

Ministerial Conference on TB & Sustainable Development Amsterdam 22-24 March 2000

Cambodia is one of the smallest of the 22 high burden countries with a population of 11.4 millions, and occupies a land area of 181,135 Sqkms.

To battle against Tuberculosis, the National TB Control Program was revised in 1994, and the DOTS strategy has been expanding across the country since then.

**Slide 1**

The National TB Program is very proud of successful expansion of DOTS through TB units in public hospitals across the country over the last 5 years. Due to the insecurity caused by the post conflict effect, hospitalization was one of the keys of success of the program; and hospitalization was the only way to ensure DOTS at the beginning of the program.

In 1999, the NTP detected 15,654 new smear positive patients, that is, 135 per 100,000 population, one of the highest rates in the region. The treatment success rate among patients registered in 1998 is reported as high as 92%.

However, long lasted conflict still affects the life and health of the people. Due to the lack of health care infrastructure, long delay before diagnosis is a big problem. Many patients come to TB units more than a year after the onset of symptoms in serious condition; father/mother and child are often diagnosed with TB at the same time; it is not rare that even a whole family has TB.

Despite the successful achievement of the NTP, the chain of infection has not been cut yet. Moreover, Cambodia has a high rate of HIV/AIDS. Because most of the infection occurred after mid-90s, the TB/HIV epidemic is a time bomb waiting to explode. The NTP observed a sharp increase of TB cases of 14% in 1999, which is very alarming.

**Slide 2**

As I already mentioned, TB services were successfully implemented through the network of TB units in hospitals in a rather vertical project type manner with strong guidance from the National TB Center. However, to solve the constraints and achieve 70 % detection and early detection to cut the chain of infection, we need a challenge, and recovering peace makes it possible.

Health Sector Reform has been proceeding to fulfill the basic health needs of the people in rural areas. A network of health centers: 1 per 10,000 population, run by multipurpose health workers without a doctor, is being developed. To cope with the burden of TB, TB services should be decentralized and integrated.

A pilot TB program "DOTS in health centers" was launched in September 1999 in three provinces.

**Slide 3**

Control of Tuberculosis in a country like Cambodia looks difficult, however; strong partnership will make it possible to overcome difficult challenges.

Landmines are still a big problem. However, with international assistance from governmental and non-governmental organizations, de-mining process has proceeded; and the number of land mine victims is steadily decreasing. **WHY NOT THE SAME FOR TUBERCULOSIS?**

We understand **STRONG POLITICAL COMMITMENT** and **INTERNATIONAL PARTNERSHIP** are essential to implement DOTS across the country to control tuberculosis.

On behalf of the Cambodian government and Ministry of Health, I would like to thank the organizers of this conference for providing us with this opportunity to highlight our success with DOTS in Cambodia. Sustaining this success into the future requires national political commitment, and strong support from the international community.

Thank you.