

MDR-TB: RESISTANCE TO INH ASSOCIATED WITH RMP, AND ONLY TO RMP

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Resistance is a major problem within our milieu. Drugs should be handled by people with adequate knowledge of both the pharmacology of the drugs used in the treatment of tuberculosis and its etiopathogeny.

Discontinuance of treatment remains the great “villain” for the poor performance of the TCP.

Patients with a Tb treatment history, even if last discharged for “cure”, should be adequately monitored for resistance detection.

Special care should be given to patients with Tb-HIV co-infection.

Tuberculosis is no simple task, as one believed in the early 80s, it is still the disease that kills more adults in productive age, and annually it can kill more than AIDS.

It is important that people involved with “tuberculosis”, at all levels, keep in mind that the guidelines are important as a TCP strategy, but that every patient is an individual with his/her own particularities.

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EVALUATION OF PROGRAM IMPLEMENTATION THROUGH CASE STUDIES OF MALARIA, DENGUE, TUBERCULOSIS AND HANSENIASIS IN LEGAL AMAZON

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The research project *Evaluation of Malaria, Dengue, Tuberculosis and Hanseniasis: Regional/Municipal Case Studies in Legal Amazon* is conducted by the laboratory of evaluation and analysis of regional endemics situations (LASER) – a branch of the Samuel

Pessoa Department of Endemic Disease at Brazilian National School of Public Health – and by the Maria and Leônidas Deane Research Center at FIOCRUZ-Amazonia.

This project joins together the experience of academic researchers, local managers, municipal health secretaries through the Council of Municipal Health Secretaries (CONASEMS) and the service network of Brazilian National Health System (SUS). Its main concern is to answer operational questions related to the implementation of malaria, dengue, tuberculosis and hanseniasis control programs. Besides developing and employing evaluative techniques (evaluation logical models) to specific cases, the project sets up a permanent-and-regionally-articulated network for technical advice. This is taken as the first step for developing a regional observatory of health and disease situations in order to monitor and control regional processes related to the dynamics of production and reproduction of endemic and epidemic situations in the Amazon.

Program evaluation has no long tradition in transforming and setting endemic disease control policies. It constitutes a new and promising field for the production of knowledge as well as for the definition of managerial models. Although the process of decentralized control of endemic disease has known differences in Brazil, there is neither modern instruments nor indicators capable of pointing out its own internal characteristics. In relation to this specific point, an evaluative approach to systematize presumed successful efforts in Legal Amazon should make possible a better understanding of relevant factors for disease control in local communities. This approach is based on case studies of implementation analysis and on case studies of actions conducted for controlling Malaria (case handling), Dengue (vector eradication and case handling), tuberculosis (financial incentive for cured case) and Hanseniasis (decentralization of polychemotherapy).

The analysis of these experiences might set effective regional strategies of endemic disease control. Additionally, these analyses shall contribute to design logical models of rapid evaluation adapting qualitative rapid evaluation techniques (REM-Rapid Evaluation Methods) that have already proved successful in previous research conducted by the World Health Organization. The model comprehends its respective

instruments of data collection, indicators and reference patterns. Moreover it examines the coherence of operational actions and effectiveness of programmatic procedures in relation to the proposed logical model. This approach facilitates the timely availability of results and recommendations to be reported to scientific community and to health authorities in order to be adapted to local program routines.

In this sense a systematic evaluation of health programs with valid indicators has a decisive effect. These models are to redefine national policies of endemic diseases control according to guidelines of decentralized management. Thus, local systems of surveillance and primary health care have to be taken in account. As to the integration/quality of programs and to technical and financial autonomy, a regional diagnosis (baseline) of the control status of endemic diseases will led to more realistic goals. All these instruments will make possible to identify problems and failures in implementing the control of endemic diseases.

In association with national program coordinators of malaria, dengue, tuberculosis and hanseniasis the team of researchers has developed a classification of municipalities for each state and endemics. In order to select representative regional case studies, the classification has taken into account consensual criteria of epidemiological risk, *presumed* performance of programs, technical-managerial and financial autonomy. Each case study was approached through a logical model of evaluation. These models articulate program components such as epidemiological and environmental surveillance, diagnostic and supporting laboratorial network, primary health care and, if existent, innovative elements. The research was begun in September 2001 and was designed to be implemented within a ten-month period. Dr. Elizabeth Moreira dos Santos, Dr. Zulmira Hartz and Dr. Sonia Natal are responsible for the coordination of the project.

TUBERCULOSIS FATALITY AND MORTALITY TENDENCY IN BRAZIL 1980 A 1998

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Conclusion

It was verified, in the 80th, the tendency of reduction of the tuberculosis mortality and of the fatality. In the 90th themaintenance or the increment of these indicators were observed.

In the 80th the reduction tendency could be explained by the implantation of the therapy of short duration. The following decade the great disorganization of the public health happened. The changes policeman and mainly the investment lack for the Program of Control of Tuberculosis.

The most serious problem than we observed on this century (XXII) it was the aggravation of the control of the tuberculosis, besides not obtaining safe data.

Even with all of the limitations of the System of Information, in the eighties the information of tuberculosis morbi-mortality were reliable, already in 90th, in spite of the system of computerized program a worsening of the quality of the information was verified. of 90.

In spite of the association of the co-infection Tuberculosis-HIV to be present the largest difficulties of the program it is the centralization of the treatment, late diagnosis and inadequate medical aid, besides the factors partner economical.

The situation can be considered serious, with risk of losing an entire effort. In the beginning of the 50th, with the chemotherapy, and in the 80th with the therapy of short duration and another measured, a great optimism was verified, but in the end of both periods it was observed the same problems, or be the abandonment and the resistance.