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health

Department:
Health
REPUBLIC OF SOUTH AFRICA

THE DOTS STRATEGY

URC

DOTS

- **D**irectly
- **O**bserved
- **T**reatment
- **S**hort-course



Learning outcomes

- Understand the history and the key elements of the DOTS strategy
- Discuss the DOTS strategy as the cornerstone of the SA NTCP

DOTS

vs

DOT

Directly Observed TB Short Course

- Comprehensive TB management strategy
- Consists of 5 elements
- Now expanded Stop TB Strategy

Directly Observed Treatment

- A part of the DOTS strategy
- Direct supervision of individual patients to ensure treatment adherence.

Development of the DOTS strategy

- 1970's Tanzania Dr Karel Styblo strategy
- 1991 WHO TB a global problem
- 1993 WHO TB a global emergency and promoted Styblo's strategy (DOTS)
- Implemented in 200+ countries

DOTS as an intervention strategy:

What are the priorities?

- In terms of absolute priorities, the strategy for prevention and control of TB is based on identification and treatment of patients with the disease:
 - Priority towards detection of AFB positive cases
 - Multi-drug therapy
 - Right combination, dose, frequency and duration
 - Directly observed treatment
 - Dependable supply of medicines
 - Reliable recording and reporting

DOTS Strategy



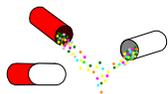
Government commitment to the NTCP



Case detection through smear microscopy



Standardized treatment of TB cases via DOT



Regular uninterrupted drug supply



A standardized recording and reporting system which allows assessment of treatment results

STOP TB STRATEGY

Launched end 2005, implemented in 2006

Goal – to reduce dramatically the global burden of TB by 2015 in line with the Millennium Development Goals (MDGs) and the Stop TB Partnership targets

STOP TB STRATEGY Objectives

- To achieve universal access to high-quality diagnosis and patient-centered treatment
- To reduce suffering and socio-economic burden associated with TB
- To protect the poor and vulnerable populations from TB, TB/HIV and MDR-TB
- To support development of new tools and enable their timely and effective use

STOP TB STRATEGY

Partnership Targets

Linked to MDG 6, Target 8

- By 2005, detect at least 70% of new sputum smear positive TB cases and cure at least 85% of these cases
- By 2015, drastically reduce prevalence and death rates by 50% relative to 1990
- By 2050, eliminate TB as a public health problem

STOP TB STRATEGY Components

1. Pursue high quality DOTS expansion and enhancement

- Political commitment with increased and sustained financing
- Case detection through quality-assured bacteriology
- Standardized treatment with supervision and patient support
- An effective drug supply and management system
- Monitoring and evaluation system, and impact measurement

STOP TB STRATEGY Components

2. Address TB/HIV, DR-TB and other challenges

- Implement collaborative TB/HIV activities
- Prevent and control MDR-TB
- Address prisoners, refugees and other high risk groups and situations

STOP TB STRATEGY

Components

3. Contribute to health system strengthening

- Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery and information systems
- Share innovations that strengthen systems – Practical Approach to Lung Health
- Adapt innovations from other fields

STOP TB STRATEGY

Components

4. Engage all care providers

- Public-Public, Public-Private Mix (PPM) approaches
- International Standards of TB Care

5. Empower people with TB and communities

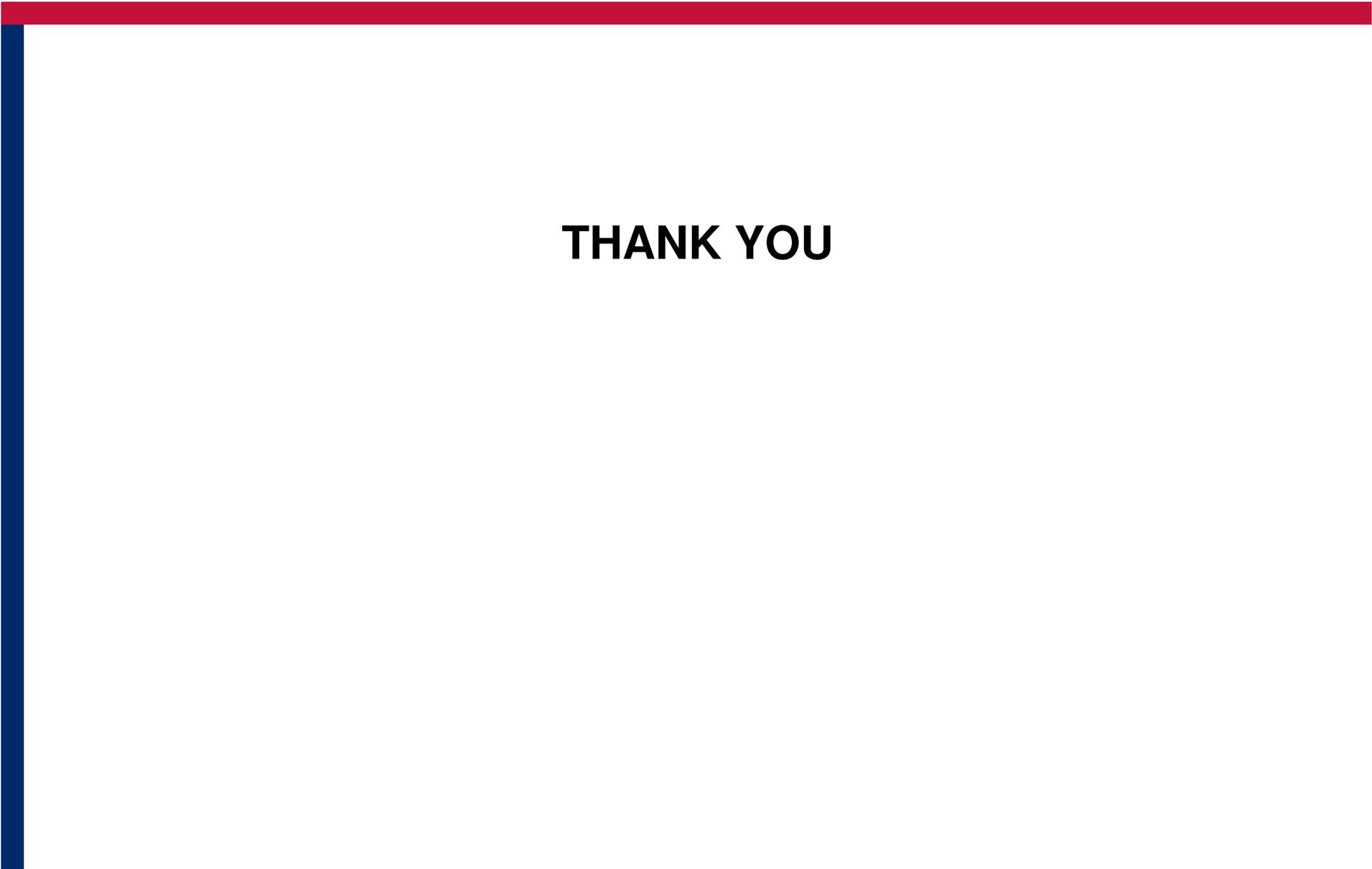
- Advocacy, communication and social mobilization
- Community participation in TB care
- Patient's Charter for TB Care

STOP TB STRATEGY

Components

6. Enable and promote research

- Program based research
- Research to develop new diagnostics, drugs and vaccines



THANK YOU