DOTS Expansion Working Group (DEWG)
Achievements in 2001/2002

Introduction

Nearly one-third of the global population, i.e. two billion people, is infected with tuberculosis and at risk of developing the disease. About eight and a half million people develop active tuberculosis and about 1.8 million die every year.

The number of countries adopting the DOTS strategy has increased to 148 countries out of 211 in 2000. The cure rate under DOTS has reached 84% in 2000 as an average for 20 High TB Burden Countries (HBCs). There is now a need to focus on case detection, which is still low at around 30% in 2001 for the same 20 countries. Four countries have performed well in 2001: DR Congo, India, Myanmar and The Philippines. However, there has been low or no progress in the other 22 HBCs. Higher progress is however expected in 2002 as 2001 was the year of preparation in many countries and activities have started in 2002.

Following the second DEWG meeting held in Paris in October 2001, the third DEWG meeting took place in Montreal, Canada on 5-6 October 2002, during which the achievements of the past year and the next steps were discussed.

Achievements in 2001/2002

The 22 HBCs need about US$ 1 billion per year to control tuberculosis over the period 2001-2005. The resource gap has been estimated early 2002 at US$ 300 million per year for the 22 HBC and a further US$ 200 million for other low and lower-middle income countries. Resource mobilisation is needed, including establishing a link with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Additional funding has been secured from various donors and agencies. Free drugs for patients have been secured in 17 countries out of the 22 HBCs of which 10 were partially supported by GDF. However, supplies of free drugs for all patients is not yet secured in 5 countries, including China, Mozambique, Nigeria, Pakistan and Zimbabwe.

Coordination has improved with the establishment of a DEWG core team and regular regional interagency coordination meetings taking place in all regions. Furthermore, National Interagency Coordination Committees (NICC) have been established in 18 HBC. Technical assistance was offered by partners in order to assist several countries in developing and finalising country plans. All HBC have a plan with the exception of Mozambique.

As training is becoming a key issue, a Task Force Training (TFT) was established under the umbrella of the TBCTA*. The aim of the TFT is to support National TB Programmes (NTPs), academia and medical institutions to strengthen human resource development in TB control. The activities undertaken include workshops for training focal points in HBCs, assistance in training of consultants and in developing guidelines and training materials, technical assistance to NTPs on human resource development.

In order to increase case detection, different approaches are necessary. As a result, a public-private mix (PPM) subgroup and a laboratory capacity strengthening subgroup of the DOTS Expansion Working Group have been established. In many countries, the NTP is not the sole provider of TB diagnosis and care. The mandate of the PPM subgroup is to assist in

* The TB coalition for technical assistance (TBCTA) includes ALA, ATS, CDC, IUATLD, KNCV and WHO

formulating policy guidelines, provide guidance on PPM DOTS strategies, assist in developing a research agenda, etc. The aim of the laboratory subgroup is to assess the laboratory networks within the 22 HBCs and other countries requiring special assistance as well as help develop plans to strengthen the capacity of the laboratory networks. This subgroup will respond to countries needing an evaluation and offer technical assistance where needed. A Practical Approach to Lung health (PAL) WHO working group is being established. For PAL, clinical practice guidelines for standardised case management of patients with respiratory symptoms are being validated, tested and implemented.

The Stop TB working group on DOTS-Plus for MDR-TB is promoting a rational implementation of DOTS-Plus, a case-management strategy to manage MDR-TB using second line drugs within the DOTS strategy in low and middle income countries. The Green Light Committee (GLC), a subgroup of the Working Group, reviews applications from projects wishing to benefit from concessional prices for second-line anti-TB drugs. Ten projects in 7 countries have been approved between June 2000 and September 2002.

The interaction between TB and HIV has implications for the public health approach to control TB in high HIV prevalence settings. The Stop TB TB/HIV working group is addressing these issues. A strategic framework to decrease the burden of TB/HIV as well as guidelines for the phased implementation of collaborative TB and HIV programmes activities were developed and widely distributed. The ProTEST pilot projects, set up three years ago, are ongoing and provide not only interesting field experience but also evidence base for TB/HIV interventions.

Conclusions of the third DEWG meeting

In view of the current trend in case detection, the target of 70% case detection may not be reached before 2013 even if DOTS coverage approaches 100%. The DOTS strategy does guarantee high cure rates, but since it is available most of the time only in public health facilities, it is not sufficient to detect all cases. Therefore additional activities need to be implemented. These include involving the private sector by establishing or expanding public-private mix programmes, scaling-up involvement of NGOs in TB control and involving hospitals in TB diagnosis and care. TB diagnosis and care could be decentralised by involving more primary health services. Community TB care programmes should be established or expanded when necessary. Additional interventions also include urban TB control, TB/HIV and DOTS plus for MDR-TB.

To conclude, the aim is to continue to support and facilitate DOTS Expansion in countries focusing on human resources development, laboratory strengthening, capacity building, etc. In parallel, additional strategies should be considered and implemented in order to increase case detection under DOTS programmes. Collaboration with new partners at local and global level, such as the GFATM and the private sector, is essential to pursue the work further. An analysis of health system capacity to identify the constraints to DOTS expansion needs to be pursued in selected countries.

The forth meeting of the DOTS Expansion Working Group will take place on 6-7 October 2003 in the Hague, The Netherlands and an open session on DOTS Expansion will also take place on 29 October 2003 in Paris, France in conjunction with the IUATLD World Conference on Lung Health.

Summary of DOTS Expansion efforts since the second DEWG meeting by country

Countries	**5 year country plan**	**DDR** [1]		**Access to TB drugs secured**	**Total needs** 2001-5 US$ mil	**Identified + possible gap** [4] 2001-5 US$ mil	**NICC -TB**
		2000	2001				
AFRO							
DR Congo	Yes	56	61	YES (GDF)[2]	63	48	Yes
Ethiopia	Yes	41	42	YES	89	47	Yes
Kenya	Yes	46	47	YES (GDF)[2]	180	107	Yes
Mozambique	U/D.	67	68	N/A	N/A	N/A	No
Nigeria	Yes 16	15	16	Partial (GDF)[2]	92	71	Yes
S. Africa	Yes	70	72	YES	1,138	257	No
Uganda	Yes	54	52	YES (GDF)[2]	49	11	Yes
UR Tanzania	Yes	48	47	YES	44	22	Yes
Zimbabwe	No	50	47	NO	108	49	Yes
AMRO							
Brazil	Yes	1	8	YES	258	0	Yes
EMRO							
Afghanistan	Yes	9	n/a	Partial	11	10	Yes
Pakistan	Yes	3	6	Partial (GDF)[2]	120	90	Yes
EURO							
Russia Fed.	Yes	3		YES	831	0	Yes
SEARO							
Bangladesh	Yes	24	26	YES (GDF)[2]	120	35	Yes
India	Yes	12	23	YES (GDF)[2]	543	91	Yes
Indonesia	Yes	19	21	YES (GDF)[2]	176	0	Yes
Myanmar	Yes	49	59	YES (GDF)[2]	12	10	(YES)
Thailand	Yes [3]	47	n/a	YES	104	0	NR
WPRO							
Cambodia	Yes	44	41	YES	49	10	Yes
China	Yes [3]	26	25		495	105	Yes
Philippines	Yes	48	57	YES (GDF)[2]	194	16	Yes
Viet Nam	Yes	83	84	YES	97	7	Yes

1) DDR: DOTS Detection Rate, the percent of estimated new smear-positive cases notified under DOTS
2) GDF is providing part of the TB drug needs in DOTS areas
3) Not available in English or/and in WHO
4) Possible gap: a gap may exist but it has not been identified by countries
N/A: Not available
NR: Not required
U/D: Under development