

附 属 資 料

ミニッツ

全国結核会議資料

本調査団に関する新聞記事(The Cambodia Daily、3 月 21 日付)

The Minutes of Discussions

Between

The Japanese Project Consultation Team And
The Authorities Concerned Of The Government Of
The Kingdom Of Cambodia

On

The Japanese Technical Cooperation
For The National Tuberculosis Control Project

The Japanese Project Consultation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Toru Mori visited the Kingdom of Cambodia for the purpose of working out the details of the Technical Cooperation Program concerning the National Tuberculosis Control Project in the Kingdom of Cambodia.

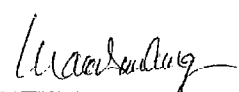
During its stay in the Kingdom of Cambodia, the team exchanged views and had a series of discussions with the authorities concerned of the Kingdom of Cambodia in respect of desirable measures to be taken by both Governments for the successful implementation of the above-mentioned Project.

As a result of the discussions, the Team and the authorities concerned of the Kingdom of Cambodia agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

Phnom Penh, March 23rd, 2001



Dr. Toru Mori
Leader,
Japanese Project Consultation Team
Japan International Cooperation Agency
Japan



Dr. Mam Bunheng
Secretary of State for Health
Kingdom of Cambodia

Mission Report on The National Tuberculosis Control Project

by Dr. Toru Mori

Leader of Japanese Project Consultation Team, Japan International Cooperation Agency, Japan

1. Main Activities

During its stay in Cambodia from 19, March to 24, March, 2002, the team visited the National Center for TB and Leprosy Control, a referral hospital and health centers in order to observe their activities in the National Tuberculosis Program (NTP), accompanied by the JICA Project Team and the Cambodian counterpart. The team had several times of discussions with the Project team members, its counterparts, the officials of Ministry of Health and the representatives of international organizations and other partners.

The mission team visited Kompong Tralach Province to observe the implementation of the pilot program of "DOTS in MPA health centers". The team also attended the inauguration ceremony of the renovated National TB Center, granted by the government of Japan, the 6th National Tuberculosis Conference, and the 2nd Joint Coordination Committee of the project, and participated in the World TB Day event.

2. Summary of Findings and Discussions

- 2.1 The team acknowledged fairly smooth progress of the project activities under the very good relationship between the CENAT counterparts and the project team members and strong commitment of the Cambodian Government.
- 2.2 The team found that the pilot program of DOTS in MPA health centers in three different areas of the country has been so successful and encouraging that it is considered quite feasible to expand the scheme more widely for the purpose of DOTS for All.
- 2.3 However, it was also pointed out that the system of supervisory support should be better organized and more carefully managed, in order to ensure the technical level of the works in the various levels of facilities, including the Operational District Centers with microscopy service and registry and health centers.
- 2.4 Along with the progress of the health center-based DOTS strategy under health sector reform and administrative decentralization, the involvement of the community, the people and decision makers as well, will be highly important. The tuberculosis-related staff of the local governments should make efforts for advocacy making. This should be supported by CENAT experts.
- 2.5 The skill in presentation and communication of the central as well as peripheral staff has been elevated considerably, though there still remains room for further improvement.
- 2.6 The start of the work in the renovated Center building may offer a very good chance to clarify and elaborate the job description of each staff member at this moment.

- 2.7 The team found that the coordination with the other partners for the NTP of Cambodia is very useful and important. In order to make this coordination more effective, regular meeting that is chaired by the NTP manager of Cambodia should be held. The better coordination would be expected to solve the problems, such as the delay in release of the concerned budget from the World Bank Project, or the slow procurement process through UNICEF program, as experienced by the JICA Project Team in their collaborative activities with these co-partners.
- 2.8 The team acknowledged the efforts of the CENAT and the Ministry of Health in enhancing the capability of the staff in many points. However, it was felt that in some departments of CENAT their capability is not enough to meet the requirements of their mission, especially in the supervisory activities in the provinces. Recruitment of the staff with higher qualification and ability should be considered.
- 2.9 The team, especially the chief advisor of the JICA Project Team is too busy, and this situation will be more serious with the increasing burdens due to the needs of coordination with various newly participating partners. This should be one of the agendas to be considered on the Japanese side.
- 2.10 The first nationwide drug resistance surveillance is in progress and its results will be soon available that should be extremely important to planning and evaluation of the NTP of Cambodia. Also, the preparation of the first nationwide prevalence survey is on the way. This will bring about the further essential information as the bases for the planning of NTP. However, the CENAT staff should be aware that the top priority of their job is the earlier DOTS expansion, and that this priority task must not be seriously affected by such *ad hoc* activities as above.
- 2.11 In order to keep the renovated CENAT building clean and well functioning, CENAT should make practical consideration in terms of staffing and job description.

3. Recommendations

- 3.1 The Project should continue the efforts to expand DOTS in MPA health centers.
- 3.2 The effective system of supervision for the new DOTS strategy should be developed.
- 3.3 The job description of the CENAT staff should be elaborated more clearly.
- 3.4 The NTP managers should hold regular meeting for coordinating the partners for their efficient activities.
- 3.5 The Cambodian government should consider enhancing the capability of the CENAT staff.
- 3.6 The CENAT should be aware that the earlier expansion of new DOTS strategy is the top priority in its mission.

Summary of Discussion

(Discussion on Constrains which were proposed at
Joint Coordinating Committee)

Japan and Canbodia , both sides revealed the following points:

I. Canbodia side :

- 1、 To strengthen the roles and functions of various program
- 2、 To strengthen Functions of supervisors(having consultation and small workshop etc.)
- 3、 To make long term plans with framework
- 4、 To have resources implication in expending DOTS to HC
- 5、 To strengthen the activities in community level

II. Japan side :

(1) Shortage of NTP central staff

Project Consultation Team by JICA required putting the necessary NTP central staff .
It should be regulated that the NTP staff work as a full time worker.

(2) Technical workers in Laboratory

Project Consultation Team by JICA required having the high efficient workers in the laboratory in
CENAT. It should be regulated that the staff speak English fluently, and work as a full time worker.

(3) The necessity of the staff for the maintenance of CENAT

Project Consultation Team by JICA required putting the necessary NTP central staff for maintaining
the new CENAT , as soon as possible.

(4) Others

(4) -1

Project Consultation Team by JICA required the improvement of the delay of PCU/WB budget
release. It influences the activities planned to be taken by TB project . The team demanded Ministry
of Health on rewuring the improvement to PCU/WB.



(4) -2

Project Consultation Team by JICA required the improvement of the delay of procurement through UNICEF by PCU.

Throughout the discussion , both sides, Japan and Cambodia ,agreed :

As for the constraints which Cambodia revealed in 1~5, Japan side agreed with their comments :

e.x. the necessity such as strengthening the functions of supervision etc.

As for the constraints which Japan side revealed in II . (1) ~ (3), Cambodia side agreed to put the efficiency staff in NTP.

② 全国結核会議資料

Schedule of the 6th Annual TB Conference

March 21-22, 2001.

Venue: National Center for Tuberculosis and Leprosy Control
(new CENAT building), Phnom Penh, Cambodia.

Day 1: March 21, 2001

07:00-08:00	Registration
08:00-08:20	Arrival of the honored guests . Arrival of H.E Dr. Mam Bun Heng, Secretary of state for Health, Vice Chairman of National Anti-tuberculosis Committee.
	Opening ceremony:
08:30-08:35	*National Anthem.
08:35-08:45	*Welcome address by Dr. Mao Tan Eang , Director of CENAT
08:45-08:55	*Opening remarks by Dr. William Pigott, WHO Representative in Cambodia.
08:55-09:10	* Report on NTP ' Achievements in 2000 and Plan 2001 Dr. Touch Sareth, Deputy Director of CENAT (15 mins)
09:10-09:40	*Opening address by H.E Dr. Mam Bun Heng, Secretary of state for Health, Vice Chairman of National Anti-tuberculosis Committee.
	*Group Photo-taking
09:40-10:00	<i>Tea break</i>
	*Presentations by :
10:00-10:40	-Dr. Leopold Blanc (WHO Geneva): DOTS (40 mins)
10:40-11:20	-Dr. T.Mori, Director of Research Institute of Tuberculosis, Japan : Drug Resistant TB (40 mins) .
11:20-11:50	- Dr. T. Kasai : STOP TB / WPRO (30 mins)
	Lunch Break
14:00-14:30	New Health System and TB Control by Dr. Lo Veasna Kiry Acting Director of Statistics,Planning and HIS of MoH
14:30-14:50	DOTS in MPA health centers : -Introduction by Dr. Ikushi Onozaki (20mins)
14:50-15:00	-Result of Mid-term Review (10 mins) by Dr. Saint Saly
15:00-15:15	Tea break
15:15-15:45	-Experience in provinces (Thmar Korl OD of Battambang, Sonikum OD of Siem Reap and Kg. Tralach OD of Kg. Chhnang)
15:45-16:00	-New Role of Lab. : Ms. K. Yamakami
16:00-16:15	-Findings and Summary of the review: by Dr. Kong Kim San
16:15-16:40	Questions and Answers
16:40-17:30	Comments from : Dr. Mao Tan Eang , Director of CENAT Dr. Leopold Blanc , WHO Geneva Dr. Toru Mori, Director of RIT

Day 2: March 22, 2001

07:30 -07:45	National TB Prevalence Survey : Dr. Tieng Sivanna, Dr. Peou Satha
07:45 -08:00	Lab. Report, Plan of 2001 : Dr. Keuo Sineth
08:00 -09:00	Report from Local Labs: Kg. Chhnang, Kandal, Kg. Cham and B.Mean Chey and Kg. Speu provinces
09:00 -09:20	TB/HIV : Dr. Team Bak Khim or Dr. Khun Kim Eam
09:20 -09:50	<i>Tea break</i>
09:50-10:10	DOTS Home Care Delivery: Dr.In Sokhan Ya, Dr. Yuos Bun Heng,
10:10-10:30	TB Drug Resistant : Dr. Khun Saorith
10:30-11:00	TB Drug and distribution, by representative from Drug Department
11:00-11:30	Voices from partners
11:30-14:00	<i>Lunch break.</i>
14:00-15:00	Questions and Answers/Discussion
15:00-15:15	<i>Tea break.</i>
15:15-15:25	Arrival of the honored guests
15:25-15:30	Arrival of H.E Dr. Hong Sun Huot, Senior Minister and Minister of Health, Chairman of National Anti-tuberculosis Committee
	Closing ceremony
15:35-15:50	Sum up report by Dr. Mao Tan Eang , Director of CENAT
15:50-16:45	Closing address by H.E Dr. Hong Sun Huot, Senior Minister and Minister of Health, Chairman of National Anti-tuberculosis Committee
16 : 45-16 : 55	Vote of thanks by organizing committee' representative.
16 : 55-17 : 00	National Anthem
	Group Photo-taking

Note: On day 2 in the morning from 9:00-11:00, there will be:

- Meeting between CENAT with Donors (JICA, WHO, USAID, PCU/WB, RIT/JATA) at CENAT 's Meeting Room.
- Meeting between Senior Minister and Minister of Health with Provincial Governors at MoH .

This schedule is subject to change if necessary.

Welcome Address of Dr. Mao Tan Eang
Director of National Center for TB and Leprosy Control
Opening Session, Annual TB Conference 2000
21-03-2001

Guests of Honor
Excellencies, Distinguished National and International Guests
Ladies and gentlemen

Today, with great pleasure and optimism the National Center for TB and Leprosy Control has the honor and opportunity to organize the Annual TB Conference with the purpose of reviewing the achievements made and constraints encountered in 2000 as well as setting objectives of the program for 2002 and the years to come.

During this opening session, our conference is highly appreciated by the presence of H.E. Dr. Mam Bunheng, Secretary of State for Health, and Vice-chairman of the National Committee for TB Control. We are also honored by the presence of Excellencies, Secretaries of State, Vice-governors, members of the committee.

In addition, our meeting, today, is also honored with the participation of international guests both in country and from abroad, Dr. William Pigott WHO rep. in Cambodia, Dr. Leopold Blanc of WHO Geneva, Dr. Toru Mori Director of the Research Institute of Tuberculosis of Japan, Dr. T. Kasai of Stop-TB program from WPRO and all the rest.

Also, our conference is attended by our health workers from central, provincial and district levels. I would like to highlight that the participation of you all in this conference reflects the special attention to TB control activities which is in line with Cambodia national health policies and priorities.

In welcoming you all, may I on behalf of all the staff of the National Center for TB and Leprosy Control and myself, express our warm greetings and sincere gratitude to the Guests of Honor, Excellencies, Distinguished National and International Guests, Ladies and gentlemen for your invaluable presence in this very important meeting of our national tuberculosis control program.

I wish you all good health and success! May I request you all to give a big hand to all the participants.

Thank You

សុន្ទរកថា ស្វាគមន៍
វេទបុរាណ មេរៀន គាត់អោយ ទាយកមជ្ឈមណ្ឌលជាតិកំចាត់
រោគរបេនទីបាត់សិន ក្នុងឱកាសបើកសន្និបាតការងារកំចាត់
រោគរបេនទូទាំងប្រទេស ប្រចាំឆ្នាំ ២០០០
ថ្ងៃទី ២១-០៣-២០០១

★★★★★

...ជាបឋមខ្ញុំបាទសូមគោរពឯកឧត្តម ម៉ែម ប៊ុនហេង រដ្ឋលេខាធិការក្រសួងសុខាភិបាលជាទីគោរព
...សូមគោរពឯកឧត្តម លោក-លោកស្រី ទាំងអស់ជាទីគោរព

ថ្ងៃនេះពោរពេញដោយសេចក្តីសោមនស្សរីករាយ និងសុទិដ្ឋិនិយម ដែលមជ្ឈមណ្ឌលជាតិ
កំចាត់រោគរបេននិងហង់សិន មានកិត្តិយសនិងឱកាសរៀបចំ សន្និបាតបូកសរុបការងារកំចាត់រោគរបេន
សំដៅពិនិត្យមើលសមិទ្ធផល និង ចំណុចខ្វះខាតដែលជួបប្រទះ នៅក្នុង ២០០០ ព្រមទាំងលើកទិសដៅការ
ងារសំរាប់ឆ្នាំបន្ត ។

សន្និបាតរបស់យើងមានកិត្តិយសខ្ពង់ខ្ពស់ដោយ ឯកឧត្តម ម៉ែម ប៊ុនហេង រដ្ឋលេខាធិការ
ក្រសួងសុខាភិបាល អញ្ជើញចូលរួមជាគណៈអធិបតី ក្នុងពិធីបើកអង្គសន្និបាតដ៏មហោឡារិកនេះ ។

លើសពីនេះទៀតសន្និបាតយើង ក៏ទទួលកិត្តិយសផងដែរ ដោយមានការចូលរួមពីសំណាក់
ភ្ញៀវអន្តរជាតិក្នុងប្រទេស ក៏ដូចជាអញ្ជើញមកពីបរទេស ដែលមានជាអាទិ៍លោកវេជ្ជWilliam Pigott
តំណាងអង្គការសុខភាពពិភពលោក ប្រចាំកម្ពុជា, លោកវេជ្ជ .Leopold Blanc អង្គការសុខភាពពិភពលោក
ប្រចាំទីក្រុងហ្សឺណែវ, លោកវេជ្ជ.Toru.Mori នាយកវិទ្យាស្ថានស្រាវជ្រាវជំងឺរបេននៃប្រទេសជប៉ុន , លោក
វេជ្ជ.T.Kasai កម្មវិធី Stop-TB នៃអង្គការសុខភាពពិភពលោក ប្រចាំតំបន់អាស៊ីប៉ាស៊ីហ្វិកខាងលិច និង
លោក-លោកស្រី ដទៃទៀត ។

មន្ត្រីសុខាភិបាលនៅគ្រប់ថ្នាក់កណ្តាល ខេត្ត និង ស្រុក ក៏ចូលរួមយ៉ាងអធិកអធម នៅក្នុង
ពិធីសន្និបាតយើងដែរ ។

ឆ្លៀតឱកាសនេះខ្ញុំសូមសង្កត់ធ្ងន់ថា វត្តមានឯកឧត្តម និងលោក-លោកស្រី ទាំងអស់
បានឆ្លុះបញ្ចាំងពីការ យកចិត្តទុកដាក់ខ្ពស់ដល់សកម្មភាព ប្រយុទ្ធនឹងជំងឺរបេន ដែលស្របតាមគោលនយោ
បាយ និង អទិភាពរបស់ក្រសួងសុខាភិបាល ។

ដើម្បីជាកិច្ចស្វាគមន៍ជូនមុខឱ្យមន្ត្រីបុគ្គលិកនៃមជ្ឈមណ្ឌលជាតិកំចាត់រោគរបេននិងហង់
សិនទាំងអស់ ខ្ញុំសូមសំដែងនូវការរីកចម្រើនស្មោះស្ម័គ្រ និងអំណរគុណដ៏ជ្រាលជ្រៅ ដល់ឯកឧត្តម លោក-
លោកស្រីទាំងអស់ ដែលមានវត្តមាននៅក្នុងអង្គ សន្និបាតដ៏មានសារៈសំខាន់នេះ និងសូមអបអរសាទរ ។

ខ្ញុំសូមជូនពរ សុខភាពល្អ និង ជ័យជំនះ ជូនដល់ឯកឧត្តម លោក-លោកស្រីទាំងអស់ ។

សូមអរគុណ

Kingdom of Cambodia
Nation Religion King

Ministry of Health
National Center for Tuberculosis
and Leprosy Control.
National Tuberculosis Control Programme.

Report on TB Control Activities for year 2000
During the 6th Annual TB Conference
21-22 March 2001
National Center for Tuberculosis and Leprosy Control

Since 1980, Tuberculosis has been considered as the first priority disease of the Ministry of Health. From 1980 to 1993, the National TB programme has limited resources and most of resources rely on external assistance. the supply of TB drugs is irregular and insecure, and low levels of training and supervision. Up to 1993, the TB programme has a cure rate of 40-50 % only. So, the programme cannot reduce tuberculosis as desired.

In 1994, the Ministry of Health, the National TB programme in collaboration with WHO introduced the DOTS (Directly Observed Treatment, Short Course) to treat TB with the objectives of increasing the TB cure rate to 85 % or more and the detection rate to 70 %.

This is the hot and hard objectives that the programme need to achieve.

His Excellency, Ladies and Gentlemen

The major activities of the programme were as follows:

1. DOTS implementation:

The National TB Programme (NTP) in Cambodia has implemented the DOTS strategy since 1994. From 1994 till 1999, the treatment of tuberculosis is mostly based on hospitalized DOTS. Due to the number of TB is increasing and this number is exceed the TB bed capacity, on the one hand. On the other hand, to facilitate the TB detection and treatment for the community people, and to meet the health system reform, the NTP in consultation with WHO/JICA has decentralized DOTS at health center levels through the pilot project of 9 health centers in Siem Reap, Battambang and Kg. Chhnang provinces since September 1999.

After evaluating the 9 health centers piloted, the NTP agree to expand more DOTS at the health centers levels by the following strategies:

- no need microscope at health center levels.

- detect TB: health centers send patients' sputum or smear to microscopy centers (treatment center).
- ambulatory DOTS, at health center, will be applied for TB detected.
- monthly supervision from OD to health center levels.

In 2000, the National TB Control Programme in collaboration with JICA TB control project has expanded DOTS to 60 more health centers.

2. DOTS provided by CENAT in Phnom Penh :

In 2000, CENAT provided DOTS to 667 TB patients in Phnom Penh. Of which, 71.36 % was Home DOTS, 8.24 % was Ambulatory DOTS and 20.38 % was Hospitalized DOTS

3. Case Detection:

the TB detection activities nationwide in 2000 were as follows:

- New smear-positive pulmonary TB : 14,757
- Smear-positive relapse : 814
- Smear-positive failure : 50
- Smear-positive treatment after default : 64
- Smear-negative pulmonary TB : 1,110
- Extra-pulmonary TB : 2,143
- Total TB cases detected : 18,938

So, the notification rate of smear-positive cases (new and relapse) is 130 per 100,000 that equal to the case detection rate of 54 % comparing to the estimated incidence of smear-positive cases which is 241 per 100,000.

The age affected mostly by TB is 25 and over. This rate decreases from aged 65.

4. Diagnosis by bacteriological examination:

The total slides that the programme used to perform microscopy examination were 180,395 (detection and follow-up) in which 132,026 slides were for detection. The first slide positivity rate is 33.6 %. This is a high positivity rate among TB suspects.

One TB laboratory use around 1,000 slides on average per year.

To strengthen the quality of laboratory microscopy examination, the NTP re-read (crosscheck) the slides. This is called quality control (QC). In general, the result is that false positive is 5.5 % , false negative is 5.3 % and agreement rate is around 94.6 %.

5. Sputum Conversion rate at month 2 (follow-up examination):

The Conversion rate at month 2 from sputum positive to negative is 91 %

6. Cohort Analysis:

Due to the good recording and reporting system, the National Tuberculosis Control Programme can evaluate the treatment results through Cohort Analysis for TB patients registered under treatment in previous 12 months (1999).

For 16147 new smear-positive TB patients that received Cat-1 (2RHEZ/6EH) treatment regimen, we achieved the following results:

- Cured : 89 %
- Treatment completed : 4 %
- Died : 3 %
- Failure : 0 %
- Defaulted : 3 %
- Transferred out : 1 %

This is a good motivated and good result that the National TB Control Programme has achieved the target. But the detection rate of new smear-positive cases is still low which is only 54 %.

The National TB Control Programme and its TB network will make more efforts to address this issues and to maintain the high cure rate of > 85 %.

7. TB/HIV:

According to statistics, Adults aged 15-45 have been affected by TB more than the other group. If the people infected both with M. Tuberculosis and HIV, then the risk of developing TB is 20 time more than usual.

So, the impact of HIV is the increase in number of TB cases. The TB is the main cause of death among HIV/AIDS.

the HIV prevalence among TB is 0 % in 1992, 15.4 % in 1997 in Phnom Penh. County-wide, the rate is 5.2 % in 1997 and 7.9 % in 1999.

8. Training activities:

The National Tuberculosis Control Programme has organized the following activities in the year 2000 :

- One annual national TB conference
- 3 workshops for provincial TB supervisors. There were 2 days and 56 participants in each.
- 1 workshop for Operational District TB supervisors
- Technical courses on TB control for staff responsible for TB in OD. 144 participants attended these courses.
- 75 newly appointed staff has been trained.
- 10 training courses for health center staff in charge of TB (JICA/NTP).
(60 Health Centers were trained for DOTS implementation)

- 1 refreshment course for Ambulatory DOTS team.
- NTP has reviews the documents: guideline for TB treatment, medical and Laboratory guideline, sputum examination forms, TB patient 's Card and Treatment card.
- NTP also sent the TB staff to attend the international training courses, study tour and meeting/conference as follows:
 - Japan : 1 person for 6 months courses sponsored by JICA.
 - Vietnam : 4 people. (3 by world bank and 1 by WHO).
 - Thailand : 4 staff for 1 week, sponsored by JICA
 - Egypt : 3 persons (1 sponsored by WHO and 2 by world bank).
 - Vietnam: 10 people study tour, by world bank budget.

9. Supervision:

To strengthen and improve the TB control activities, NTP conducted the 72 TB supervisions equal to 390 days.

10. Research:

In 2000, the NTP in collaboration with JICA TB Control Project

- has conducted Multi Drug Resistant Surveillance since september 2000 and will get the results in this year.
- has prepared and will conduct National TB prevalence survey step by step according to the plan (from preparatory works to the end of survey, 2001-1 st quarter 2002).

11. DOTS and flooding:

NTP in collaboration with the JICA TB control project organized 2 teams to observed the situation in TB units and patients' home during the flood and provide some donation to TB patients in provinces affected by flood such as Kg. Cham, Kg. Thom, Svay Rieng, Prey Veng and Kandal.

12. Objectives and Strategic Plan:

The National Tuberculosis Control Programme has the following objectives in the next few years:

- To maintain the high cure rate of more than 85 %.
- To detect 70 % of smear positive TB cases by the end of 2004.

through the main strategic plan of :

DOTS expansion at health center levels (decentralization).

His Excellency, Ladies and Gentlemen

On behalf of the National Tuberculosis Control Programme and myself, I would like to express our great gratitude to:

- The National Anti-tuberculosis Committee in which
 - *Samdach Hun Sen, the Prime Minister is the honorary Chairman,
 - *His Excellency Dr. Hong Sun Hout, Senior Minister and Minister of Health is the Chairman,
 - *and His Excellency Dr. Mam Bun Heng, Secretary of state for Health is Vice Chairman, that always considered anti-tuberculosis activities as the first priority of the Ministry of Health.
- His Excellency Secretary of state of the 4 Ministries, His Excellency Deputy Governors of the provinces and cities, the members of the National Anti-tuberculosis Committee, who have cooperated, coordinated and supported the Anti-tuberculosis activities
- health officers of provincial, district and cities and health staff in charge of TB network who have made the TB programme successful.

I would like to express also my great thanks to the government, IOs and NGOs such as:

WHO, WB, JICA, RIT, MSF, KFW, WFP and other organizations for their supports to the National TB Control Programme in Cambodia.

Finally, I wish His Excellency, Ladies and Gentlemen, distinguished guests, national and international to have longlife, good health and happiness.

Thank you !

My respect to your Excellencies. My respect to you my colleagues

I have been asked to say a few words on WHO and CENAT

The first thing is to remind you that WHO is a membership organisation. Cambodia is a member, and on joining signed its agreement to a constitution that says: (and I quote)

It says:

The enjoyment of the highest attainable standard of health is **one of the fundamental rights of every human being** without distinction of race, religion, political belief, economic or social condition;

It also says

Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.

The second thing is to mention WHO's operational principles and strategic functions

We have recently defined certain operational principles which guide WHO as it carries out its strategic functions in supporting the Royal Government of Cambodia. They include:

- ❑ Being more selective and focused in determining which part of government's and the health sector's programme to support
- ❑ leaving room for responding to requests as they arise, while defining the boundaries within which WHO will respond
- ❑ emphasizing WHO's role of policy advisor and broker
- ❑ Working within RGC policy and planning frameworks
- ❑ Pursuing a partnership approach, in which we and other partners work within one National plan and framework
- ❑ Pursuing a 'capacity building' approach with a time frame which is explicit in its intention to handover responsibilities; supporting RGC in its shift from "donor-ship" to "ownership"
- ❑ changing our role from influencing others to supporting national capacity for influencing others; enabling RGC to be more strategic, with a broader more comprehensive view of health issues and the health sector as a whole, supporting the sector as a whole,

The WHO corporate strategy calls for 5 strategic functions ;

- 1 Supporting routine **long-term implementation**
- 2 **Catalysing country-specific adaptation** of guidelines, technical strategies and innovations; seeding large-scale implementation
- 3 **Supporting the development of guidelines, research and development**; stimulating the monitoring of health and health sector performance; assessing and anticipating trends
- 4 **Providing information and advocacy**, sharing knowledge (global, regional, inter-country) for appropriate policy options and positions;
- 5 Providing specific **high level policy and technical advice**; serving as broker and arbiter; exercising influence on policy, action and spending of government and development partners

The third thing I would like to say is that WHO is a member of the UN Country team, and as such works within the UN Development Assistance framework, which has four cross cutting themes; Poverty reduction, Gender, HIV/AIDS, and Human Rights, especially the achievement of basic rights to health, education and development.

In our work with CENAT on TB, we see a role in advocating, encouraging and strengthening links:

- strengthening the links between TB and Poverty reduction
 - TB as a result of poverty,
 - TB as a cause of poverty
 - What does this mean?
 - it means raising TB as an issue on occasions when poverty reduction is being discussed
- strengthening the links between TB services and Health Services development
 - decentralisation to provinces and beyond
 - The TB centre contributing to the restoration of a functioning health system
 - investment in health sector development also benefiting the TB Programme.
 - Developments in the TB programme supporting the Provincial Health Departments and Operational Districts;
 - What does this mean?
 - it means raising TB as an issue when discussing other aspects of strengthening the health services;
 - it means talking about health sector reform with the TB people
- strengthening the links between TB and HIV AIDS
 - What does this mean?
 - it means raising TB as an issue in discussion about HIV AIDS
 - it means raising AIDS as an issue when talking about TB.
- strengthening the links between DOTS in the community and home based care for AIDS and TB
 - What does this mean?
 - it means sharing information and supporting the Ministry of health achieve its vision of home based care as a partnership between Government, NGOs and community members, integrating care for AIDS, TB and DOTS and care of those with chronic illness

Making these links and connections is not only the role of WHO. We can all make these links and connections. We can work together to realise them. Perhaps WHO's key role is to remind us all to do so and set an example.

WHO, I believe has another role in relation to CENAT. It functions as a window:

- enabling others to see the excellent work of the National TB programme
- enabling Cambodians to see what is going on elsewhere.
- actually it is more like a doorway, enabling Cambodia to actively contribute to the global scene of Stop TB, which they do in a manner that is most appreciated.

WHO is privileged that in Cambodia it has a special relationship with JICA, the development assistance agency of another of its members. Together we serve the people of Cambodia.

Working together with CENAT and the Ministry of Health and JICA to enable Cambodians to achieve and maintain health.

Stop TB Special Programme in the Western Pacific

Cambodia 21 March

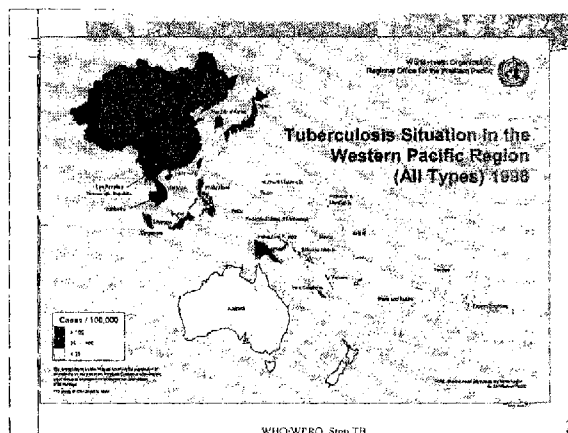


DR. T. KASAI
STOP TB UNIT
WHO / WESTERN PACIFIC REGIONAL OFFICE

□

WHO/WPRO: Stop TB

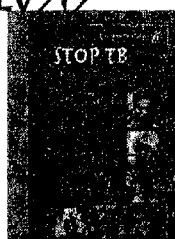
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TUBERCULOSIS

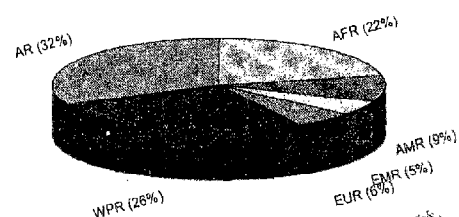
- One third of TB cases found in WPRO
- 1000 death every day
- 70% of cases are in most productive years
- TB/HIV and drug resistance TB



WHO/WPRO: Stop TB

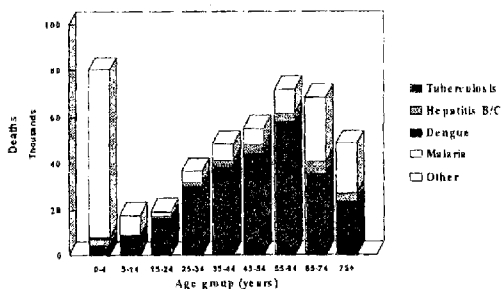
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Distribution of Smear Positive TB Cases by Region 1999



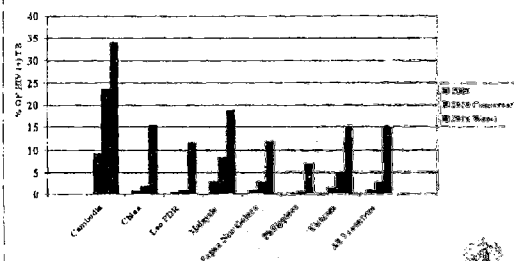
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China 1997/98
Deaths from infection



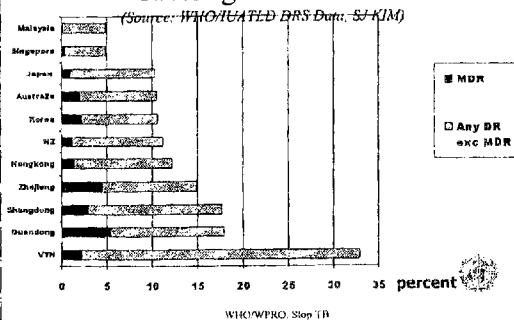
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HIV RELATED TB PROJECTIONS (WITH 5% ANNUAL FALL IN TB INCIDENCE)



6

Drug and Multi-drug Resistance Among New Cases

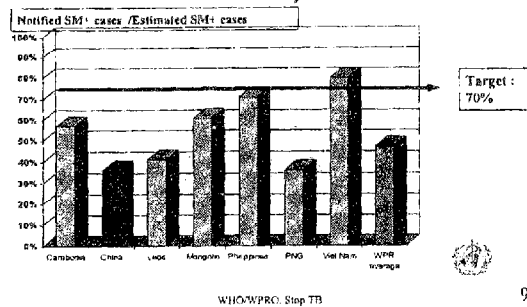


TUBERCULOSIS DISK

- One third of TB cases found
- Almost 1000 death every day
- 70% of cases are aged 15-50 productive years
- TB/HIV and drug resistance
- Only 42% of estimated cases only 60% were enrolled in

WHO/WPRO: Stop TB

Case detection rate of SM + TB in WPR, 1999

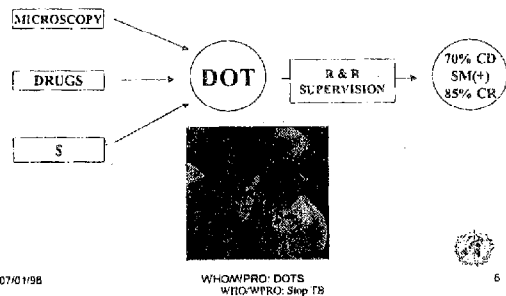


Response to the crisis

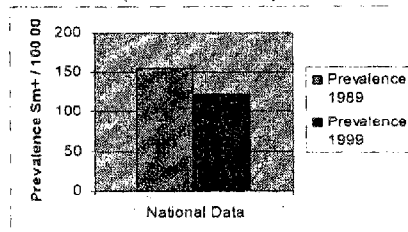
- 50th WHO RCM declared 'TB Crisis' in the WPR (Macau, Sep 1999)
- Endorse 'Stop TB' as a Special Project of the Region
- Increase TB patients enrolled in DOTS from 46% to 100% by 2005
- As a part of health system development and poverty reduction
- With various partners

WHO/WPRO: Stop TB

5 components of DOTS strategy

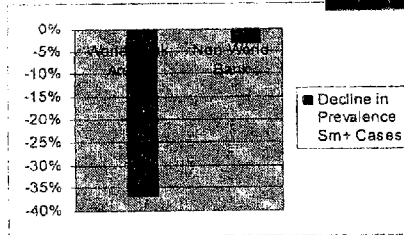


Decline in prevalence of smear + cases in China (1989 - 1999)



WHO/WPRO: Stop TB

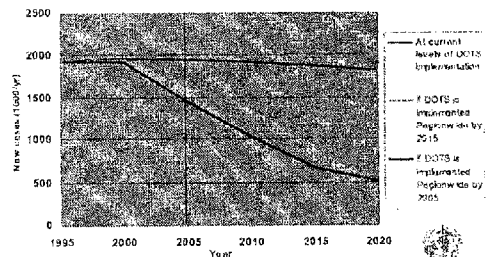
Decrease of prevalence btwn DOTS and non-DOTS areas in China (1989 – 1999)



WHO/WPRO: Stop TB

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Projected TB cases in the Region with different DOTS scenario



WHO/WPRO: Stop TB

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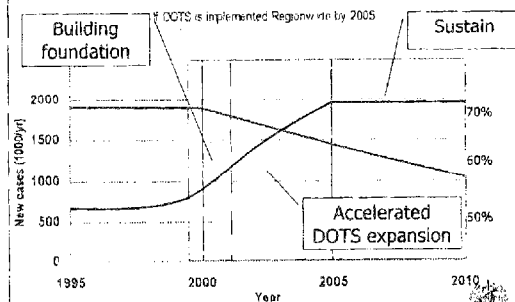
Stop TB in the Western Pacific: Regional strategic plan

- Objectives/targets
 - 50% reduction of TB prevalence and mortality by 2010
 - Two global targets (85% CR & 70% CDR by 2005)
 - 100% DOTS coverage by 2005
- Specific approach for different country group
- Country plan development
- Technical advisory group
- Partnership building (regional/national ICC)
- Resource requirement

WHO/WPRO: Stop TB

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Projected TB Cases in the Region With Different DOTS Scenario



WHO/WPRO: Stop TB

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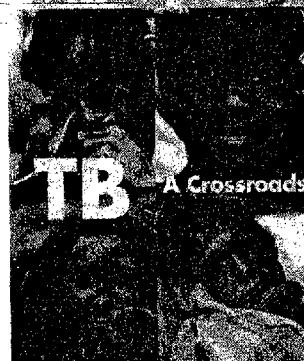
Country Action

- Country plan development
- Resource requirement
- Partnership building - national ICC
- 2nd technical advisory meeting

DOTS for All

WHO/WPRO: Stop TB

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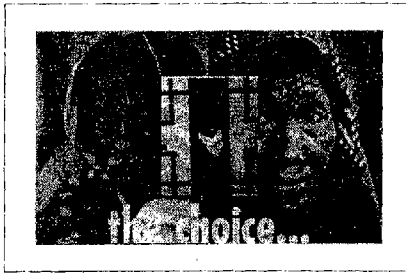


Halve the mortality and morbidity by 2010

WHO

WHO/WPRO: Stop TB

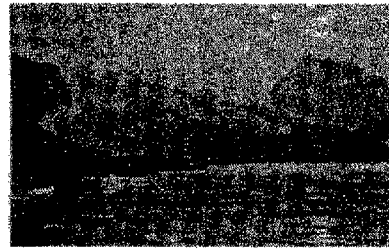
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WHO/WPRO: Stop TB



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WHO/WPRO: Stop TB



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The CAMBODIA DAILY

Volume 20 Issue 27

Wednesday, March 21, 2001

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Macedonia's Troops Vow to Save Country

BY KATARINA KRATOVAC
THE ASSOCIATED PRESS

TETOVO, Macedonia - Predictions of victory by Macedonia's ethnic Albanian rebels were falling on deaf ears among the Slavic police defending Macedonia's second-largest city from the insurgents' assaults.

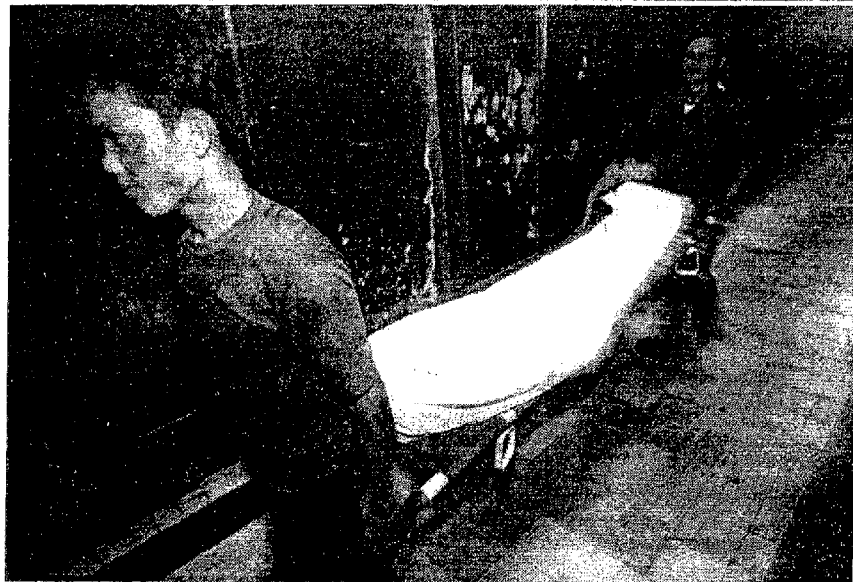
"This ground you are standing on will remain Macedonia—we have no other home and no one is going to take it from us," said Marjance, a member of the elite antiterrorist police on the outskirts of Albanian-majority Tetovo. Like his comrades-in-arms, Marjance refused Monday to give his second name, distrustful of the Western press, which the police here perceive as sympathetic to the insurgents.

For the 30-year-old policeman, his loyalties are clear-cut. He is here to defend Macedonia's decade-long democracy and fragile ethnic balance which functioned "just fine until gangs from Kosovo" came to disrupt all.

The government has relied primarily on police and special antiterrorist units like Marjance's to fight the rebels, leading to speculation both about the fighting abilities of the conscript army and the loyalties of those members who are ethnic Albanian.

"Look, the Macedonians are cowards. They attack us only

Continued on page 4



Soldiers Tuesday carry the body of Prom Lorm, 27, from the tuberculosis ward of Preah Ketmealea Military Hospital. In dying, Prom Lorm became one of the estimated 9,000 Cambodians who die from TB every year.

Tuberculosis Takes Deadly Toll on Cambodia

BY ANA NOV
AND BILL MYERS
THE CAMBODIA DAILY

As they poked their heads inside the dead man's room Tuesday, fellow patients at the tuberculosis ward of Preah Ketoh Mealia Military Hospital stared first at Prom Lorm's body, then covered their mouths and noses. The half-dozen nearly naked children running down the filthy hallway had to be reminded to do the same as they passed the room.

"He's only been here a month,"

Prom Lorm's relative, Sun Ry, 41, said, sitting in the room littered with mud-covered rice, old cigarette butts and a dead cockroach lying on its back, its gnarled legs curled under it.

For Prom Lorm, found dead around noon, rigor mortis had already set in. His left eye was cracked open, and his hands curled, fingers wide apart, under the red-checked sash that served as his shroud. He was 27 years old.

This scene, health experts say,

occurs almost 9,000 times a year in Cambodia: a person dead of tuberculosis.

About two hours before staff at the hospital found Prom Lorm dead, international and governmental health officials gathered on the other side of Phnom Penh—with golden scissors—to cut the ribbon of the newly built National Tuberculosis Center, which officials hope will enable authorities to gather information, treat patients, and train officials in

Continued on page 2

Prince Stresses CPP Ties at Party Congress

BY GINA CHON
AND THET SAMBATH
THE CAMBODIA DAILY

Though the two parties once marched together in solidarity against the results of the 1998 elections, Funcinpec President Prince Norodom Ranariddh on Tuesday said the Sam Rainsy Party, not the ruling CPP, was to blame for the royalists' election loss.

Speaking at his party's annual congress and celebration of its 20th anniversary, Prince Ranariddh said "the 1998 election showed us that the CPP did not vie for votes from Funcinpec."

"In fact, Funcinpec lost most votes because of the Sam Rainsy Party and other parties whose leaders are renegades from Funcinpec," Prince Ranariddh said.

CPP officially won the July 1998 election, but without the two-thirds majority needed as a mandate to form its own government. Funcinpec and opposition leader Sam Rainsy, a former royalist, cried foul and refused to recognize the election results, preventing a government from being formed for months.

Prince Ranariddh told Funcin-

pec members that the party should be prepared to be a part of the next coalition government as one of the main partners or leaders.

"It's necessary that we have to maintain better communication with CPP and be careful of the Sam Rainsy Party," he said. "But Funcinpec cannot accept any kind of threat to the party."

As evidence of the strong partnership, CPP members Prime Minister Hun Sen, Minister of Cabinet Sok An and CPP Cabinet Chief Tep Ngorn are scheduled

Continued on page 13

About Cambodia

- Transit Test To Restrict Monivong Traffic
- S'pore Gun Arrest Brings Issue to Forefront
- PM Says No Promotions For Officials With HIV
- Tourist Reports Rape Near Angkor Wat

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- Sirivudh Seen as Future Secretary-General for Funcinpec

Page 13

- Gov't Plan Targets 5 Percent Poverty Reduction by 2005
- Japan Awards \$16.7 Million 'Non-Project' Import Grant

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មានដំណឹងប្រសើរជាងគេនៅខាងក្រោម

AND ALSO

Cosmonauts Boycott Space Training

THE ASSOCIATED PRESS

CAPE CANAVERAL, Florida, USA - Two cosmonauts who are supposed to fly to the international space station next month boycotted a training session to protest the US National Aeronautics and Space Administration's exclusion of a US millionaire from their crew.

Dennis Tito, who hopes to become the world's first space tourist, showed up at the Johnson Space Center in Houston, in the US state of Texas, on Monday along with four Russian cosmonauts and one European astronaut. Two of the cosmonauts are scheduled for an April 30 launch aboard a Soyuz rocket, and the other two are their backups.

"They did not begin their scheduled training...because Tito was not going to be included in their crew training," NASA spokeswoman Debra Rahn said.

It was the most embarrassing and public confrontation yet in the months-long power struggle between NASA and the Russian Space Agency.

Tito, the 60-year-old founder of an invest-

ment firm, has deposited millions of his own money into an escrow account to be paid to Russian space officials once he has launched.

Tito was supposed to fly to Mir, but had to scrap that idea when Russia decided late last year to abandon the space station. Mir's fiery re-entry is now targeted for Friday.

Russian space officials decided to instead put Tito in the third seat of a Soyuz spacecraft headed to the international space station on April 30. The Soyuz is needed as a lifeboat to replace one that has been docked at the orbiting complex since Nov 2. Under the plan, Tito and the two cosmonauts would return in the old Soyuz six days after dropping off the new one.

Russian space officials have insisted that NASA has no authority over who they launch on Russian rockets.

US and Russian space officials met in Moscow last week in an attempt to settle the matter, but could not. Talks continue, Rahn said.

"Hopefully, we'll resolve it and we can get back on track. But we'll see," she said.

NEWSMAKERS

■ **MARY ROBINSON**, the "fearless" Irishwoman who has confronted governments with their human rights failures, says she is leaving the UN because her agency doesn't get enough money to do its job right. Robinson, the UN high commissioner for human rights, said Monday she believes she can do more to defend people elsewhere. "Many staff work under unfair pressure," said Robinson, announcing her intention to step down in September without seeking a second four-year term. Expressing "great regret," UN Secretary-General **KOFI ANNAN** called Robinson "a staunch and fearless spokesperson for human rights throughout the world." "She has made a critical contribution to giving human rights a central role in the United Nations system," Annan said in a statement issued at UN headquarters in New York. Robinson said her office receives only \$20 million from the UN's billion-dollar annual budget. (AP)

■ The hobbled **MICHAEL JACKSON** and **PAUL SIMON** made their second entrances into the Rock and Roll Hall of Fame, joined by inductees **AEROSMITH**, **QUEEN** and **STEELY DAN**. Fifties vocal group **THE FLAMINGOS**, soul singer **SOLOMON BURKE** and singer **RICHEL VALENS** were also honored at a New York ceremony. Jackson, already in the Hall of Fame as a member of the Jackson 5, was honored for his solo career. (AP)

Tuberculosis...

CONTINUED FROM PAGE ONE
combating one of Cambodia's leading causes of death.

According to a government news release, \$7.6 million from the Japanese government went into the new center. The ribbon-cutting comes four days before World Tuberculosis Day.

"Cambodia is still considered as having one of the poorest health services in the West Pacific Region," Prime Minister Hun Sen said during his hour-long speech at the ceremony. "One of the major concerns that we have is controlling the spreading of the disease."

TB is a bacterial infection that spreads through the air when an infected person coughs, spits or sneezes. It usually affects the lungs.

Although TB is curable, it can spread rapidly and disrupt not only the public health, but the economy and culture of a developing economy, experts say. Only 5 percent of those people carrying the TB bacteria will ever develop the disease, but experts say that the poor, and poor nations, bear the brunt of it.

Cambodia is not alone in its struggle against TB. According to the Web site of the US government's Centers for Disease and Control, someone dies from tuberculosis every 10 seconds. Among infectious diseases, TB is the second leading cause of death worldwide. At least 2 billion people carry

the bacteria that causes tuberculosis, the CDC's Web site states.

One in three people carry it in Cambodia, said Dr Turo Mori, of the Japanese Research Institute for Tuberculosis. That is the highest infection rate in Asia, and the highest in the world, outside of sub-Saharan Africa.

Later Tuesday, sitting on a rusty bedspring in the dead man's room, Leng Dyna, 41, said he had beaten the disease.

"I had lost both of my lungs. Before I came here, I couldn't even walk, but now I'm getting better. I hope I will be all right in the next three months," he said.

Although Cambodia cures 92 percent of its cases, about 27,000 new cases of TB arise here each year, the World Health Organization's Bill Pigott said.

And TB rates are one way to indicate the health of a country's economy. Even "so-called developed nations" are seeing increases in their TB infections, Pigott said.

"There's an association between poverty and tuberculosis. It's an indicator of the widening gap between rich and poor," he said.

Leng Dyna is a good example. A former soldier, his medical care at Preah Ketoh Mealia Hospital is covered. His wife, Chin Luon, 35, and children are not covered.

"There's tightness in my breath. I can't eat and I feel dizzy. This is just like my husband's condition five months ago. But I can't have a TB test," Chin Luon said.

A chest X-ray to check for TB costs \$8, which the family cannot afford, Leng Dyna said.

The wealth gap is evident globally as well, Pigott said. The poorest 20 percent of nations account for 45 percent of TB cases, while the richest 20 percent of countries account for only 3 percent of global TB cases, Pigott said.

And because tuberculosis affects adults of productive age, it can devastate the economy, Mori said.

"There is a definite cycle," he said.

Many families at Preah Ketoh Mealia say they are caught in that cycle.

"Since I came here, I can't do my job, and I've had TB for a year already," said Chhun Mao, 33, a farmer from Kompong Thom province who moved into the hospital after her husband Chhim Oy, a 37-year-old soldier, developed the disease. "I need to spend 5,000 riel [about \$1.25] to feed the family."

The news seems to be getting worse for their family, Chhim Oy said.

"I think my son might have TB now, too," he said.

And even those cured of the disease may not be able to recover economically from it.

"I don't think I can get back to work. This disease I could never totally recover from," Leng Dyna said, adding that his wife and 3-year-old son are starting to show signs of TB infection.

Nearly 70 percent of new TB cases in Cambodia affect adults of "economically active age groups," the Stop TB Web site states.

TB treatment and prevention is

therefore a sound investment, Pigott said. Every dollar a country spends on TB treatment will yield \$50 within 20 years, he said.

"If you treat TB, you not only get people back to work, you reduce the number of people affecting one another," Pigott said.

The high TB rate in Cambodia compounds, and is compounded by, another acute health-care problem, Pigott said: AIDS.

"When you've got AIDS, of course, you've got a very close relationship with TB," he said.

HIV and AIDS complicate a country's TB problem in two ways, Mori said. In the first place, HIV-positive people are much more susceptible to TB, because TB is what experts call an "opportunistic infection," taking advantage of a weakened immune system.

Because they are much more likely to develop TB, HIV and AIDS patients are more likely to spread TB as well. Of the 9,000 estimated Cambodians who die each year from TB, about 2,000 of those are HIV-related, the Stop TB Web site states. Cambodia is one of the 20 countries most affected by TB, the Web site states.

Im Vanheurn, 39, a military nurse from Kompong Chhang province, said she is one of the lucky ones. After eight months of pills and monitoring, she is almost ready to go home.

"I feel better," she said, her toddler daughter clinging to her shirt. "I think I can get back to work, because I was told that I could after I recover."