the implementation status of the plans of action based on the country presentations

Wednesday, 29 September 1999

- 09:00–09:30 Guidelines for developing HATCI plan of action for 1999–2000
Dr P. Chaulet, EMRO
- 09:30–14:00 Group work on the development of joint plan of action for HATCI

Thursday, 30 September 1999

- 09:00–10:30 Plenary session: presentation and finalization of the joint plan of action for HATCI 1999–2000
- 10:30–11:00 Recommendations development
- 11:00–11:30 Final discussions and closing

Annex 2

LIST OF PARTICIPANTS

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Djibouti

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Djibouti

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Ministry of Health
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Southern Sudan

WHO SECRETARIAT

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Dr Giuliano Gargion, Medical Officer, Tuberculosis Control, WHO/Uganda

Dr Pierre Chaulet, Temporary Adviser, WHO/EMRO

Dr Cesare Forni, Horn of Africa Initiative Coordinator, WHO

Dr Amin Noman, Temporary Adviser, WHO/EMRO

Ms Engy Hamdy, Secretary, Stop Tuberculosis, WHO/EMRO

Annex 3

**RECOMMENDATIONS OF THE THIRD INTERREGIONAL MEETING ON
TUBERCULOSIS CONTROL FOR THE COUNTRIES IN THE HORN OF AFRICA,
NAIROBI, KENYA: 1-2 APRIL 1998**

The participants of the meeting developed with the help of the WHO secretariat the following recommendations for the further promotion of the Horn of Africa Tuberculosis Control Initiative (HATCI).

In accordance with the special provision in chapter III of the PROTOCOL FOR COOPERATION for Prevention and Control of Major Public Health Problems in Countries of the Horn of Africa, developed during the meeting of the Health Ministers in the countries of the Horn of Africa, in Addis Ababa, Ethiopia, 2-6 March 1998, the participants understood that HATCI is the technical body to provide the necessary advice to implement the protocol for cooperation in terms of tuberculosis control.

Furthermore, participants also agreed that:

1. DOTS is a five-component strategy consisting of:
 - a) political commitment and a strong national tuberculosis control programme
 - b) passive case-finding by direct sputum microscopy
 - c) use of a standardized short-course chemotherapy under direct observation of a health worker or other treatment supporter
 - d) regular availability of anti-tuberculosis drugs
 - e) establishment of a monitoring system based on a standardized recording and reporting system.

Hence the implementation of DOTS must necessarily include all of these five components.

2. Border communities must be considered as part of the NTP and should receive priority in the expansion of the implementation of DOTS.
3. These communities are often poorly supported with health services and so countries need to strengthen the overall public health services in these areas.
4. NTPs must begin to apply the interagency manual on tuberculosis control among refugee populations and the impact of this activity must be evaluated. More multidisciplinary resources are needed for adaptation of DOTS in nomadic and semi-nomadic groups.
5. The ultimate goal for all countries is to have DOTS implemented everywhere. This must be done with satisfactory case-finding and treatment outcome to ensure its effectiveness.

6. As a general guideline to efficient programme performance, it must be noted that in a well-functioning NTP, approximately 75% to 85% of pulmonary tuberculosis cases are smear-positive, and smear-positive cases generally constitute more than 50% of all tuberculosis cases. A satisfactory intermediate treatment outcome is a smear conversion rate of 85%; and the final treatment outcome is an 85% treatment success rate.
7. In the expansion of DOTS, the following key components must be considered in preparing plans of action:
 - Strengthening of the basic services (development of database):
 - identification of districts in border areas
 - assessment of the size of the population and health infrastructure in the area (i.e. human resources, microscopy laboratories, etc.)
 - defining of what resources are needed to strengthen/establish DOTS
 - defining of training needs for DOTS implementation, i.e. refresher courses for different cadres of health workers, etc.
 - Strengthening of communication across borders:
 - use of radio communication systems, faxes
 - regular meeting of responsible staff on both sides of border
 - sharing of quarterly reports across borders
 - separate cohort analysis must be established for the DOTS programme in these districts.
 - Patients must receive the initial phase of treatment in one border area; transfer of such patients must be done preferably after the initial phase of treatment with the recommended transfer form, to continue with the recommended regimen in the receiving area; patients on such transfers must be given enough supply of drugs to last them for the duration it will take them to reach the receiving border town (in line with the guidelines in the interagency manual).
 - The use of fixed-dose combination drugs must be encouraged in such areas. The ease of administering these drugs may be enhanced further by the use of blister packs. A recommended regimen is as follows:

2RHZ+S/E followed by: 6HE

- Joint procurement of drugs is encouraged in all participating countries through the appropriate channels. This will ensure high quality drugs, and has an additional possibility of lowering drug prices. The sale of single anti-tuberculosis drugs must be discouraged.

All these activities need financial support. WHO is requested to look for these resources and an appeal should be launched from this meeting to raise such funds for the implementation of these plans of action.

- 8. In accordance with the special provision in the PROTOCOL FOR COOPERATION mentioned above, the participants of this meeting have developed plans of action to implement the DOTS strategy, particularly for the intercountry cross-border collaboration. These plans have duly been endorsed by the meeting. We hereby request the endorsement of these plans by the Health Ministers of the respective countries in the Horn of Africa.**

