

Introduction

Tuberculosis (TB) is a major cause of illness and death worldwide, especially in Asia and Africa. Globally, 9.2 million new cases and 1.7 million deaths from TB occurred in 2006, of which 0.7 million cases and 0.2 million deaths were in HIV-positive people. More positively, and reinforcing a finding first reported in 2007, the number of new cases per capita appears to have been falling globally since 2003. Globally, the rate of case detection for smear positive cases reached 61% in 2006 (compared with the target of at least 70%) and the treatment success rate improved to 84.7% in 2005 (*WHO, 2008*).

‘TB anywhere is TB everywhere’ a truth embodied in the theme of World TB Day-2007. Cases of extensively drug resistant TB (XDR-TB) are being reported in increasing numbers across the globe. In a recent report 4% to 19% of multidrug resistant (MDR) tuberculosis isolates were XDR strains. Recent public exposure of drug resistant TB in a transatlantic flight had created apprehension (*Raviglione and Smith, 2007*).

The five principles of the WHO recommended DOTS strategy are:

- 1) Political and administrative commitment.
- 2) Case detection, primarily by microscopic examination of sputum of patients presenting to health facilities.
- 3) Standardized short course chemotherapy given under direct observation.
- 4) Adequate supply of good quality drugs.
- 5) Systematic monitoring and accountability for every patient diagnosed (*World Health Organization, 2002*).

By 2005, 187 countries were implementing DOTS, with 4.9 million cases of tuberculosis treated under the strategy in that year alone (*WHO, 2007*).