## Analysis of constraints and actions – working document

<table>
<thead>
<tr>
<th>Country</th>
<th>Constraints</th>
<th>Remedial Actions</th>
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</table>
| **CHINA** | - Insufficient political and financial support in some Provinces for DOTS expansion and for maintaining DOTS  
- Insufficient cooperation between TB institutions and general hospitals  
- Lack of TB staff and TB programme managers | - Establish multisectoral leading groups at every level and hold NICC meetings to improve political and financial support at Provincial Government level  
- Pilot DOTS implementation in general hospitals  
- Advocate local government to post additional staff on TB control |
| **INDIA** | - Insufficient financial support at State level  
- Lack of TB services in large cities  
- Limited involvement of large hospitals and medical college  
- Large number of patients seeking care in private sector not following DOTS strategy  
- High level of TB/HIV dual epidemic in selected areas with limited collaboration | - Advocacy at State level for higher commitment on TB control  
- Pilot urban community health care in large cities including TB control service for migrant population  
- Involvement of large hospitals in DOTS strategy  
- Involvement of NGOs and private practitioners in DOTS strategy  
- Develop TB-HIV/AIDS collaboration strategy and define common strategy |
| **INDONESIA** | - Decentralization with insufficient support from upper level and limited staff capacity (weak central and provincial TB team)  
- Drug management and quality control  
- Weak reporting and supervision  
- Limited involvement of public hospitals and of private sector | - Obtain government commitment to increase central and provincial TB teams and train central and provincial team on management skills and supervision  
- Establish drug quality control system and train staff on drug distribution  
- Strengthen quarterly reporting and supervision  
- Engage public hospitals and private sector in DOTS strategy |
| **NIGERIA** | - Insufficient budget for TB control and poor condition of health care infrastructure at primary health care level.  
- Irregular funding of health facilities (including staff) and no funds for supervision. Low staff motivation  
- Limited involvement of hospitals | - Obtain commitment of Federal and State level for increased financial support and mobilization of external support  
- Obtain commitment from local government for regular funding of health facilities and staff. Undertake regular supervisions.  
- Engage hospitals in DOTS strategy |

*Based on country profiles presented during the third DOTS Expansion Working Group meeting, Montreal, Canada, 5-6 October 2002*