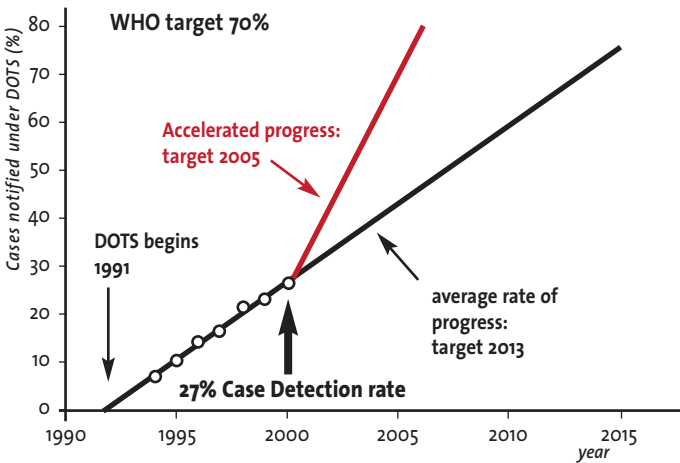


Countries are ready to act

For the first time ever, low and middle income countries with the highest burden of TB have each developed national plans and budgets for TB control.

Access to the DOTS strategy

- ▷ The DOTS strategy has progressed world wide, and 55% of the world's population has access to DOTS, at least in principle.
- ▷ Roughly one quarter (27%) of estimated new infectious cases were reported to DOTS programmes in 2000; the rate of progress in case finding between 1999 and 2000 was no faster than the average since 1994.
- ▷ If this trend is maintained, the target of 70% case detection under DOTS will not be reached until 2013.



But some large countries are making progress:

- ▷ India, with a population of one billion, has been expanding DOTS very rapidly, going from less than 20% in 1999 to over 30% in 2000
- ▷ China, with 1.2 billion people, reached 68% DOTS coverage in 2000.

Countries are ready to act

DOTS programmes notified 2 million new TB cases, over half of which were infectious cases.

- ▷ Over half of the additional infectious cases reported as being treated under DOTS in 2000 were in five countries: India (+28%), The Philippines (+19%), Ethiopia (+6%), South Africa (+5%) and Myanmar (+4%).

DOTS works. Cure rates average 80% (28% for non-DOTS).

Constraints on DOTS expansion

The TB managers of the 22 high TB burden countries with 80% of the world's TB cases have reported the main constraints to DOTS expansion to be:

- ▷ insufficient resources for TB control;
- ▷ lack of qualified staff and management skills;
- ▷ shortage of laboratory equipment;
- ▷ inadequate collaboration between HIV and TB programmes;
- ▷ an unregulated private sector;
- ▷ decentralisation of the health services (as part of health sector reform).

DOTS requires:

- ▷ sufficient health care staff and training resources;
- ▷ working microscopy services (including the setting up of new microscopy centres);
- ▷ a good, reliable supply of drugs (the Global TB Drug Facility can help);
- ▷ and a network of trained community health workers

Whether or not sufficient DOTS services will be provided over the next five years depends on the rapidity of investment, including investment in health care infrastructure. Health services which function poorly through lack of funding or problems of infrastructure are often the weak link in the TB control chain.