Speech at the Ministerial Meeting of High M/XDR-TB Burden Countries

Minister Chen Zhu, 1 April 2009

Dear Director-General Margaret Chan, Mr. Bill Gates, Ministers of Health, ladies and gentlemen,

Good morning! First of all, on behalf of Ministry of Health of China, I would like to extend my sincere welcome to your participation and warm congratulations to this meeting! Today gathering here in Beijing for this Ministerial Meeting of High M/XDR-TB Burden Countries, we have representatives from 27 countries and regions that are most affected by M/XDR-TB, international organizations and NGOs, aiming to reach a consensus against the serious situation of global M/XDR-TB epidemic, build a joint commitment to M/XDR-TB prevention and control among governments, fulfill the commitment, and take action immediately.

Since the Ministerial Conference on Tuberculosis Control and Sustainable Development in Amsterdam in 2000, the Chinese government has been actively carrying out its commitment and has come up with a series of important policies and effective measures. 6.42 million pulmonary tuberculosis cases were detected and treated from 2001 to 2008. Till the end of 2008, with a 100% DOTS coverage and 78% and 93% for detection rate and cure rate respectively among the new smear-positive pulmonary TB cases, China has achieved, as scheduled, the phase targets of TB control that its government promised to the international community.

However, we noted that in late years the emergence and spread of M/XDR-TB badly hampered the progress of the TB prevention and control in China, and has become a severe public health and social issue. A scientifically designed nationwide baseline survey for tuberculosis drug resistance with strict quality control system was carefully organized and carried out in China from 2007 to 2008. This survey covered around 47 million people from the 70 counties randomly selected as the survey spots in 31 provinces, autonomous regions and municipalities directly under the Central Government. This survey screened 30,000 persons with suspect symptoms of pulmonary tuberculosis. Sputum culture, bacterial characterization for mycobacterium tuberculosis and anti-tuberculosis drug susceptibility test were given to 4734 patients (3384 male and 1350 female with an average age of 46.4 years) who were detected smear-positive.
Preliminary findings of the survey show that 8.32% of pulmonary tuberculosis patients in China suffer from MDR-TB and 0.68% from XDR-TB. Based on these data, it is estimated that there are 120,000 new cases of MDR-PTB in China each year. Analysis of the information and data from this baseline survey for drug resistance is still ongoing at this moment. The following characteristics of MDR-PTB patients are found in this survey: 80% patients in rural areas; high proportion of young and middle-aged patients; and no distinction between genders. MDR-TB is caused largely by inappropriate treatment and poor compliance of the patients.

Taking this meeting as an opportunity, we will cooperate extensively while supported by international organizations, and make our contributions to the global control of M/XDR-TB. To this end, the Chinese health authorities will focus on the following aspects:

(1) Prevent the generation and spread of MDR-TB

We will improve the equity and accessibility of health services for TB prevention and control; strengthen the report, referral and tracking of pulmonary tuberculosis patients; speed up the standardization of diagnosis, treatment and management; ensure the quality of anti-tuberculosis drugs, regulate the use and control of anti-tuberculosis drugs, and gradually promote the use of fixed-dose combination; as well as publish infection control manual and reinforce infection control strategies and measures.

(2) Carry out normative treatment management of MDR-TB

We will complete the network of TB laboratories, enhance lab capacity building, and introduce new diagnostic methods. Policy and financial support to MDR-TB prevention and control will be gradually increased; responsibilities of relevant agencies in MDR-PTB management defined; and a cooperative framework for MDR-TB care agencies including specialized hospitals, TB prevention and control institutions and community health facilities set up.

(3) Further improve the safeguard measures of TB prevention and control

We will establish a multi-source financing arrangement with the major funding from the government and in combination with the funds from the international community. The essential operational expenditures for the TB prevention and control system will be funded by the earmarked budget from the central finance and the local finance as well. We will develop and update laws and regulations concerning TB prevention and control as soon as possible, make human resources development plans for TB prevention and control at different levels, and establish a high-quality continuous education system for TB management.

Dear participants, standing at this critical point in the joint undertaking of the entire human being for TB prevention and control, we are encompassed with both challenges and opportunities, both difficulties and developments, yet we have every
reason to believe that, as long as we work shoulder to shoulder, fulfill our commitments together and establish a sustainable development mechanism for TB prevention and control, we can definitely control TB epidemic effectively and realize *The Global Plan to Stop TB: 2006-2015* and MDGs on schedule.

Thank you!