






**التقرير السنوي للعام ٢٠٠٧م للبرنامج
الوطني لمكافحة السل**

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 **Abbreviations:**

AFB:	Acid Fast Bacilli
DOTS:	Directly Observed Treatment-Short-Course
GFATM:	Global Fund For Fighting AIDS,TB and Malaria.
GDF:	Global Drugs Facility.
NSS+:	New Pulmonary TB Smear-Positive
NSS-ve:	New Pulmonary TB Smear-Negative
EP:	Extra-Pulmonary TB
MDR:	Multi-drug Resistance
PPM:	Public Private Mix
PPPM:	Public Public Private Mix
IEC:	Information ,Education and Communication>
R:	Relapse TB Case
F:	Failure TB Case
Default:	Defaulter TB Case
T/O:	Transferred/Out TB Case
NTCP:	National TB Control Program
MOPH&P:	Ministry of Public Health& Population
NTI:	National TB Control Institute
Aden RTBCC:	Aden Regional TB Control Centre
GTCS:	Governorate TB Control Coordinator
GTLS:	Governorate TB Laboratory Supervisor
DTC:	District TB Control Coordinator
PHCUs:	Primary Health Care Units
HWKs:	Health Workers
LT:	Laboratory Technician
Med Ass:	Medical Assistant
Drs:	Physician
PHC:	Primary Health Care
GDOCD&S:	General Directorate of Diseases Control and Surveillance
RTx:	Pretreatment
HIV:	Human Immunodeficiency Virus
CF:	Case-Finding
CH:	Case-Holding
CDR=	Case Detection Rate
RHZE:	Rifampicine, Isoniazid, Pyrazinamide,Ethambutol
S:	Streptomycin
FDCs:	Fixed Dose Drugs Combinations
WHO:	World Health Organization.
IUATLD:	International Union Against TB and Lung Diseases.

(1) Preface:

The NTCP has been prepared and published this annual report for 2007, which showing the achievements which had been realized during 2007 and since the beginning of the GF Project started in 1st.of July / 2005.

In this report to reflect all those performances, Inputs and Outputs. Where we are in TB Control and DOTS Strategy? Where we are from the Global, Regional and National Objectives?.

It is obviously observed that remarkable progress have been done since our NTCP started DOTS Implementation in the last Quarter of 1995 and up-to date. This progress can be translated by:

- ✚ Achieving of the Treatment Success Rate of+(86%) among reported NSS+TB Cases under DOTS(2006).
- ✚ Decreasing of the Defaulter Rate among the above-mentioned cases to=(6%).
- ✚ Expansion of DOTS to cover =333 Districts(at the centers of districts) and more than=1723PHCUs.
- ✚ Building Partnerships with the other health sectors, NGOs.
- ✚ Improving the logistics and supply system by carrying-out a training course in drugs management.
- ✚ Improving of Monitoring and Evaluation Tools by holding regular Monitoring Meetings at all administrative levels of the NTCP.
- ✚ Strengthening of the weak Governorates and Districts by holding regular decision Makers.
- ✚ Increasing the Awareness about Tuberculosis among TB Patients and Community through Broadcasting, Printing and Publishing a lot of Health Education Means.

- ✚ Improving the Infrastructure by Providing New Transport Means(Vehicles) and maintenance of the Old Ones.
- ✚ Providing of New Computers and Printers.
- ✚ Providing of New Culture Facility(Bactec).
- ✚ Finalizing Revision of the Old NTCP Manual .
- ✚ Preparing of the 1st.Separate TB Laboratory Manual.
- ✚ Executing of many Training Courses.
- ✚ Building National Capacity by registration of 4 GPs in the Diploma of Community Medicine.
- ✚ Executing of Survey of HIV Prevalence among TB Patients together with the NAP.
- ✚ Finalizing of the Nation-Wide MDR Survey.
- ✚ Preparing for Nation-Wide Survey of Tuberculin.

I would like to highly appreciate the strong support and governmental commitment to the NTCP given by HE Prof. Dr Abdulkareem Yahia Rasea the minister of public health and population and also by Dr. Majed Yahia Al-Jonaid Undersecretary of Primary Health Care. In addition, many thanks and acknowledgement to all my colleagues at the national level and governorates for their effective contributions in order to make this annual report available by providing regular reports and collecting data.

Finally, I would like to highly appreciate all kind of supports and help giving by all partners, such as: the GFATM and WHO and also our local partners.

**Dr Amin N Al-Absi / GD of the NTCP/MOPH&P
15th.of March / 2008**

(2) Introduction:

Tuberculosis is still one of the major public health problems in Yemen. The MOPH&P giving both sides' prevention and control measures from this disease high priorities.

Magnitude of TB in Yemen:

Yemen was considering one of the high burden countries in the region for long time ,if the TB Estimates based on the latest Nation-Wide Survey of Tuberculin Testing among School-Children which was performed since more than 16 years. However, ARI=(0.86%) which is equivalent of occurring(43 NSS+)/100,000 Population each year.

The annual expected incidence of NSS+ is =(8,480),and same number of other forms of TB.

But, since 1995,when Yemen adapted the Global Strategy of DOTS and implanted it according to the conditions of Yemen, the NTCP had been achieved a remarkable progress in order to fight TB.

The most recent Estimates of TB in Yemen published by WHO(Copy in Annex.....) shown that:

- ✚ Annual Incidence of NSS+TB Cases=(37/100,000 Population),which means =(7297 NSS+TB Cases/Year).and for all forms of TB Cases=(82/100,000 Population).While the Prevalence is=(136/100,000 Population)
- ✚ Mortality(Deaths/100,000 Population /Year= 10).
- ✚ Trend in Incidence Rate(%yr,2004-2005)=(-5.8%).
- ✚ HIV+ among new adult TB Cases=(0.7%)
- ✚ New TB Cases Multi-drug resistant/2004=(3.1%) and in previously treated cases=(9.4%).

Surveillance and DOTS Implementation / 2006-2007:

- ✚ Case-Detection Rate(all new cases % =51%)
- ✚ Case-Detection-Rate(NSS+ Cases % =48%)
- ✚ Treatment Success Rate/DOTS/NSS+Caese/2006=86%
- ✚ Defaulter Rate / DOTS/NSS+ Cases =6%

The NTCP Actually executing a nation-wide survey of tuberculin testing among school-children (aged=7-12 years),which will be finalized by the end of April/2007. The results are expected to be available by mid of this year, however, the epidemiological status of Tuberculosis in Yemen should be revised according to these results.

(3)Global Fund For Fighting Aids,TB and Malaria(GFATM):

3.1.)Project for Tuberculosis:

Background and Summary of the Project:

- ✚ Brief Background: National Tuberculosis Control Program(NTCP) in the Ministry of Public Health and Population(MOPH&P) entered in the Round 4 and had succeeded to obtain a project for 5 years, the 1st.Phase of this Project it will be finish in 31 of June 2007 and actually NTCP finalized with the CCM the 2nd.Phase Request.
- ✚ The Title of this Project is Strengthening and Expansion of the DOTS Activities in Yemen.
- ✚ Summary of this Project: The overall goal of this Project is to “reduce mortality, morbidity and transmission of the Disease in the Community” the following Objectives are the short-term Objectives of the NTCP:
 1. To Achieve Treatment Success Rate of (85%) of NSS+TB Cases among notified cases.
 2. To achieve Case-Detection Rate of (70%) of the expected incidence of NSS+TB Cases.

3.2.)The Following Outputs are expected:

- ✚ Improving the Quality of the DOTS(Diagnosis and Treatment).
- ✚ Improving of the Supply System of Drugs and Other Materials with special emphasis on the establishment of a good reserve stock at all levels.
- ✚ Improving of a program monitoring and evaluation system based on a standardized recording and reporting system.
- ✚ Re-evaluation of the size and nature of Tuberculosis Problem of the Republic of Yemen.
- ✚ Going On in National Capacity Building.
- ✚ Improving the Quality Control of the TB Laboratory.
- ✚ Increasing the awareness about TB in the Community.

Since the beginning of the this project, various activities e.g.(Supervision, Training, Regular Monitoring Meetings of GTCs, GTLs, DTCs ,Lab. Technicians and PHCWKs and Community DOTS Supporters(Volunteers).

3.3.)INPUTS OF THE PROJECT:

✚ Dispatch of Short-Term Consultants:

Serial	Purposes	Name of Consultant	Period
1	Survey and Operational Researches	Dr Amal Bassili	14-22/02/2007
2	Training on TST for Field workers on Tuberculin survey	-Dr. Eiad Monam -Mary Danyalen -Barker	10-22/02/2007

✚ **National Capacity Building:** The NTCP is strong program and well staffed program. Many of the Program staff have been trained in Japan during the JICA Project in TB Control in Yemen which remained for approximately 20 years and ended in August / 2005. NTCP continue to promote the national capacity building through recruitment of the Short-Term Consultants from WHO, Conducting many courses of training of staff at all levels and from all categories. In addition of this 4 GPs have been registered for the Diploma of Community Medicine this year in the Yemen Supreme Specialization Council.

✚ Local Expenditures of the Project:1st Jan - 31st.of Dec / 2007:

Serial	Items	Expenditures/US \$	Remarks
1	Human Resources	355,234	
2	Infrastructure	463,873	
3	Training	156,614	
4	Commodities and Products	190,222.00	
5	Planning and Administration	345,480	
6	Researches and Surveys	40,000	
	Total	1,551,423	

Local Expenditures of the Project for TB Control in more details:

Serial	Items	Expenditures	Remarks
1	Human Resources		
	Incentives for the National & GVs Staff	224,934	
	Salaries of New Employees	11,300	
	Deploma in community medicene	16,800	
	Int. short-training (tour studies)	58,200	
	Short-Term Consultants	44,000	
2	lfrastucture		
	Office Equipments	80,475	
	Vehicles	189,000	
	Medical equipments.	136,152	
	Maintenance / Vehicles	23,250	
	Maitenance / Equipments	14,250	
	Total	798,361	

Serial	Items	Expenditures	Remarks
	From Previous Page	798,361	
	Running Costs including internet	20,746	
3	Training		
	DOTS Expansion to PHCUs	34,704	
	Replacement Training	33,595	
	DOTS Expansion to New Ds	22,110	
	Refreshing Training	39,535	
	DOTS Expansion To PPM	26,670	
4	Commodities & Products		
	Diagnostic materials	151,822	
	Food Incentives	38,400	
	Microscopes	0	
5	Planning & Administration		
	Monitoring Meetings	83,252	
	Central Supervision	32,756	
	Gvs Supervision	37,590	
	Ds Supervision	19,974	
	Electronic nominal registration	14,420	
	Q. Assurance	7,500	
	Drugs Distributions	12,294	
	Printing Materials	24,220	
	IEC	93,290	
	UNV for finance and accounting	10,000	
	Audit fees	6,400	
	Vehicles insurance	3,784	
6	Researches & Surveys	40,000	
	G Total In US \$	1,551,423	
	In YR(1 US \$=198 YR)	308733177	

✚ NTCP Expenditures from the Government and Other Donors:

Year	NTCP /TB Control	NTCP/Drugs etc	GDF	WHO	WB	Total
2001	34,286	151,683	0	58,000	0	243,969
2002	106,857	104,994	79,126	55,000	0	345,977
2003	122,891	118,239	66,151	55,000	0	362,281
2004	160,000	271,739	75,000	50,000	0	556,739
2005	128,649	113880	167,146	50,000	0	459675
2006	131,464	233,215	202,759	39,400	20,000	626838
2007	162,256	228,698	175,000	9,500	0	575453.6

3.4.) Progress Report on the GF Project / Round 4 / 1st.of July/2005-31st.of Dec / 2007 / Indicators / Broad Activities:

PROGRESS REPORT OF THE GF/NTCP/ROUND 4

1st.of July/2005-31st.of Dec / 2007

Serial No	Indicator Description	Intended Targets	Actual Results	Remarks
1	No. of new laboratories established for TB case detection (with one trained personnel and equipped with microscopes ect..)	29	29	
2	Numerator No. of New smear positive TB cases detected under DOTs Denominator: Estimated No. of new smear positive TB cases as per survey to be completed by 2005.	2510	1658	
3	Numerator: No. of New smear Positive TB cases under DOTs successfully treated Denominator: No. of cases registered under DOTs	2132/2508=85%	1343/1636=82%	
4	No. of TB patients under DOTs receiving food incentives	3000	2055	
5	No and % of Primary Health Care Units strengthened in providing DOTs at the peripheral level	507/2251 (22.5%)	711/2251 (31.6%)	
6	No. of service deliverers trained in program management (refreshing training for staff including governorate technical coordinators (GTC), District technical coordinators (DTC), Doctors, GLSs, Lab Technicians, PHCWs)	742	576	

3.4.) Progress Report on the GF Project / Round 4 / 1st.of July/2005-31st.of Dec / 2007 / Indicators / Broad Activities:

PROGRESS REPORT OF THE GF/NTCP/ROUND 4

1st.of July/2005-31st.of Dec / 2007

Serial No	Indicator Description	Intended Targets	Actual Results	Remarks
7	No. of PHCWKs trained at peripheral level (very far from GTCs or DTCs)	1000	1030	
8	No. of community members and health volunteers trained as DOT supervisors.	150	154	
9	No. of private/NGOs involved	125	132	
10	50 Private/NGOs staff trained. For each, 1 doctor, 1 Lab technician, and 2 nurses will be trained. (50x4=200)	500	244	
11	No. of Radio/TV programs, posters, booklets, etc... developed and distributed.	162,609	236,000	
12	Number of radio/TV programs developed and/or aired	111	102	

3.5.) Key Partnership in reaching goals:

- ✚ The NTCP starting to build new Partnerships in fighting against Tuberculosis, whereas PPM(Public-Public-Private-Mix).
- ✚ Situation Analysis had been done with T/A(Technical Assistance) from WHO. Plans are prepared to involve other health Sectors, including Private Health Sector and Community Based Organizations, Non-Governmental Organizations (NGOs).
- ✚ NTCP getting Technical Assistance from WHO since long time, this technical assistance had been promoted through the GF Project and the following activities have been carried-out:
 - ✚
 1. Providing of Short-Term Consultants for TB Control, TB Laboratory, Logistics and Drugs Management, Operational Researches and Epidemiological Surveys.
 2. Providing of Procurement like Vehicles, Microscopes, Equipments, Computers and Other Diagnostic Materials covered financially by the GF.

3.6.) Success stories, lessons learned and challenges of the grant:

The main Success story in the NTCP is achieving of =(86%) Treatment Success Rate among NSS+P TB Cases treated under DOTS/2005.

Many other lessons have been learnt, they are as follows:

- ✚ Information, Education and Communication (IEC):By producing and broadcasting of several messages of health education, the NTCP in Yemen continue to realize a progress in increasing the awareness about TB as disease and interventions among the TB Patients and Community.
- ✚ Financial and Administration System: The complexity of the system affected for some extent the implementation of some activities on time.
- ✚ Procurement, Supply and Management System: Prolonged Procurement Process was realized at the NTCP and WHO/EMRO.

- ✚ Staff Motivation: Additional Incentives for the staff at national and intermediate levels encouraged them to carry-out the activities in the proper way.

KEY CHALLENGES:

- ✚ Delay in the procurements from WHO.
- ✚ Prolonged and Complexity of the financial processes and procedures resulted sometimes in delays of the implementation.
- ✚ Delay of the Technical Assistance From WHO make some activities difficult to be implemented on time.

(4) The trend of Case-Finding of Tuberculosis during (1995-2007):

In the following table we can review the case-Finding during the above-mentioned period:

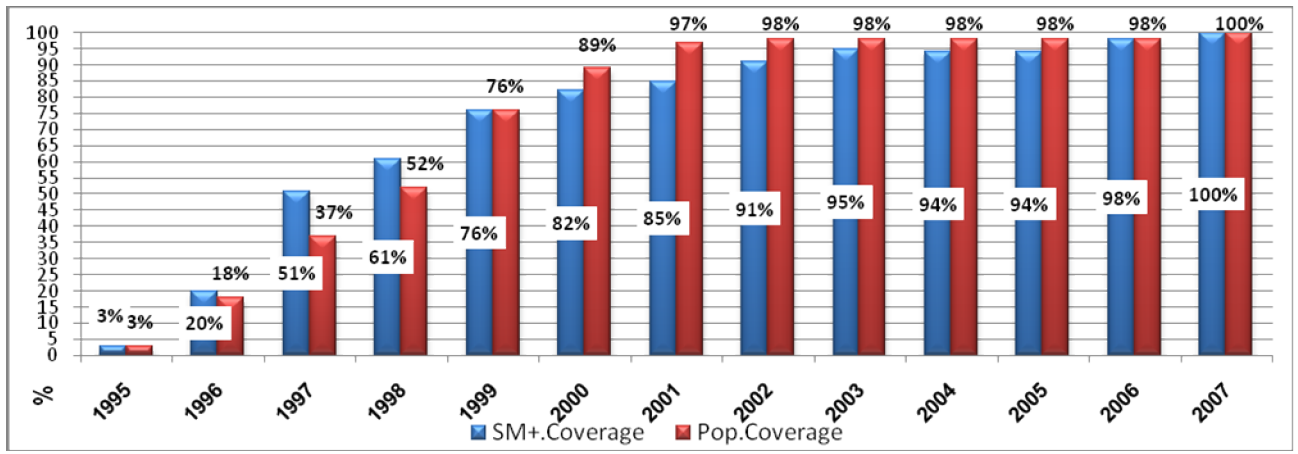
4.1.) Case-Finding/All recorded TB Cases:

Years/Items	New P.Sm+	Relapses	New P.Sm.-	EP.	Total	Remarks
1995	3681	375	7390	3082	14528	45 Hfs.
1996	4371	298	7280	2415	14364	54 Hfs.
1997	4717	344	4251	2695	12007	59 Hfs.
1998	4896	297	4323	2867	12383	111 Hfs.
1999	5427	475	3824	3301	13027	125 Ds
2000	5565	440	4176	3470	13651	134 Ds
2001	4968	584	4383	3094	13029	181 Ds
2002	4259	436	4188	2794	11677	207 Ds
2003	3793	426	3435	2759	10413	224 Ds
2004	3434	377	3473	2732	10016	232 Ds
2005	3379	351	2780	2553	9063	259 Ds
2006	3337	311	2531	2559	8738	322 Ds
2007	3537	325	2196	2369	8427	350 Ds

4.2.) NSS+TB Cases under DOTS among All NSS+TB Cases:

Years/Items	#of New Sm.+	#of sm.+ /DOTS	DOTS Coverage%
1995	3681	125	3%
1996	4371	869	20%
1997	4717	2412	51%
1998	4896	3004	61%
1999	5427	4130	76%
2000	5565	4555	82%
2001	4968	4242	85%
2002	4259	3870	91%
2003	3793	3602	95%
2004	3434	3239	94%
2005	3379	3192	94%
2006	3337	3280	98%
2007	3527	3523	100%

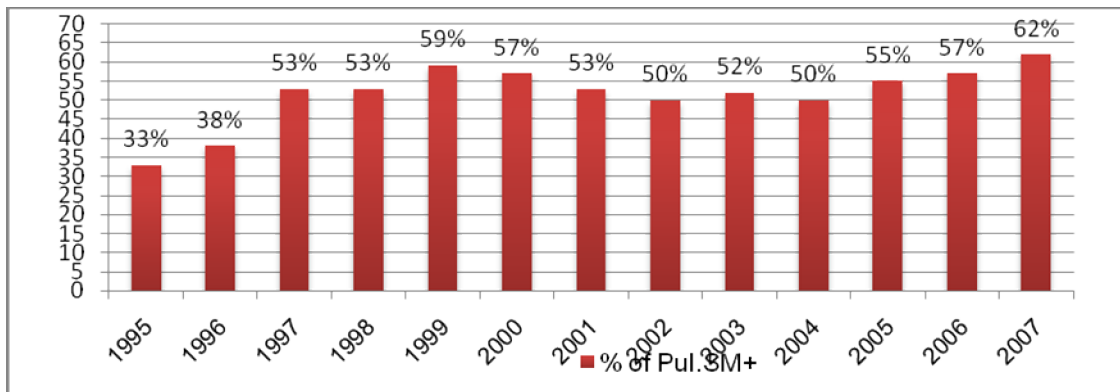
4.3.)DOTS Coverage of NSS+TB Cases:



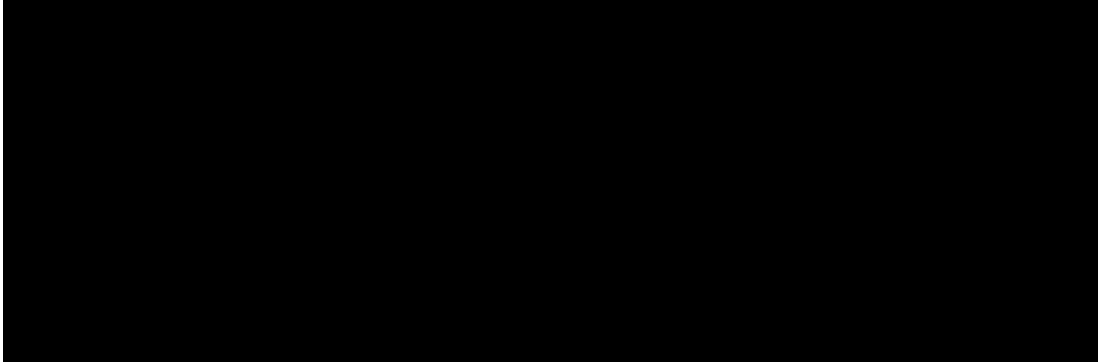
4.4.) Percentage of NSS+TB Cases / All Pulmonary TB Cases:

Years/Items	#of PTB.(A)	#of New P.Sm.+(B)	%SP.(B)/(A)
1995	11,071	3,681	33%
1996	11,651	4,371	38%
1997	8,968	4,717	53%
1998	9,219	4,896	53%
1999	9,251	5,427	59%
2000	9,741	5,565	57%
2001	9,351	4,968	53%
2002	8447	4259	50%
2003	7228	3,793	52%
2004	6907	3434	50%
2005	6159	3379	55%
2006	5868	3337	57%
2007	5733	3537	62%

4.5.) Graph:% of NSS+/All P/After DOTS:



4.6.) Graph: % of NSS+/All P/Before DOTS:



(5) DOTS Population Coverage:

5.1.) DOTS Population Coverage At District Level: 2007

Serial	Gv Code	Governorates	Population	# of Ds	# of DOTS Ds	Population	DOTS Pop.Cv%
1	11	Abyan	438,656	11	11	438,656	100%
2	12	Aden	590,413	8	8	590,413	100%
3	13	Al-Baidha	571,778	20	20	571,778	100%
4	14	Al-Dhalea	470,460	9	9	470,460	100%
5	15	Al-Hodeidah	2,161,379	26	26	2,161,379	100%
6	16	Al-Jawf	451,426	12	12	451,426	100%
7	17	Al-Mahra	89,093	9	9	89,093	100%
8	18	Al-Mahweet	495,865	9	9	495,865	100%
9	19	Al Mukalla	602,333	16	16	602,333	100%
10	20	Amran	872,789	20	20	872,789	100%
11	21	Dhamar	1,339,229	12	12	1,339,229	100%
12	22	Hajja	1,480,897	31	31	1,480,897	100%
13	23	Ibb	2,137,546	20	20	2,137,546	100%
14	24	Lahj	727,203	15	15	727,203	100%
15	25	Mareb	241,690	14	14	241,690	100%
16	26	Raima	395,076	6	6	395,076	100%
17	27	Saada	693,217	15	15	693,217	100%
18	28	Sana'a City	1,747,627	10	10	1,747,627	100%
19	29	Sana'a Gov	918,379	16	16	918,379	100%
20	30	Saioun	427,129	14	14	427,029	100%
21	31	Shabwa	466,889	17	17	466,889	100%
22	32	Taiz	2,402,569	23	23	2,402,569	100%
		G Total	19,721,643	333	333	19,721,643	100%
		DOTS %	100%	100%	100%	100%	100%

5.2.) DOTS Coverage at the Peripheral Level(PHCUs):

Serial	Gv Code	Governorates	Population	# of Ds	# of DOTS	Pop.	DOTS Pop.	# of Trained Hus Up-To End of 2007	# of HWKs
					Ds				
1	11	Abyan	438,656	11	11	438,656	100%	112	127
2	12	Aden	590,413	8	8	590,413	100%		
3	13	Al-Baidha	571,778	20	20	571,778	100%	43	52
4	14	Al-Dhalea	470,460	9	9	470,460	100%	99	198
5	15	Al-Hodeidah	2,161,379	26	26	2,161,379	100%	180	186
6	16	Al-Jawf	451,426	12	12	451,426	100%		
7	17	Al-Mahra	89,093	9	9	89,093	100%		
8	18	Al-Mahweet	495,865	9	9	495,865	100%	120	196
9	19	Al Mukalla	602,333	16	16	602,333	100%	12	12
10	20	Amran	872,789	20	20	872,789	100%	124	217
11	21	Dhamar	1,339,229	12	12	1,339,229	100%	75	140
12	22	Hajja	1,480,897	31	31	1,480,897	100%	123	161
13	23	Ibb	2,137,546	20	20	2,137,546	100%	65	80
14	24	Lahj	727,203	15	15	727,203	100%	110	118
15	25	Mareb	241,690	14	14	241,690	100%	30	45
16	26	Raima	395,076	6	6	395,076	100%	61	84
17	27	Saada	693,217	15	15	693,217	100%		
18	28	Sana'a City	1,747,627	10	10	1,747,627	100%		
19	29	Sana'a Gov	918,379	16	16	918,379	100%	113	161
20	30	Saioun	427,129	14	14	427,029	100%		
21	31	Shabwa	466,889	17	17	466,889	100%	15	15
22	32	Taiz	2,402,569	23	23	2,402,569	100%	56	72
		G Total	19,721,643	333	333	19,721,643	100%	1338	1864
		2006						142	198
		total						1480	2062
		2007						364	563
		G.total						1844	2625
		dots	100%	100%	97%	98%	98%		
		2007- Dots %	100%	333	100%	100%	100%		

(6) CASE-FINDING and Case-Holding / 2007:

a) Summary / 2007 / Quarters and Tx Results / 2006,CR Q1,2,3,4/07:

Serial	Qs / Items	NPSS+	R+	T+	NPS-	Nt Dne	EP	Total	#of Ds	# of HFs	Remarks	Remarks*
DOTS	Q1 / 07	959	59	1018	235	0	169	1422	321			
	Q2 / 07	906	96	1002	235	0	265	1502	328			
	Q3 / 07	832	87	919	171	0	184	1274	332			
	Q4 / 07	826	82	908	131	0	152	1191	323			
	Total	3523	324	3847	772	0	770	5389	326			
Nn-DOTS	Q1 / 07	7	1	8	429	0	487	924				
	Q2 / 07	6	0	6	408	0	425	839				
	Q3 / 07	1	0	1	348	0	357	706				
	Q4 / 07	0	0	0	239	0	330	569				
	Total Nn-DOTS	14	1	15	1424	0	1599	3038				
Total DOTS	3523	324	3847	772	0	770	5389					
G T	3537	325	3862	2196	0	2369	8427					
2	Tx Rs	Cured	Cmpl	Died	Fail+	Dfit	T/O	Totl	# of Rgstr	# of Eval	Diff.	Ds
NSS+	Q1 / 06	571	74	19	5	41	33	743	748	743	5	
	Q2 / 06	662	72	21	9	68	34	866	896	866	30	
	Q3 / 06	588	66	28	4	71	48	805	805	805	0	
	Q4 / 06	622	67	29	34	52	27	831	831	830	1	
	Total	2443	279	97	52	232	142	3245	3280	3244	46	
		75%	9%	3%	2%	7%	4%	100%				
Cat2	Q1 / 06	52	3	7	1	10	4	77	81	77	-4	
	Q2 / 06	59	3	3	2	3	1	71	87	71	16	
	Q3 / 06	59	3	3	2	3	1	71	60	60	0	
	Q4 / 06	28	13	3	4	0	0	48	73	48	25	
	Total	198	22	16	9	16	6	267	301	256	37	
	%	74%	8%	6%	3%	6%	2%	100%				
Nn-DOTS	Q1 / 06	11	62	2	0	9	1	85	20	85	-65	
	Q2 / 06	10	5	1	0	3	1	20	20	20	0	
	Q3 / 06	9	10	1	0	3	0	23	12	23	-11	
	Q4 / 06											
	Total	30	77	4	0	15	2	128	52	128	-76	
	%	23%	60%	3%	0%	12%	2%	100%				
CR	Qs/Cat1,2	# Rg	#Evl	-2,3m	CR%	#Rg	#Evl	-2,3m	CR%			
	Q4 / 06	831	828	751	90%	62	62	53	85%			
	Q1 / 07	959	949	836	87%	59	55	42	71%			
	Q2 / 07	906	906	805	89%	82	82	65	79%			
	Q3 / 07	832	832	738	87%	87	78	60	69%			
Q4 / 07	826	826	663	80.0%	83	72	62	74.7%				
Cat3	Total 2007	3523	3504	3042	86.4%	311	287	229	73.6%			
	Q4 / 06	8	8	5	63%							
	Q1 / 07	6	5	5	83%							
	Q2 / 07	2	2	2	100%							
	Q3 / 07	1										
	Q4 / 07											
	Total	9	7	7	78%							

(b) Case-Finding / DOTS / 2007 / Governorates:

Gv Id	Gv Name	NSS+	R	NSS-Ve	EP	Total
11	Abyan	123	15	47	32	217
12	Aden	287	39	91	83	500
13	Al-Baidha	68	4	7	14	93
14	Al-Dhalea	61	4	15	19	99
15	Al-Hodeida	698	57	28	53	836
16	Al-Jawf	104	4	0	0	108
17	Al-Mahra	32	4	42	4	82
18	Al-Mahweet	41	6	7	6	60
19	Al-Mukalla	113	19	13	13	158
20	Amran	80	3	25	18	126
21	Dhamar	213	20	45	39	317
22	Hajjah	275	27	68	16	386
23	Ibb	194	10	10	52	266
24	Lahj	142	21	65	29	257
25	Mareb	50	2	16	20	88
26	Saadah	52	2	17	17	88
27	Sanaa City	313	39	123	192	667
28	Sanaa Gv	77	3	30	25	135
29	Sayioun	24	2	15	19	60
30	Shabwah	29	4	25	3	61
31	Taiz	508	38	75	116	737
32	Raimah	39	1	8	0	48
	Total	3523	324	772	770	5389

(c) Case-Finding Non-DOTS / Governorates / 2007:

Gv Id	Gv Name	NSS+	R	NSS-Ve	EP	Total
11	Abyan	0	0	42	6	48
12	Aden	0	0	142	89	231
13	Al-Baidha	0	0	28	19	47
14	Al-Dhalea	0	0	9	35	44
15	Al-Hodeida	6	1	136	191	334
16	Al-Jawf	8	0	52	30	90
17	Al-Mahra	0	0	9	3	12
18	Al-Mahweet	0	0	40	32	72
19	Al-Mukalla	0	0	4	6	10
20	Amran	0	0	34	35	69
21	Dhamar	0	0	100	116	216
22	Hajjah	0	0	329	98	427
23	Ibb	0	0	11	59	70
24	Lahj	0	0	67	77	144
25	Mareb	0	0	21	18	39
26	Saadah	0	0	16	8	24
27	Sanaa City	0	0	138	388	526
28	Sanaa Gv	0	0	50	40	90
29	Sayiun	0	0	2	3	5
30	Shabwa	0	0	22	11	33
31	Taiz	0	0	166	317	483
32	Raimah	0	0	6	18	24
	Total non-dots	14	1	1424	1599	3038
	Total DOTS	3523	324	772	770	5389
	G Total	3537	325	2196	2369	8427

d) Distribution of New pulmonary smear positive cases by gender and age groups-2007

Governorates	0-14		15-24		25-34		35-44		45-54		55-64		65->		Total M	Total F	G.Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Abyan	0	2	13	10	26	13	16	7	7	10	13	2	3	1	78	45	123
Aden	0	2	44	31	64	28	34	14	27	8	14	9	8	4	191	96	287
Al-Baidah	0	0	3	1	14	6	13	13	8	7	1	2	0	0	39	29	68
Al-dhale	1	1	8	6	10	6	7	3	8	8	1	1	0	1	35	26	61
Hodeidah	2	6	108	76	110	75	77	51	43	32	34	26	36	22	410	288	698
Al-Jawf	2	3	1	6	19	16	13	19	11	9	5	1	0	0	51	54	105
Al-Mahara	0	0	3	1	5	5	7	5	0	0	2	3	1	0	18	14	32
Al-Mahweit	0	0	3	7	9	4	3	6	2	2	0	3	1	1	18	23	41
Al-Mukalla	1	1	23	14	18	11	14	6	8	3	5	2	6	1	75	38	113
Amran	0	5	9	12	15	7	7	9	6	4	3	2	0	0	40	39	79
Dhamar	1	5	28	27	29	25	10	30	10	17	8	13	8	2	94	119	213
Hajjah	4	5	37	26	50	28	43	25	21	12	13	7	2	2	170	105	275
Ibb	1	3	23	50	20	35	11	13	8	15	3	6	4	2	70	124	194
Lahj	0	2	17	9	26	14	23	11	15	10	8	1	5	1	94	48	142
Mareb	0	0	16	2	9	1	5	1	6	1	3	2	2	2	41	9	50
Saddah	2	3	8	2	13	5	2	5	0	4	3	1	2	2	30	22	52
S.City	3	3	39	44	62	24	16	8	13	6	7	3	6	6	146	94	240
S.city-NTI	1	0	12	12	11	15	3	3	2	4	2	4	1	3	32	41	73
S.Gov	0	0	4	10	12	8	9	7	7	4	6	6	3	1	41	36	77
Sayiun	0	0	0	0	4	4	7	0	1	2	3	1	2	0	17	7	24
Shabwah	1	0	1	5	5	2	3	1	1	3	3	2	2	0	16	13	29
Taiz	4	9	81	69	85	36	55	33	45	21	25	13	26	6	321	187	508
Raimah	0	0	4	3	8	5	0	2	3	7	3	3	1	0	19	20	39
Total (DOTS)	23	50	485	423	624	373	378	272	252	189	165	113	119	57	2046	1477	3523
non-dots																	
Hodeidah	0	0	1	3	1	1	0	0	0	0	0	0	0	0	2	4	6
Al-Jawf	0	0	2	4	1		1	0	0	0	0	0	0	0	4	4	8
Total (non-DOTS)	0	0	3	7	2	1	1	0	0	0	0	0	0	0	6	8	14
G.total	23	50	488	430	626	374	379	272	252	189	165	113	119	57	2052	1485	3537

(e) Conversion Rate of NSS+ at 2,3 moths of the treatment / Q1-4 / 2007:

Gv Id	Gv Name	# of Registered	# of Evaluated	# of -Ve at 2,3	CR %
11	Abyan	123	123	109	89%
12	Aden	287	287	251	87%
13	Al-Baidha	68	68	62	91%
14	Al-Dhalea	61	61	61	100%
15	Al-Hodeida	697	697	644	92%
16	Al-Jawf	105	62	62	59%
17	Al-Mahra	32	32	28	88%
18	Al-Mahweet	41	41	39	95%
19	Al-Mukalla	105	105	101	96%
20	Amran	80	80	77	96%
21	Dhamar	213	213	200	94%
22	Hajjah	275	275	268	97%
23	Ibb	194	194	182	94%
24	Lahj	142	142	124	87%
25	Mareb	50	50	41	82%
26	Saadah	51	51	40	78%
27	Sanaa City	239	239	172	72%
	NTI	73	73	64	88%
28	Sanaa Gv	77	77	74	96%
29	Sayioun	24	24	22	92%
30	Shabwah	35	35	34	97%
31	Taiz	511	511	474	93%
32	Raimah	40	38	29	73%
	Total	3523	3478	3158	90%

(f) Treatment Results of the NSS+TB Cases / Under DOTS / 2006:

Gv Id	Gv Name	Cured	Completed	Died	Fail+	Default	T/O	Total
11	Abyan	86	16	4	1	13	8	128
12	Aden	162	39	5	5	11	17	239
13	Al-Baidha	53	0	1	0	3	0	57
14	Al-Dhalea	64	0	2	3	0	0	69
15	Al-Hodeida	590	9	21	6	40	23	689
16	Al-Jawf	43	2	0	0	1	0	46
17	Al-Mahra	11	3	2	0	1	0	17
18	Al-Mahweet	35	18	3	0	4	2	62
19	Al-Mukalla	75	6	3	1	4	9	98
20	Amran	46	11	2	3	1	0	63
21	Dhamar	140	23	3	2	10	7	185
22	Hajjah	226	17	3	0	7	3	256
23	Ibb	115	2	1	1	10	13	142
24	Lahj	93	26	4	4	14	8	149
25	Mareb	41	6	1	0	5	4	57
26	Saadah	42	9	4	0	0	3	58
27	Sanaa City	83	39	3	24	46	22	217
	NTI	48	1	8	0	5	5	67
28	Sanaa Gv	55	10	2	0	5	3	75
29	Sayioun	12	5	2	0	2	1	22
30	Shabwah	25	2	0	1	7	0	35
31	Taiz	377	28	20	1	38	14	478
32	Raimah	21	7	3	0	5	0	36
	Total	2443	279	97	52	232	142	3245
	%	75%	11%	3%	1%	6%	4%	100%
			86%			6%		

(7) TB Laboratory Activities / 2007:

Quality control

a: Re-examination of the slides:

According to the quality control system, one of the issues is slides cross-checking (re-examination of the slides), which was already examined by the laboratory Technicians, at the district level.

Our staff collected about 4085 examined smear slides during their visit to the districts laboratories and re-examined all the slides for quality control and the results was as shown in the table bellow:

the table bellow shows summary results of the slides cross-checking

No. of slide	The results of re exam				remarks	
	False positive		False negative			
4085	13	1.3%	20	0.65%	3702	90%

b- Emergency filed visits

The staff of National TB reference Laboratory (NRL) executed emergency visits to 6 governorates where there are TB laboratories faced difficulties or had weakness in performances, due to the following reasons:

- 1-turn over of the technicians.
- 2- Logistics (shortage of reagents)
- 3- administrative problems
- 4-Mistakes on the laboratory diagnosis

The table bellow shows summary results of the visits

No. of governorate	No. of health facilities	Reason of the visit	Impact
6	12	There were difficulties on: technical , administrative or logistics issues.	12 reactivated (100%)

(8) Training Report / 2007:

Training:

The national TB control Program has executed training sessions in TB control for different categories of the health cadres from Public health services as well as from other sectors such as; Privet, NGOS. The purpose of the training , Numbers of trainees and source of funds will be shown bellow.

1. New training:

1.1. Dots expansion to new districts: (Supported by Global fund)

S	Govs	Ds	DTCs	Doctors	Lab. tech.s	Health Workers	total	resources
1	Taiz	4	4	3	2	8	17	
2	Albaidah	5	0	2	3	3	8	
3	Almahara	1	0	1	0	0	1	
Total		10	4	6	5	11	26	

1.2. Dots expansion to the peripheral levels. Primary health care units.(the table bellow shows the number trainees, health units and source of funds) *Supported by Global fund and WHO.*

S	Govs	No. Districts (Ds)	No. of Health units	No. PHCWs	Resources
1	Taiz	7	62	108	GFATM
2	Saddah	14	61	65	
3	Abyan	7	29	55	
4	Ibb	2	7	12	
5	Shabwah	13	88	135	
6	Sayoun	12	78	124	
7	AlMokalla	1	11	22	
8	Taiz	3	28	48	WHO
Total		59	364	569	

1.3. Dots expansion to the other care providers: (Privet sector and volunteers from community and NGOs) *Supported by Global fund*

The table bellow shows the number of health facilities and trainees trained.

S	Govs	No.of districts	No. of Facilities	No. of trainees and from each category				Source of fund
				Physicians	PHCWs	Volunteers	Total	GFATM
	Taiz	4		15	26	22	63	GF
	AlMahwet	7	13	9	13	44	66	GF
	Amran			11	25	11	47	GF
	Aldaleh			18	18	9	45	WHO
	Hajjah			8	8	0	16	WHO
Total				61	90	86	237	

2. Replacement training: Supported by Global fund and WHO and Government.

S	Govs	No. of Ds	DTCs	Physicians	Lab.tech	PHCWs	Total	Source of Fund
1	Amran	15	3	8	0	7	18	GFATM
2	Hajjah	15	9	2	6	2	19	
3	Taiz	10	10	10	11	11	42	
4	Abyan	10	1	3	2	14	20	
5	Lahj	6	5	3	0	11	19	
6	Aden	7	0	1	0	7	8	
7	Ibb	13	4	7	0	20	31	
8	Dhamar	12	2	7	6	4	19	
9	Albayda	3	1	1	3	0	5	WHO
10	Lahj	9	1	2	7	0	10	
11	Almahara	2	0	1	1	0	2	Gover.
12	Abyan	5	1	5	4	10	20	
13	Aden	4	0	0	4	0	4	
Total		113	38	49	44	86	217	

3. Refreshing training:

Refreshing training: (targeted the health cadres who spent more than three years from last training in TB control) Supported by Global fund.

The table bellow shows no. of trainees by governorates:

S	Govs	No. of Ds	DTCs	Physicians	Lab.tech	PHCWs	Total	Source of Fund
1	Sadah	8	6	3	3	3	15	GFATM
2	Sana'a City	10	0	10	10	10	30	
3	Aden	7	3	5	5	6	19	
4	Taiz	16	6	18	12	19	55	
5	Alhudeida	22	14	0	12	47	73	
6	Lahj	13	6	2	7	5	20	
7	Hajjah	28	12	5	7	40	64	
8	Almahwet	9	8	7	6	8	29	
9	Mareb	6	5	6	5	4	20	
10	Abyan	11	6	3	4	11	24	
11	Aden	3	0	0	3	0	3	
Total		133	66	59	74	153	352	

4. New training for Laboratory technicians. Supported by Global fund.

S	Governorates	No. of trainees	Type of training	Source of fund
1	Aden	1	Assistant TB lab. Supervisor.	
2	Sana'a city	1	Replacement	
3	Taiz	1	Assistant TB lab. Supervisor.	
4	Albayda	1	Replacement	
5	Dhamar	1	Replacement	
6	Abyan	1	Replacement	
7	Aljawf	1	New	
8	AlMahra	1	New	
Total		8		

(9)Supervision Activities / 2007:Supported By GF.

Supervision visits for TB control services

The table below shows the number of visits for each levels

Level of supervisions	No, of visits	Govs	Ds	PHC units	No of supervisors
Supervision from central to the Gov, and district level	66	22	217		88
Supervision from Gov. level to Ds and PHCs	88	22	20		66
Supervision from Ds level to PHC units	88	20	269	2760	269

*supervisions from Governorate to the districts conducting by GTCs and GLS.

*Supervisions from Districts to the peripheral Health units conducting by DTCs

- **The NTCP considering the Supervision Activity from the higher to the lower levels one of the most important supportive activity for the TB Control , However by supervision the mistakes can corrected regularly and by supervision the monitoring on how the activities are done can be observed. In addition by the supervision training on job(on site) can be done.**

(10)Supplies and Logistics Report / 2007:

- The following tables shows the supplies from all sources income and distributed.

Drugs distributed/ GVs/2007 From MOPH&P/NTCP/Drugs Budget:

Serial	Govs or Centres	R-H 150\100	ZP500	EH400\150	SM1g	القيمة \$	ملاحظات
1	Aden TB RC	10000		532000	3000	21693	
2	NTI	23000		348000	3000	14593	
3	Sana,a city	3000		99000	2000	4162	
4	Sana,a Gov	2000		95000	1000	3911	
5	Taiz	4000		348000	3000	14213	
6	Alhodeidah	10000		422000	3000	17293	
7	Ibb	2000		109000	2000	4542	
8	Mareb	8000		17000	500	875.5	
9	Albaida	10000		262000	400	10708.4	
10	Sadah	2000		23000	300	981.3	
11	Almahwet	2000		164000	300	6621.3	
12	Raima	1000		5000	500	255.5	
13	Aljawf	1000		77000	100	3107.1	
14	Soqutra	7000		0	300	161.3	
15	Tdhamar	3000		194000	3000	8033	
16	Amran	2000		100000	2000	4182	
17	Hajjah	8000		472000	3000	19253	
الأجمالي		98000		3267000	27400	134585.4	

Drugs distributed / GV's/2007/From GDF:

Seial	Govs or Centers	RHEZ	RHE	PZ	EH	E	Distil water	Syringes	SM 1g	Cost US\$	remarks
1	Aden TB RC	305	43	6	524	16	39	39	129	18932	7 Govs
2	NTI	30	23	5	50	61	4	4	12	3656.22	
3	Sana,a city	120	11	3	226	10	9	9	19	7621.76	
4	Sana,a Gov	31	3	1	59	6	2	2	5	2063.83	
5	Taiz	188	27	0	343	15	14	14	48	11943.84	
6	Alhodeidah	265	32	4	493	16	18	18	57	16751.67	
7	Ibb	49	5	2	92	7	4	4	8	3196.78	
8	Mareb	22	1	2	44	2	1	1	2	1431.07	
9	Albaida	20	7	19	48	22	7	7	15	2295.14	
10	Sadah	24	3	2	44	6	1	1	4	1623.41	
11	Almahwet	27	6	1	47	6	2	2	10	1829.84	
12	Raima	9	1	1	18	6	1	1	2	728.75	
13	Aljawf	26	4	1	48	11	1	1	6	1878.93	
14	Soqutra	5	4	9	14	1	5	5	16	653.59	
15	Tdhamar	78	11	2	144	9	6	6	18	5061.02	
16	Amran	28	4	1	51	7	2	2	6	1894.58	
17	Hajjah	103	18	2	185	13	12	12	31	6733.17	
Total		1330	203	61	2430	214	128	128	388	88295.6	

Equipment and Materials distributed / GV's / 2007 From the GF:

Serial	Govs	Microscopes	Centrifuge	scaner	Projector	E Stabilizer	خ/كويرياء	Digital Camera	\$Cost
1	Aden TB RC					4	1		1750
2	NTI								
3	Sana,a city								
4	Sana,a Gov								
5	Taiz				1	3			420
6	Alhodeidah								
7	Ibb								
8	Mareb								
9	Albaida	2							1600
10	Sadah								
11	Almahwet								
12	Raima								
13	Aljawf								
14	Soqutra								
15	Tdhamar								
16	Amran								
17	Hajjah								
18	National Reference lab.					7	1		2195.44
19	TBCP-CU		1	1		1	1	1	629
Total		2	1	1	1	15	3	1	6594.44

(11) Engage all care providers

The main aims to engage NON - NTP Providers are:

- 1- to increase case detection rate,
- 2- to improve treatment success rate .
- 3- to increase accessibility of patients to quality DOTS.

Achievements:

- 1- Engaging non-NTP providers for TB care and control in 9 governorates. These include: (military hospitals, prisons, NGOs, Privet hospitals and clinics and public hospitals)
- 2-Appointing PPM Focal point in the central Unit of NTP.

The table below shows the number of Non-NTB providers involved by governorates

Governorates	Type of provider	Trained personnel				No. Private facilities involved	No. NGOs Involved
		Doctors	health workers	lab. technicians	Volunteers		
Sana,a city	Private	14	38			11	
	NGOs				30		4
Aden	private	17	35			32	
	NGOs				20		4
Taiz	private	15	26			19	
	NGOs				34		8
AlHodeidah	private	14	24	14	0	18	
Al-Mahweet	private	9	13			19	
	NGOs				44		1
Amran	Private	11	25			18	
	NGOs						
Aldhala	Private	18	18			9	
	NGOs						
Hajjah	Private	8	8			4	
	NGOs						
Abyan	Private		40		26	23	
Total		106	227	14	154	153	17

Primary impact of the involmment of Private sector

- Referral suspected cases of having TB =130
- Positive cases out of 130 = 24
- Treatment supervised by PPM=18

(12)Other Activities:

Monitoring and Evaluation Meetings:

Regular Semi-Annual Meetings have been executed at the following levels:

- National Level for GTCs,GTLs together with the NTCP And Aden RTCC.
- Governorates Level: for the DTCs and Lab Technicians together with GTCs and GTLs and 2 staff from NTCP.
- District Level: for the PHCWKs from Centres of Districts and from involved PHCUs involved DOTS Strategy.
- Aims are to monitor, evaluate and improve the activities at all levels.

Health education and Advocacy activities:

14. The national TB control program with cooperation of the MOPH&P Health, Education & Information Population Center (HEIPC) develop various of health education materials during 2007(printed materials, TV flashes, radio programs). These variations in the materials and the means used aim to reach the maximum number of the population and TB patients. (the following tables show the Health education materials and activities)

TV and radio programs and mobile cinema:

The following TV programs are developed and aired through the Yemen TV and radio channels

Type of media	Flashes	Mentions	Interviews	Mobile Cinema	Total
TV	1	4	4	1	10
Radio	NA	20	49	NA	69

In addition, the program was distributed 110 copies of the video tabs contain dialogues
Printed materials :

Wall Posters	Articles in the newspapers	Wall panels	Total
22,209	2	4	22,115

Advocacy meetings:

The meetings targeting decision makers in the governorates(Governors, chiefs of local councils, DG of health offices, GTCs, TB Lab. Supervisors and Doctors)

Total meetings	Governorates	Districts	Participants
8	11	44	275

Surveys and Operational Research :

The Operational Researches and surveys are one of the measurement of the impacts of TB control activities in the country and to evaluate the outcomes of the interventions made in the country for TB control.

During 2007, the national TB control program with support from GFATM and WHO has conducted nation-wide tuberculin survey and one operational study with cooperation of Eslah association in Sana'a city. The main findings of the Tuberculin survey and the operational research are as follows:

1-Tuberculin survey : A nationwide tuberculin survey was carried out targeting 21 out of the 22 governorates of Yemen . 31 276 schoolchildren enrolled in the study aged 7 to 12 years old from 147 schools was randomly selected from 30 districts in 19 governorates.

The aims of the survey are to determine the prevalence and annual risk of tuberculosis infection (ARTI), and their trend in comparison with a previous tuberculin survey conducted in 1991.

Main Findings : The prevalence of TB infection and ARTI were found to be considerably low, which could be a reflection of the real epidemiological situation. It was clear that, in comparison with the survey results of 1991, TB prevalence and annual risk of infection has been declining at a rate of 5.5% per annum (see the table below) This indicates that the incidence is declining in Yemen, as being claimed by NTP. Nevertheless, this decline could not explain the total decline in case notifications.

The table below shows the trend in the ARTI among non-vaccinated during 1991-2007:

age of schoolchildren	year of survey	non-vaccinated	positive	prevalence of infection	average age	year of exposure to infection	ARI	ln(ARI)
7 to 12	1991	9599	770	8.02	9.7	1986	0.858	-0.15
7 to 12	2007	16927	426	2.52	9.47	2002	0.267	-1.32

2-Operational research: Evaluating the impacts of Health education among TB patients and community toward TB in Sana'a city. (Dr. Abdelmajed farhan – Eslah association)

The study Conducted in Sana'a city with cooperation with the Eslah association .

The main objective of the study is to measure the knowledge of the TB patients and the community regarding Tuberculosis.

The study conducted in the National TB control Institute in Sana'a city and in 3 Health centers in Sana'a city.

Main Findings and recommendations: The study shows a weaknesses on the health education activities and needs to be strengthened by activating the direct health education for the TB patients and suspects by health workers in the TB services centers. In addition, the program recommended to conduct this study a nation-wide to be representative of the population as well as TB patients.

3-on going Studies: Under reporting and Quantifiron Studies.

Health education and Advocacy activities:

The national TB control program with cooperation of the MOPH&P Health, Education & Information Population Center (HEIPC) develop various of health education materials during 2007(printed materials, TV flashes, radio programs). These variations in the materials and the means used aim to reach the maximum number of the population and TB patients. (the following tables show the Health education materials and activities)

Food Incentives for New SS+TB Patients in some Gvs.:

Food distribution for TB patients supported by GF:

-The aims of distributing food incentives to the TB patients is to encourage them to taking medicine under direct supervision (DOTS) and to continue treatment for the recommended period.

During the year 2006,2007 the national tuberculosis program has distributed food to 700 pulmonary smear positive patients registered in 16 governorates and treated under DOTS by support from GFTAM.

Table1 shows the Quantities of food Distributed for TB Patients in the Different governorates in 2007 (GFATM)

Serial	Governorate Name	No. of Patients received food	Flour (KG)	Rice (KG)	Milk (KG)	lentil (KG)
1	Abyan	103	2575	1030	0	309
2	Aden	65	1625	650	0	195
3	Al-dhale	15	375	150	0	45
4	Al-Hodeidah	621	15525	6210	215	1218
5	Al-Mahweit	22	550	220	0	66
6	Al-Mukalla	90	2250	900	27	189
7	Amran	31	775	310	15	48
8	Dhamra	40	1000	400	0	120
9	Ibb	63	1575	630	0	189
10	Lahj	113	2825	1130	41	216
11	Mareb	51	1275	510	17	102
12	S.Gov	32	800	320	0	96
13	Taiz	109	2725	1090	0	327
	Total	1355	33875	13550	315	3120

(13) Difficulties and Constraints:

- Prolonged financial and administrative Processes which made executing of some planned activities delayed in the Governmental Side.
- Delay of T/A from WHO, which contributed also to delay.
- Complicated and long process of tender concerning Anti-TB Drugs covered by Government.
- High Turn-over of the trainees which made the NTCP always to look how to find the funds in order to execute replacement training.

(14) Annexes:

- ❖ **14.1 Monitoring and Review Reports:**
- ❖ **14.2 Photos From Field.**