Progress update - Disease Prevalence Surveys

In 2007 TFG meeting, particular attention was given to the assessment of which countries should implement surveys of the prevalence of disease and the methods to be used in such surveys, and 21 priority countries were designated to carry out a series of disease prevalence survey to measure impact. The subgroup was established to facilitate implementation national level prevalence surveys in those countries mainly focussing on bacteriologically positive TB disease.

We collected information to assess the current capacity and preparedness of the countries for the survey. The countries were grouped into three: "I. already have survey experience after 1990 (Cambodia, China, Indonesia, Myanmar, Philippines, Viet Nam) or already prepared (Bangladesh, Tanzania)", "II. Planned or ready to plan (Ghana, Kenya, Malawi, Mali, Nigeria, Pakistan, South Africa, Rwanda, Thailand, Uganda, Zambia)" and "Further assessment needed (Mozambique, Sierra Leone)".

For Group I, technical assistance was planned and provided individually according to the progress of the preparation or the survey operation. A workshop on preliminary result of Viet Nam Survey (5-7 March, Hanoi) and TSRU meeting (prevalence survey session. 2 April Helsinki) were good opportunities to exchange experiences and information. We thank WPRO for inviting China and Philippines to WS in Hanoi.

For Group II countries, we planned to organize a preparatory workshop in spring, 10-14 March and April 14-18, inviting 5 countries to each WS except Mali where a TA mission for preparation (KNCV, WHO) was sent December 2007. However, due to the introduction of GSM in WHO, the 2nd WS was postponed to June and again to August. We just completed the WS from 25 to 29 August. Since Zambia moved from 1st group to 2nd, 6 countries participated in the 2nd WS. The WS covered lessons from actual surveys, sampling, screening methodology, laboratory, survey operation including logistics and human resource management, data management, additional studies, ethical issues, financing and budgeting and technical assistance. It facilitated countries to develop a draft proposal and/or an outline of study protocol. In collaboration with facilitators from GF, KNCV, RIT/JATA, UNION, US-CDC and different units of WHO, the WSs was carried out very successfully. We observed significant progress in countries preparation in all 10 countries. We have been providing follow up activities through e-mail communication and TA visits. TBCAP and OGAC funds were mobilized. Countries in March WS plan to start the survey in 2009 and those in August WS plan to start it mostly in 2010.

For Group III, assessment visits will be planned, and collaboration with other partners beyond regular technical assistance is being sought to assist countries (MACRO International was invited to 2nd WS).

Current situations of countries in Group I and II are as follows (*countries participated in the WS):

Year of the survey: Country name: situation.

2007:
- **Philippines**: Data analysis is outsourced through WHO. The results will be available soon. (cf. 1997)
- **Viet Nam**: Report will be released soon. (KNCV is assisting)

2008:
- **Bangladesh**: Field operation (sputum from all survey) going on successfully with some delay due to heavy Monsoon. It will complete in 1st quarter in 2009.
- **Tanzania**: Waiting the procurement, digital X-ray. May postpone to 2009

2009:
- **Myanmar**: pilot survey completed. B&MG-F funds 350K. Though it has funding gap of $250K, the survey will start in 1st quarter. 3Disaese Fund, JICA and RIT will support.
Nigeria*: Procurement began. The survey will start in 1st semester if the funding is secured by GF.

Uganda*: Requesting TA to finalize a protocol. GF R6 is not yet mobilized.

Malawi*: GF R7 has not been signed yet.

Mali*: Requesting TA for Lab

Pakistan*: TBCAP decided to support. KNCV, RIT, UNION and WHO developed TA team by TBCAP fund. The field operation will be done 2009-10.

Zambia*: Country has established labs and several ground level international partners. Apply to R9 of GF. Though it plans to start in 2009, it may take a year to mobilize R9.

2010:

Cambodia: 1st round 2002. NTP plans to have 2nd round in 2010. Initial assessment will be done soon. GF R5 and R7 budget should be reviewed.


Ghana*: Changing screening strategy from sputum all for culture to CXR screening. Noguchi Institute is mobilized. Apply to R9.

Kenya*: Experienced several studies and sub-national TB survey. Waiting R8 results.


South Africa*: Experienced several studies and sub-national survey. Will mobilize in-country resources. In-country coordination is essential.

2011:


2013 or 14:

Indonesia: cf. 2004

<Future actions>
WHO is aiming to establish coordination and funding mechanism of technical assistance, expecting the subgroup to function as a platform. Informal meeting to discuss technical and management problems through TA was organized during the WS in August. FQA from countries were discussed, and draft answers will be circulated to members soon.

We are also very closely working with the Global Fund to secure funding for the survey.

We will start to operate prevalence survey mailing list that includes the countries.

UNION Conference: An informal session or a desk of survey consultation will be arranged in Paris meeting. And there will be a post graduate course of epidemiological studies including disease prevalence survey on 17 Oct.

Subgroup meeting: Countries are encouraged to refine the protocol to share them to the subgroup members. The technical meeting to review the protocol early next year will be proposed.

A workshop to discuss the surveys in Asia on both results and future plan should be organized. We are seeking a fund right now.