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China shows the second largest TB burden after India, and there are over 1 million new cases of TB every year. In order to achieve the goal of global tuberculosis control, various strategies such as strong system of health insurance for TB and DOTS (Directly Observed Therapy, Shortcourse) strategy, which is a very cost-effective treatment, have been implemented in China since the year 1990. These strategies were helpful in reducing the cases of smear-positive tuberculosis from 170 cases per 100, 000 people to 59 cases per 100, 000 people from the year 1990 to year 2010 (Du et al., 2014).

Hospitals have an important role in providing health services for patients of TB in China. Moreover, human resources can provide a central role in TB medical care. However, it has been reported that few hospital resources are available in western China as compared to eastern China. According to Guideline of the Ministry of Health, the nurse-physician ratio must not be less than 2: 1 but in most of the TB hospitals this ratio is about 1. 3: 1. Studies have shown that higher nurse-to-patient ratio and higher level of education of nurses help in decreasing the mortality rates of patients, but most of the nurses are graduated from technical school and not from college (Du et al., 2014). Researchers have also noted that the cost for the treatment of multidrug-resistant tuberculosis (MDR-TB) is influenced by the extent of hospitalization or ambulatory care, and the second-line drugs used in the treatment regimen (Fitzpatrick & Floyd, 2012).

Conclusively, it can be said that TB is a global problem and patients of TB require proper care. In this case, it is important to improve the quantity as well as education of nurses for better outcomes. Moreover, cost-

effectiveness of MDR-TB treatment can be done in different countries by considering the extent of care and use of second line drugs along with early and proper treatment.

References

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