

Analysis of constraints and actions –working document

	CONSTRAINTS	REMEDIAL ACTIONS
CHINA	<ul style="list-style-type: none"> - Insufficient political and financial support in some Provinces for DOTS expansion and for maintaining DOTS - Insufficient cooperation between TB institutions and general hospitals - Lack of TB staff and TB programme managers 	<ul style="list-style-type: none"> - Establish multisectoral leading groups at every level and hold NICC meetings to improve political and financial support at Provincial Government level - Pilot DOTS implementation in general hospitals - - Advocate local government to post additional staff on TB control
INDIA	<ul style="list-style-type: none"> - Insufficient financial support at State level - Lack of TB services in large cities - - Limited involvement of large hospitals and medical college - Large number of patients seeking care in private sector not following DOTS strategy - High level of TB/HIV dual epidemic in selected areas with limited collaboration 	<ul style="list-style-type: none"> - Advocacy at State level for higher commitment on TB control - Pilot urban community health care in large cities including TB control service for migrant population - Involvement of large hospitals in DOTS strategy - - Involvement of NGOs and private practitioners in DOTS strategy - Develop TB-HIV/AIDS collaboration strategy and define common strategy
INDONESIA	<ul style="list-style-type: none"> - Decentralization with insufficient support from upper level and limited staff capacity (weak central and provincial TB team) - Drug management and quality control - - Weak reporting and supervision - Limited involvement of public hospitals and of private sector 	<ul style="list-style-type: none"> - Obtain government commitment to increase central and provincial TB teams and train central and provincial team on management skills and supervision - Establish drug quality control system and train staff on drug distribution - Strengthen quarterly reporting and supervision - Engage public hospitals and private sector in DOTS strategy
NIGERIA	<ul style="list-style-type: none"> - Insufficient budget for TB control and poor condition of health care infrastructure at primary health care level. - Irregular funding of health facilities (including staff) and no funds for supervision. Low staff motivation - - Limited involvement of hospitals 	<ul style="list-style-type: none"> - Obtain commitment of Federal and State level for increased financial support and mobilization of external support - Obtain commitment from local government for regular funding of health facilities and staff. Undertake regular supervisions. - - Engage hospitals in DOTS strategy

*based on country profiles presented during the third DOTS Expansion Working Group meeting, Montreal, Canada, 5-6 October 2002