EDITORIAL

Do We Strictly Adhere to The International Standards of Tuberculosis Care in Our Daily Practice?

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Iraq is considered to be a middle burden country with TB. It is the 7th eastern country burden with TB, and occupies the rank 108 globally. According to WHO report, the estimated incidence of TB in Iraq is 45/100000 population (I.e. estimated total new TB cases is around 15000 per year), while the prevalence is 7٣/100000 and the mortality is 3/100000.1 Iraq Ministry of Health, supported by many international organizations like WHO, provides great efforts and money to combat this potentially preventable and curable disease. These efforts should always be subjected to scientific assessments to measure their impact on the community, so we can re-direct these efforts in the right way. One way of this assessment is to audit our compliance to the international standards and guidelines, and this was exactly what Sameer Abdul Sattar Hussein and his colleagues have tried to do in their article published in this issue.

In this editorial we are trying to explain something about Iraqi National TB Programme. Also you will find elsewhere in this issue summary of the international standards for TB care in this issue. We hope that readers as well as decision makers will get the benefits from this editorial and the results of the article itself.

Iraq has an estimated 32,249,932 inhabitants. The country is administratively divided into 18 governorates with varying population sizes ranging from around 800 thousand to 7 million. The Ministry of Health has established the National Tuberculosis Control Programme (NTP) in 1989 with WHO support, and introduced the DOTS strategy in 1998. By 2000, the DOTS strategy was implemented at all the Governorate Respiratory and Chest Disease Clinics – except for the three northern governorates of Kurdistan Iraq – assuming 100% population DOTS coverage regardless of the actual number of people who have real access to that clinic. By 2008, the three northern governorates had started DOTS implementation.

The Government of Iraq considers TB as a major public health problem, and keeps TB control high in the national health agenda. Currently, many health reforms are ongoing including the expansion of the DOTS services into the Basic Package of Health Services to be delivered through the nationwide network of Primary Health Care Centers (PHCCs). The NTP enjoys the full support of the Government of Iraq. In addition to the strong political commitment to the National TB Control Program, the government also supports the procurement of first and second line anti-TB drugs and the strengthening of the storage and distribution infrastructure. The overall responsibility for TB control rests with the NTP within the MoH. NTP is responsible for policy and strategy formulation, coordination with partners, as well as planning, implementation and monitoring of control activities. The organizational structure of NTP is based on 4 levels:

1. Chest & Respiratory Diseases Specialized Center at the national (central) level in Baghdad: It is responsible for training of staff, implementation of the national TB control plan and supervision of activities in governorates.

2. Nineteen Governorate Respiratory and Chest Disease Consultation Clinics at the governorate (intermediate) level: the governorate clinics are responsible for diagnosis and registration of TB cases detected in their geographic areas. These clinics provide treatment to their patients or refer them to the district TB Management Unit for treatment follow up.

3. There are 126 health districts in Iraq (peripheral level). The health district's core organizational entity is the TB Management Unit (TBMU)/ District TB Coordinator (DTC). In each one of these districts, the main Primary Health Care Center has a TBMU which ensures TB diagnosis and treatment. The TBMUs also have TB register and reporting facilities. TBMUs are also responsible for the referral of TB patients to a PHCC that is the nearest to the patient's residence – if available – and for treatment follow-up of patients. The TBMU is the basic management unit in NTP.

4. There are Primary Health Care Centers (PHCCs) throughout Iraq (some are directed by Doctors and others are directed by paramedical staff) in addition to a number of main PHCCs with training functions (peripheral level). The role of PHCCs, other than main centers, is limited to the monitoring of patients' treatment intake under DOT.

References

1) Tuberculosis Management For Medical students , 1st edition ,2014.
2) Global tuberculosis report 2013 /WHO 2013.