

# DOT OR NOT — IS IT WORTH THE EFFORT IN THE MANAGEMENT OF TUBERCULOSIS

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**Background:** Prevention and control of TB necessitate a public health infrastructure that includes a well trained labor force.

Southern Africa contribute approximately 280 000 cases every year in Africa. Almost half of these come from South Africa.

A complication of tuberculosis has been the emergence of multi-drug resistant strains. Patients require prolonged chemotherapy with expensive medication which will at best cure only half.

In 1996 a new control programme based on DOTS were implemented.

The DOTS program was extended to include the treatment of MDR-TB. Resource limitations mean that DOTS-Plus may lead to the diversion of resources from DOTS programs and a decrease in overall standards of care.

An open-label, randomized study failed to show a lasting advantage for directly observed TB therapy over self-administered therapy.

**Method:** During a study conducted from 01 April 2008 to 30 September 2009, in the geographic area of Kimberley, Northern Cape, 86 pulmonary TB patients were evaluated to compile this hypothesis.

**Results:** By week 12, the rate of bacteriological success was 89% in the DOT group and 84% in the self-administration group - a difference insufficient to prove the superiority of DOT. At 24 weeks the success rates remained similar between the groups (80% and 73%).

Vast amounts of time, energy and money are spent on the promotion of DOT - the question remains, can't these resources be better utilized in an already overburdened health system.

Study results points to the fact that more energy should be spent on aftercare and relapse prevention. The present challenge is not the tuberculosis bacteria per se, but the under and overuse of medication.

**Conclusion:** Even with adequate financing, critical deficiencies in human resources will impede progress in Africa. Political commitment is required to support the overall structural and financial changes needed to improve the availability, distribution and motivation of competent health workers.