DOTS EXPANSION IN CAMBODIA

7th Annual TB Conference
21-21/03/2002
I. What is DOTS?

Directly Observed Treatment, Short Course, is the most effective strategy for controlling TB today.

Five components of DOTS:
- Government commitment to TB control
- Microscopy for diagnosis
- Regular drug supply
- Standard DOTS treatment regimens
- Standard reporting and recording system
II. BACKGROUND

Global and Regional levels

? Over the past 50 years, Strategy for TB control swung back and forth

? Principles of DOTS was adopted by WHO in 1973, But was effectively put in use by Styblo in 1978 in Tanzania (Africa)

? Up to 1990 the world was not so good at controlling TB

? 1993: WHO declares TB as a Global Emergency

? Strategy is packaged and branded as DOTS in 1995

? 1990-1999: countries implementing increased from 10 to 127

? 1998: Stop TB initiatives for Global Action

? 1999: TB Crisis declared in WPRO

? 2000, March: Amsterdam Declaration

? 2000, November: Cairo conference: Global DOTS Expansion Plan, National DOTS Plan


? 2001, October: Washington Commitment
Access to DOTS: globally by 1999 only 23% of infectious cases were accessed to DOTS.

**In Cambodia**
- DOTS started in 1994
- Documented Policies and Strategies for TB control approved in 2001
- National DOTS expansion Plan approved in 2001

**III. DOTS Expansion in Cambodia**
- DOTS started in Cambodia since 1994

- From 1994 till 1999
  - mainly **DOTS hospitalization**
  - up to 1999 there were 145 TB Units in RH and HC former district public hospitals

- **Home care DOTS**: pilot in Phnom Penh since' 97
- DOTS expansion to HC level: Why?
  - Increase accessibility, -> decrease cost (travel)
  - overloading of inpatient
Start from Pilot project:
- in September 1999 started in 9 HC:
  Ambulatory DOTS
  Evaluation ☑️ good result

Expansion:
- in 2000, expanding to 60 HC BB. SIR. KPS. KCN

- IN 2001, 204 HC were equipped with DOTS capacity
- By the end of 2001: 264 HC were providing DOTS

Strategic activities for DOTS expansion to HC:
* Formation of DOTS Expansion teams
* Activities
  - Preparation visit: situation analysis
  - Sensitizing workshop: to get consensus
  - Technical training: to HC staff
  - Meeting before implementation: technique & Logistics
  - Implementation: monitoring & supervision
  - Assessment workshop: after 3 month implementation
  - Routine monitoring and evaluation: biannual, yearly..
IV. Main Targets by 2005

<table>
<thead>
<tr>
<th>Main Indicators</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
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<tbody>
<tr>
<td>DOTS at Health Center</td>
<td>60</td>
<td>145</td>
<td>325</td>
<td>505</td>
<td>685</td>
<td>865</td>
</tr>
<tr>
<td></td>
<td>(7%)</td>
<td>(17%)</td>
<td>(38%)</td>
<td>(58%)</td>
<td>(79%)</td>
<td>(100%)</td>
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<tr>
<td>Case Detection Rate(%)</td>
<td>52</td>
<td>54</td>
<td>58</td>
<td>62</td>
<td>66</td>
<td>70</td>
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<tr>
<td>Treatment Cure Rate(%)</td>
<td>91</td>
<td>&gt;85</td>
<td>&gt;8</td>
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V. Challenges for DOTS Expansion

- staff capacity and motivation
- Resources implication: human, material
- Early case detection & issue of TB/HIV
- Involvement of community, private sector
  IEC activities
- Ensuring free-of-charge services
Plan for 2002

- In 12 Provinces and 21 ODS
- 273 HC will equipped with DOTS capacity
Thank you!