

Honourable Chairman, Ladies and Gentlemen, in the next few minutes I would like to share with you how we have managed to implement the DOTS strategy in Tanzania with success.

The concept of directly observed treatment for TB patients was introduced in the country in 1977 when we launched the National Tuberculosis and Leprosy Programme as one of the first combined programmes in the world. The initial results of the first 5 years with standard treatment based on three drugs were not particularly encouraging. Almost half of all patients put on medication were not cured and the reports were inaccurate and frequently underreported. Also, maintaining an adequate stock of drugs at all levels was not easy.

Despite these constraints, the general feeling was that things could be improved. In 1982 a short-course treatment regimen was introduced to replace the standard regimen I have mentioned above. The treatment principles adopted then were:

- Giving 4 drugs to patients in the first 2 months (also called intensive phase) followed by 6 months' treatment with 2 drugs on an ambulatory basis;
- Direct observation of all patients taking medication by a health worker during the intensive phase;
- Phased introduction of Short Course Chemotherapy (SCC) starting with two regions and then expanding to cover the whole country by 1986 under routine service delivery.
- The treatment outcome using this new regimen has been really encouraging, achieving a cure rate of more than 80% with low drug resistance to all recommended drugs. Mr Chairman, here I would like to acknowledge the immense contribution of the late Dr Karel Styblo from the Union

Mr Chairman, the key to the success of the DOTS strategy in Tanzania can be summarized as follows:

- Strong government commitment
- Close collaboration with donors
- Integrating TB services at delivery point
- Establishing a reliable drug supply since 1983
- Well-trained staff at all levels
- Availability of reliable transport at all levels
- Establishment of a good recording, reporting and surveillance system
- Strong technical support at national and regional levels.

Mr Chairman, starting from 1983, the number of new notified cases has increased more than four times due to the HIV/AIDS epidemic.

This has resulted in:

- Lack of human and financial resources
- Overburdened health services
- High turnover of personnel
- Inadequate stocks of drugs and supplies
- Inaccurate and incomplete recording
- Late reporting

As a response to these challenges, Tanzania has taken a number of concrete steps including:

- increase in the supply of drugs and supplies
- Decentralizing diagnostic and treatment centres especially in urban areas
- Strengthening the urban TB programme starting with the big cities
- Increasing national and international support to the NTLP

The vision for the future evolves around the impact of HIV/AIDS and the need to sustain a successful DOTS strategy in the country. The concrete steps to be taken will include:

- Sustaining government commitment
- Expanding ownership of the NTLP
- Increasing collaboration and donor coordination
- Improving access through Health Sector Reform
- Enhancing community involvement
- Maintaining high cure rates with HSR
- Mr Chairman, ladies and gentlemen, thank you very much for listening to me.