



# IMPLEMENTING THE WHO STOP TB STRATEGY

A handbook for national  
tuberculosis control programmes



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A HANDBOOK FOR NATIONAL TB CONTROL PROGRAMMES



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# Preface

Since the publication of the *Tuberculosis handbook* by the World Health Organization in 1998, important changes have taken place in the global context in which control of tuberculosis (TB) is carried out. Firstly, the DOTS strategy has been adopted by virtually all countries during the past decade, although with varying quality, and full-scale DOTS implementation has not yet been achieved. At the same time, efforts to control the disease have become increasingly patient-centred and directed towards universal access to care for all.

Secondly, new major challenges to public health have emerged, adding complexities for the work of national TB control programmes (NTPs) and straining available resources. The epidemic of infection with the human immunodeficiency virus (HIV) has become the main driving force behind the increasing incidence of TB in sub-Saharan Africa and elsewhere, requiring NTPs to reach beyond their usual mandate and to work jointly with HIV control services; they have also had to face the emergence of multidrug-resistant TB (MDR-TB) and, most recently, extensively drug-resistant TB (XDR-TB) in many countries. Addressing drug-resistant TB requires a massive increase of resources both to treat patients with second-line drugs and to prevent the development of resistance, through general improvements in programme performance.

Thirdly, building health systems and primary services that provide access to health care for all brings new challenges. NTP managers should become engaged in and contribute to general system development, while expecting from systems and services the contributions needed for TB control. Opportunities should therefore be sought to improve control of the disease while also contributing to the development of general health services.

Fourthly, the increasing involvement of the non-state sector in the care of TB patients, although welcomed, brings an additional challenge: ensuring that adequate standards of care (such as those contained in the *International standards for tuberculosis care*) are applied by all providers.

Fifthly, civil society and communities themselves are key elements in the fight against TB, but their engagement and empowerment need to be further promoted and facilitated. The recently published *Patients' charter for tuberculosis*

*care*, based on input from affected communities worldwide, has not yet been widely adopted by NTPs. Social mobilization is an important innovative component of the Stop TB Strategy.

Finally, research on TB, neglected for decades, should be fostered to meet the increasingly pressing need for new drugs, diagnostics and vaccines. Addressing TB/HIV and MDR-TB requires improved and rapid diagnostic tools; new classes of drugs are needed for MDR-TB and XDR-TB, and to shorten the length of treatment; engaging non-state practitioners and communities requires operational research to fine-tune interventions. Eliminating TB requires effective preventive measures as well as optimal case management.

Taking account of these new and changing situations, the Stop TB Strategy defines specific objectives and components directed towards the overall target of Millennium Development Goal 6: to have halted and begun to reverse the incidence of TB by 2015. This new version of the *Handbook for national TB control programmes* provides an overview of the broad range of approaches needed to implement all six components of the Strategy, and to achieve its goals. It is the result of efforts by many experts, building on the new knowledge and evidence that are behind the complexities of modern TB control; its purpose is to facilitate the work of all those who are engaged in the aim of ultimately eliminating TB.

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