The 2007 report card looks at the 22 countries which are home to over 80% of the world’s TB cases, and shows the 15% increase since 2002 that they have made in curing infectious TB cases. It also juxtaposes the proportion of TB patients being cured with DOTS-based services, with the proportion of patients in these same DOTS programs who have not completed their re-treatment because of defaulting and treatment failure.

When DOTS strategy-based national TB programmes permit defaults, treatment failures and re-treatment failures, they are sending an open invitation for those patients to become resistant to TB drugs. And all it takes is a cough or a sneeze to spread drug-resistant TB to others. Universally available and accessible TB treatment under the DOTS strategy needs quality monitoring, at the patient and programme levels, to ensure successful treatment completion. High quality diagnostic laboratory support is the other key in determining outcomes of treatment regimes. Both need more support within national TB control programs than has been provided for currently.

Multi-drug resistance needs renewed commitment to make sure that first line treatment through the DOTS strategy is followed through. It also demands new tools for rapid diagnostics and new effective medications. Otherwise, it may undo the gains that we have made in the last decade in the fight against this age old disease.

**WARNING:**

These countries have a significant risk for developing multi-drug resistant TB on a large scale. Some of the countries in this group are already witnessing extreme drug resistance. Urgent action is needed in these countries now to improve the quality of their DOTS-based treatment services.

Additional notes:

- Vietnam and Myanmar deserve our applause for TB control! Their efforts are saving thousands of lives! Myanmar though needs to be worried about emergence of drug resistance. See below.
- Multi-drug resistance needs renewed commitment to make sure that first line treatment through the DOTS strategy is followed through. It also demands new tools for rapid diagnostics and new effective medications. Otherwise, it may undo the gains that we have made in the last decade in the fight against this age old disease.

**DISTINCTION**

of reaching the WHO TB control targets

(Over 60% of TB cases cured!)

Vietnam and Myanmar deserve our applause for TB control!

Their efforts are saving thousands of lives! Myanmar though needs to be worried about emergence of drug resistance. See below.

**COULD PASS SOON** the WHO TB control targets

(Between 40% to 59% TB cases cured)

With further progress, these countries could soon achieve WHO’s TB control targets. MDR and XDR TB could set back these rapidly progressing programs considerably. See below.

**FAILING**

(Less than 40% of TB cases cured)

It is time these countries made TB control a much higher priority. Adequate finances, strong systems and technical support need to be prioritized by these countries to scale up their efforts to control TB.

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**Legend**

- Actual cure rate for TB (treatment success rate in cases detected)
- At risk for MDR (as % of retreatment cases (default + failure))


*2004 cohort data used in this report card shows 46.5% actual cure rates (54% Case detection and 86% treatment success)