COUNTRY COORDINATED PROPOSAL (CCP)

FOR THE

GLOBALFUND TO FIGHT AIDS, TB AND MALARIA

NATIONAL HEALTH STRATEGIC PLAN

for TUBERCULOSIS CONTROL 2001-2005

SUPPORTIVE DOCUMENTS FOR TUBERCULOSIS PROGRAM

Submitted by

CAMBODIA COORDINATING COMMITTEE (CCC)

FOR THE GLOBAL FUND TO FIGHT AIDS, TB, AND MALARIA

9March 2002
Kingdom of Cambodia

Nation Religion King

Ministry of Health

National Health Strategic Plan

For

Tuberculosis Control 2001-2005

National Center for Tuberculosis and Leprosy Control (CENAT)

November 2001
National Health Strategic Plan
For
Tuberculosis Control 2001-2005

National Center for Tuberculosis and Leprosy Control (CENAT)

November 2001
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FOREWORD

This National Health Strategic Plan for Tuberculosis Control 2001-2005 is the result of the Working Group set up by the Ministry of Health in March 2001. The development process of the plan was both consultative and participative, all the main partners, both within and outside the government, participated in the development of this document.

The formulation of this plan was based on the National Health Policies and Strategies for TB Control in Cambodia 2001-2005 prepared by the same working group and approved by the Ministry of Health in June 2001. The plan contains three main parts: the part of background on tuberculosis control in Cambodia including policy statements; the part of the strategic plan consisting of two major portions related to each of ten outputs, strategies and activities; and the part on budget plan.

To achieve the objectives of the National Tuberculosis Control Program (NTP), all activities expressed in this plan need to be carefully thought out and planned and conducted. More concrete annual action plan need to be formulated and activities carried out. Resources availability and management are of great importance for obtaining these objectives. Thus, commitment from all partners including the government, local authority, community, financial and technical partners are very essential.

I believe that this document is not only useful for NTP as the guidance toward achieving its targets but also for contributing to attaining those of the overall National Health Policies and Strategies in line with the Royal Government Socio-Economic Development Plan 2001-2005. It is also useful for all partners concerned including health officials and donor agencies to understand, participate and support the successful implementation of this strategic plan.

Phnom Penh, November, 2001

Director General for Health

Prof. Eng Huot
Acknowledgement

On behalf of the Working Group for the Formulation of the National Health Policies and Strategies and Plan for TB Control in Cambodia 2001-2005, I would like to express our sincere gratitude to all members of the group who have made the development of the plan successful.

Particular thanks should also go to all the members of the Inter-agency Coordination Committee (ICC) for TB control formed in March 2001, who, during the ICC meetings, have made a lot of contribution in the draft of the plan.

I would like to emphasize that without 'strong support, full and active participation of all the group and committee members as well as other participants the finalization of this document could not be achieved.

For the Chairperson

Mao Tan Eang, MD., MPH
Director of National Center for TB and Leprosy Control
I. INTRODUCTION

A. Burden of Tuberculosis in Cambodia,

Cambodia is among the 23 countries in the world with a high burden of tuberculosis (TB). According to updated estimates (WHO experts meeting in Manila in 1997), 64% of the total population have been infected by tuberculosis.

Currently, the TB incidence rate of all forms is estimated at 540/100,000 inhabitants and that of smear positive pulmonary form at 241/100,000 population, also among the highest in the Western Pacific Region (WPR); the regional average is around 50.4 /100,000 (1). The death rate is 90/100,000 inhabitants. In Cambodia, the number of new TB cases seen at public health facilities has trebled over the last decade. The number of new TB cases of all types was 18,503 in 1999, which included 15,773 cases of smear positive pulmonary TB.

The HIV prevalence among TB patients increased drastically from 2.5% in 1995 to 7.9% in 1999. The impact of HIV/AIDS on TB will be enormous in the coming years for Cambodia. The TB cases of all forms may double in five years time given the current trend of epidemic and population growth.

B. Structure for TB Control.

The National Tuberculosis Control Program (NTP) has been set up since 1980. The NTP has been operating under the responsibility of the National Center for Tuberculosis and Leprosy Control (CENAT) and within the overall national health system.

At central level there are NTP headquarters and clinical and para-clinical TB services at CENAT known as TB referral hospital, one of the eight national hospitals in Cambodia. At intermediate level, provincial level, there are provincial TB supervisors responsible for program planning and management including training and supervision. At operational district (OD) level there are TB supervisor and TB units. OD TB supervisor has similar role to provincial TB supervisors. TB unit can be defined as a unit consisting of a TB ward and a TB laboratory. 142 TB units are in existence today and belong to (province or district) referral hospital or health center former district hospital. Comparable to TB unit in Phnom Penh there are three hospitals at national level that possess one TB unit each, the Preah Norodom Sihanouk Hospital, the National Pediatric Hospital and the Central Military Hospital.

Until 1998 DOTS was conducted only at hospital level, TB unit. In 1999 a pilot testing of the decentralization of TB control activities started in nine health centers using ambulatory DOTS approach. This new approach has made health center the most peripheral health facility for TB control. By the end of 2000, 60 health center were implementing DOTS. Plan was made to further expand this program.

C. NTP Achievements

In response to the need for controlling the disease, the National Tuberculosis Control Program (NTP) has been set up since 1980. From 1980 to 1993, treatment strategies of long duration were applied. In 1994, the government adopted the Directly Observed Treatment, Short-course (DOTS) strategy.

The DOTS strategy is one of the most cost-effective health interventions recommended by WHO for developing countries. There are five key components in the DOTS strategy: government commitment to TB control; use of sputum smear microscopy among symptomatic patients; implementation of DOTS regiments; regular supply of anti-TB drugs; and standard recording and reporting system. In 1995, the National Committee for TB control, headed by the Prime Minister, was established, which clearly demonstrates the political commitment of the government. Supply of anti-TB drugs has been secured since the DOTS implementation.

Before the introduction of DOTS strategy, with the treatment of long duration the result was not satisfactory. The cure rate for smear positive cases was only 69% in 1993 and the detection rate was just 44%. Since 1995 the NTP have attained and maintained the objective of obtaining more than 85% of cure rate of infectious cases, 85% in 1995 and 91% in 2000. However the case detection rate remains relatively low. In 2000, 19008 cases were detected, all forms. Of which 14,826 were smear positive cases corresponding to 51% of case detection rate.
D. Major Challenges

Despite the progress made during the recent years in combating the disease with appropriate level of cure rate of infectious cases, a number of challenges remain. The low detection rate remains a great challenge for the future. Other challenges include: (a) limited capacity of staff at all levels, especially capacity in planning, management and in the implementation of DOTS; (b) problem of staff motivation due in particular to government poor salary; (c) financial resource and issues related to irregularity of funding release; (d) issue of delay of detection of TB cases; (e) impact of HIV/AIDS on TB; and issue of ensuring free of charge service. In addition, areas of particular concern encompass: involvement of other partners in TB control such the private/NOO sector, community and other government bodies and the promotion of some specific activities like IEC.

11. MAIN GOAL AND OBJECTIVES OF NTP

The main goal of NTP in Cambodia is to contribute to improving the health of the Cambodian people in order to contribute to socio-economic development and poverty reduction in Cambodia by reducing the morbidity and the mortality rates, due to tuberculosis.

The major objectives of the NTP are to ensure equity and access to TB services and to maintain a high cure rate of more than 85% and a high case detection rate of at least 70% by the end of 2005.

III. NATIONAL HEALTH POLICIES FOR TB CONTROL 2001-2005

Six main policy statements are of great importance for NTP for TB control during the period 2001 to 2005:

- The National Center for Tuberculosis and Leprosy Control (CENAT) assumes overall responsibility for the National Tuberculosis Control Program (NTP) to be implemented countrywide through the health care delivery system in Cambodia.

- The National TB Control Program ensures, according to the national protocol and guidelines, good quality, curative, preventive and promotive TB services, which are accessible to the community and free of charge.

- The Ministry of Health will seek to ensure that financial inputs from all sources for all TB control activities are fully mobilized and used effectively and efficiently in TB control, and that there is uninterrupted supply of good quality TB drugs.

- The MoH will seek to ensure that priority is given to investment in human and material resources for TB control activities.

- NTP will strengthen the information system and promote research activities in order to better manage the program. Research topics include the epidemiological patterns of the disease, health-seeking behavior and other issues related to TB in Cambodia.

- Both internal and external partnership should be seen as a core element in achieving NTP objectives. All resources should be mobilized and coordinated in such a way that would improve TB control activities at all levels within and outside the health care system.
IV. STRATEGIC PLAN FOR TB CONTROL 2001-2005

In order to attain the major objectives of the NTP stated in the above chapter, ten major outputs are essential.

OUTPUT I: 'Policies, Plans and Guidelines

A. Main Strategies:

Clear policies, plans and guidelines are core directions to achieving NTP objectives. National Health Policies and Strategies and Plans for TB Control need to be set up and disseminated. All-important guidelines should be developed or updated in appropriate time and manner and distributed for effective use.

B. Main Objectives and Activities:

To formulate National Health Policies and Strategies for TB Control 2001-2005 in 2001

To formulate the National Health Strategic Plan for TB Control 2001-2005 in 2001

To develop, in collaboration with NCHADS, specific strategies for addressing TB/HIV issues, and to formulate and implement action plan to reflect these strategies.

To explore ways of dealing with the private sector in relation to TB control.

To regularly develop annual action plan for TB control taking into account the changing situation and the practical needs and budget required and funding gap.

To revise technical guidelines and all necessary training modules by 2001 and regularly updated if necessary.

To revise all treatment protocols and regularly updated if necessary.

To disseminate National Health Policies and Strategies, Plans and guidelines for TB Control through routine channels and such forums as meetings and workshops.

To provide inputs concerning TB control into the plan and policy development of other partners.

To develop monitoring and evaluation framework for the program.

OUTPUT 2: Capacity Building and Human Resources Development

A. Main Strategies

• Enhance institutional capacity by strengthening of the management structure at all levels and clarifying the roles and functions of staff involved in TB control at all levels.
• Build staff capacity giving emphasis on continuing training according to identified needs.
• Pay attention to workforce planning for TB control.
• Give emphasis on human resources management, especially staff motivation.

B. Main Objectives or Activities

To review CENAT organogram, roles and functions.

To review roles and functions of staff involved in TB control at all levels.

To develop proper establishment posts and job description for TB health workers.

To promote team work approach.

To train newly appointed staff on TB control as well as laboratory skills.

To organize refresher courses on important areas such medical and laboratory for existing staff.

To organize training workshops on specific issues like management data analysis and interpretation, advocacy, social mobilization etc.

To include DOTS strategies into the curriculum of medical and nursing schools as well as into the MPA modules.

To regularly organize quarterly TB meeting and annual conference.

To send key staff for long-term and short-terms training including Master Degree courses.

To send key staff for acquiring experiences and knowledge from abroad through attending international conferences and study visits etc.

To study the TB health workforce situation and make future projection for the NTP taking into account all factors affecting both demand and supply sides.

To pay much attention on staff motivation with consideration given to all main motivating factors such as monetary and non-monetary incentives, opportunity for capacity individual development and working condition.

OUTPUT3: Financing

A. Main Strategies

• NTP will formulate a 5-year budget plan in line with its strategic plan in consultation with donors, including indication of funding gaps.

• Fund will be fully mobilized to successfully implement the plan.

• MoH will ensure mechanism for timely disbursement of funds for NTP.
B. Main Objectives or Activities

To develop 5-year expenditure framework in accordance with the strategic plan with active consultation with major partners and clear indication of funding deficit.

To formulate annual budget plan in accordance with yearly activity plan.

To negotiate with potential partners for financing the plan implementation.

To use financing inputs from all sources to effectively and efficiently implement the plan including that from the government.

To advocate for obtaining timely disbursement of funds for NTP.

To actively participate in the Ministry of Health new financial mechanism such as sectorwide management approach.

OUTPUT4: Drugs and Consumables

A. Main Strategies

- The NTP will monitor current drug consumption, estimate future drug requirement and provide information about anticipated requirement and estimated budget.

- MoH will ensure that there is uninterrupted drug supply to TB network.

- MoH will ensure that good quality drugs and consumables are supplied to Central Medical Store (CMS), properly stored and distributed.

- OD pharmacies will be responsible for proper storage and timely distribution to the TB units and Health Centers providing DOTS; and also responsible for maintaining the buffer and security stocks and monitoring expiry dates of drugs.

- Health personnel will ensure that TB drugs are used according to the national protocol and should adhere to the rational use of drugs.

- Appropriate action will be taken immediately to correct drug shortages and to prevent similar situation in the future.

B. Main Objectives or Activities

To closely monitor the situation of drug consumption, estimate future drug requirement and provide information about anticipated requirement and estimated budget.

To mobilize financial resources both local and external for ensuring drug availability without interruption for the whole period of the plan and some years beyond.

To perform activities necessary to ensure that good quality drugs and consumables are supplied to Central Medical Store (CMS), properly stored and distributed.
To properly store anti-TB drugs and supplies at OD pharmacy and timely distribute to the TB units and Health Centers providing DOTS.

To maintain the buffer and security stocks at OD and monitoring expiry dates of drugs.

To take measures in accordance with quality assurance system to ensure that TB drugs are used according to the national protocol and health care providers will adhere to the rational use of drugs.

To take immediate action to address the problems of drug shortages; for instance to look at making reallocation locally within OD or province or to get additional supply from central level and to prevent similar situation in the future.

**OUTPUTS: Service Provision**

**A. Main Strategies**

- TB diagnosis and treatment will be free of charge.
- Where appropriate subsidization for service provider can be sought by a safety net system.
- Expand the DOTS strategy to provide good quality curative care by trained staff using hospitalization, ambulatory & home care approaches, giving emphasis on the implementation of DOTS at health center providing minimum package of activities.
- Ensure that BCG vaccination is delivered to all children according to the national immunization strategies.
- Determine the circumstances under which, chemioprophylaxis will be provided to some target groups such as people living with HIV/AIDS (PLWHA) and TB contacts under five years of age, and provide where appropriate.
- Employ all appropriate means to improve information, education and communication (IEC) activities, including such strategies as mass media and interpersonal health education like peer group education, health education through health facility staff, school, and community.
- Provide physiotherapy as a supplement to curative care at hospital level.
- Promote case finding, including active case finding among selected groups such as TB contacts.
- Strengthen the referral system from the community level to the hospital level and vice versa, including mobilization of resources.
- Establish laboratory network to ensure accessibility to quality TB laboratory services.
- Mobilize resources for the management of TB/HIV patients and multidrug-resistant TB (MDR TB).
• Promote public-private partnership, NGO and community involvement in certain aspects of TB control
• Identify private health facilities, local and international NGOS, undertaking to collaborate with the NTP in the DOTS expansion program and to support and monitor the TB services provided by them.

B. Main, Objectives or Activities

To ensure the free of charge service by re-enforcing the implementation of the policies and strategies through such ways as dissemination workshop, issue of legislature papers like Prakas (declaration) or circular;

Where appropriate service subsidization can be initiated and implemented from a system or source like equity fund, fund from special project managed by an organization etc;

To maintain good DOTS activities at levels above health center including central level;

To determine, in collaboration with NCHADS in the case of PLWHA, where and to whom chemo prophylaxis against TB could be implemented; and to start the activities;

To enhance IEC activities by ways of capacity building, IEC material producing and dissemination from central level till the community;

To strengthen physiotherapy activities at CENAT and other national and referral hospital;

To promote early case detection through passive case finding by various activities such as educational campaign among the general population or TB patients and families;

To embark on active case finding among selected group such as HIV infected people, TB contacts and persons in collective setting like factory;

To promote case finding, on top of pulmonary TB smear + which. is first priority, other TB cases of pulmonary TB smear - and extra-pulmonary cases;

To improve activities of sputum collection and transportation, in particular the quality of sputum taking and smear making;

To enhance the referral system from the community level to the, health center and the hospital level and vice versa;

To strengthen laboratory capacity at all level and make the networking and quality assurance system;

To conduct drug resistance surveillance (DRS) and to use the findings for improving the program performance;

To involve NGO sector, starting from pilot testing, in implementing DOTS and other TB control activities like health education and make expansion if found to be effective;

To involve private sector, starting from pilot testing, in implementing DOTS and other TB control activities make expansion if found to be effective;

To involve community, starting from pilot testing, in implementing DOTS and other TB control activities like health education and make expansion if found to be effective.
OUTPUT6: DOTS Expansion to Health Center Level

A. Main Strategies

Expand the DOTS strategy to provide good quality curative care by trained staff using hospitalization, ambulatory & home care approaches, giving emphasis on the implementation of DOTS at health center providing minimum package of activities.

B. Main Objectives or Activities

To obtain the objective of attaining 70% case detection rate, on top of other activities like service marketing, a careful thought plan and implementation for DOTS expansion is required. The decentralization of TB control to peripheral level will be of critical importance. A number, of sequential steps will be required for DOTS expansion to health center level. Six are of important value:

- *Local situation analysis:* visit from central level is crucial for this step.
- *Sensitizing* through the organization of a workshop
- *Technical training to HC staff in TB control* including case detection and treatment, prevention and health education activities.
- *Pre-implementation meeting* to discuss on the detailed activities for the implementation including managing resources
- *Implementation* encompassing supervision and monitoring of activities - *Follow-up and evaluation* involving organizing a small workshop after three month implementation assessment and yearly and end-project evaluation

Below are the yearly targets of DOTS expansion to health center level. Though predicted in figure here, it should be noted that the number of HC MPA implementing DOTS will depend on the speed of the development of health system in general.

<table>
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<tr>
<th>INDICATORS</th>
<th>2000</th>
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<th>2002</th>
<th>2003</th>
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<tr>
<td>Number of health centers</td>
<td>60</td>
<td>145</td>
<td>325</td>
<td>505</td>
<td>685</td>
<td>865</td>
</tr>
<tr>
<td>Coverage in percentage</td>
<td>7%</td>
<td>17%</td>
<td>38%</td>
<td>58%</td>
<td>79%</td>
<td>100%</td>
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* cumulative figure

OUTPUT7: IEC and Advocacy

A. Main Strategies

Advocacy and Health education messages on tuberculosis and tuberculosis control must be addressed to the general public and to more specific groups in the community. Two are of high values:
• Employ all appropriate means to improve information, education and communication (IEC) activities, including such strategies as mass media and interpersonal health education like peer group education, health, education through health facility staff, school, and community.

• Promote advocacy activities to keep TB control as high priority.

B. Main Objectives or Activities

1. Main health education activities

   To build the capacity of CENAT staff in producing simple and well-adapted health education materials like posters and leaflets.

   To enhance the capacity of province level in disseminating IEC messages and in producing simple and well-adapted health education material like posters and leaflets according to the local needs.

   To enhance the capacity of operational district and health center levels in disseminating IEC messages.

   To produce IEC materials and disseminate messages

   To develop and test new media like street theatre on the theme of tuberculosis and DOTS.

   To involve community such as members of HC feedback committee, community leaders like the village chiefs or the monks or other local authorities in IEC activities.

   To develop the potential of former TB patients for informing their neighbours on how to treat TB.

   To evaluate the effectiveness of IEC materials and impact of IEC activities.

   To coordinate with other partner involved in IEC such as The National Center for Health promotion and NGOs.

2. Main TB related advocacy activities

   To provide the National Committee against Tuberculosis with updated information and requirements of the programme and also to engage them in TB control activities

   To keep updated Ministry of Health on the progress and requirements of the TB control activities.

   To provide technical information and support for preparing and carrying out the World TB Day event together with MOH.
To promote the celebration of World TB day from central to peripheral level encompassing the participation of community partners.

To inform private practitioners on TB patient management guidelines including treatment regimen

OUTPUTS: Information System

A. Main Strategies

- Improve the recording and reporting system as well as promote the analysis, interpretation and use of information
  Develop tools for program monitoring, evaluation and supervision activities at all levels
- Enhance information technology (IT) including the use of appropriate GIS software for effective monitoring, planning and evaluation
- Publish monthly bulletins and quarterly newsletters to disseminate information and statistics to all concerned institutions and organizations

B. Main Objectives and Activities

- To revise routine database system to be in line with the structure of health sector reform.
- To promote the capacity for information analysis, interpretation and use for key staff at central provincial and OD levels through formal as well as on the job training.
- To set up a monitoring and evaluation framework for the NTP with clear indicators.
- To set up standardize supervision checklists and periodically updated if needed.
- To develop or adapt GIS software for program management in line with MoH system.
- To publish monthly bulletins and quarterly newsletters on TB related activities
- To disseminate monthly bulletins and quarterly newsletters to partners concerned within and outside the government sector and to abroad.
- To use information in the development or revision of plan and policy
OUTPUT 9: Research A. Main Strategies

A. Main Strategies

- Conduct surveys that are critical for the NTP such as TB: Prevalence Survey, Drug Resistance Survey, etc.
- Identify and plan other studies of similar importance for the NTP such as the health-seeking behaviors, impact of TB on socio-economic development as well as operational research etc.
- Ensure that the survey/study findings are published, disseminated and taken into account in policy-strategy making and planning processes
- Encourage and support the presentation of the findings at national & international conferences

B. Main Objectives and Activities

To complete multi-drug resistance survey in 2001 and organize another one in 2005
To conduct TB Prevalence Survey in 2002
To collaborate with NCHADS to organize the HIV sero-prevalence survey among TB
To organize other studies such as the health-seeking behaviors, impact of TB on socioeconomic development etc
To organize operational research such as preventive therapy for HIV infected people, clinical studies, tuberculosis mortality survey etc
To identify financial resources for research activities
To use all findings for various purposes like baseline data, strategy and plan formulation, advocacy etc.
To present the findings at national, regional and international levels

OUTPUT 10: Partnership

A. Main Strategies

- Establish appropriate mechanisms of coordination with all partners which include international, government, non-government agencies, private sector and local communities in TB control activities
- Network with international organizations involved in TB control activities and identify areas of cooperation and funding for program.
- Collaboration with organizations, universities and research institutes abroad.
- Share experiences and mutual concerns with other countries, in particular through regional and global initiatives.
Expected major donors for the above financial requirement are the Japanese Government through JICA in particular, WHO, the World Bank (WB), the government budget apart from WB, USAID and other technical/financial partners.

There is an uncertainty in terms of budget availability - for the five-year period, for some negotiations with donor and lending agencies are under way or to be taking place. However, two scenarios can be presented. In the optimistic scenario the financial gap will be about 20%, while around 40% of deficit is predicted in the worst scenario.

VII. ANNEXES

1. List of the members of the Working Group for the Formulation of National Health Policies and Strategies and Plan for TB Control in Cambodia 2001-2005

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Role</th>
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<tbody>
<tr>
<td>H.E Prof. Eng Huot,</td>
<td>DG of Health</td>
<td>Chairman</td>
</tr>
<tr>
<td>Dr Mao Tan Eang,</td>
<td>Director, CENAT</td>
<td>Vice-chairman</td>
</tr>
<tr>
<td>Dr Sok Touch,</td>
<td>Director, CDC Dept.</td>
<td>Member</td>
</tr>
<tr>
<td>Dr Touch Sarett,</td>
<td>Vice-director, CENAT</td>
<td>Member</td>
</tr>
<tr>
<td>Dr Team Bak Khim,</td>
<td>Chief, Tech-Office, CENAT</td>
<td>Member</td>
</tr>
<tr>
<td>Dr Keo Sokonth,</td>
<td>Vice-chief, Tech. Office, CENAT</td>
<td>Member</td>
</tr>
<tr>
<td>Dr Tieng Sivanna,</td>
<td>CENAT</td>
<td>Member</td>
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<tr>
<td>Dr Khun Saorith,</td>
<td>CENAT</td>
<td>Member</td>
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<tr>
<td>Dr Khun Kim Earn,</td>
<td>CENAT</td>
<td>Secretary</td>
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</tbody>
</table>

Technical Assistance:

- Dr Ikushi Onozaki: JICA / CENAT
- Dr Pratap Jayavanth: WB / CENAT
- Dr. William J. Pigott: WHO Representative
- Dr. David Awcock: WHO / CDC-MOH
- Ms Caroline F. Connolly: USAID
- Representative from MEDICAM

Ministry of Health Nomination letter No 283 dated 28 March 2001

2. Budget Plan Charts
NTP Estimated Budget 2001-2005 Components

(Food for patients & T/A are not included)

- Capital investment: 16%
- IEC/Research/- Advocacy, etc: 12%
- Operation Management: 21%
- Staff Salary: 6%
- Salary Supplement: 8%
- Drug: 20%
- Diagnosis: 4%
- Training: 14%