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Strategic approach for the strengthening of laboratory services for tuberculosis control

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Strategic Approach for the Strengthening of Laboratory Services for Tuberculosis Control, 2006-2009

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with contributions from the members of the Subgroup on Laboratory Capacity Strengthening



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Abbreviations

AFB	acid-fast bacilli
DEWG	DOTS Expansion Working Group
DOTS	the internationally recommended strategy for TB control
DRS	drug resistance surveillance
DST	drug susceptibility testing
FIND	Foundation for Innovative New Diagnostics
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLC	Green Light Committee
HBC	high-TB burden country
HIV	human immunodeficiency virus
IUATLD	International Union Against Tuberculosis and Lung Disease
MDR-TB	multidrug-resistant tuberculosis
NRL	national reference laboratory
NTP	national TB control programme
PPM	public-private mix
PSL	private sector laboratory
QA	quality assurance
SLCS	Subgroup on Laboratory Capacity Strengthening
SOP	standard operating procedure
SRL	supranational reference laboratory
ТВ	tuberculosis
TDR	UNDP/World Bank/WHO Special Programme for Research and
	Training in Tropical Diseases
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

1. Introduction

Bacteriology is one of the fundamental aspects of national tuberculosis (TB) control programmes (NTPs) and a key component of the DOTS strategy. However, TB laboratory services are often neglected components of these programmes.

Given existing constraints, it will be difficult for many countries to achieve the global targets of 70% detection of infectious cases and 85% cure of these incidents by the year 2005. Although the global success rate under DOTS has reached 82%, the detection rate of the estimated prevalence has increased at a far slower rate (53% in 2004). In order to improve the case-detection rate, a global strategy for the development and strengthening of TB laboratory networks needs to be implemented urgently. In addition to improving sputum smear microscopy, the strategy recognizes the need to upgrade existing laboratory services and to strengthen/build capacity to perform culture and drug susceptibility testing (DST) in areas experiencing a high burden of acid-fast bacilli (AFB) smear-negative TB associated with human immunodeficiency virus (HIV) infection and to support DOTS-Plus projects.



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