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The World Health Organization is the United Nations Specialized Agency, which is tasked with acting as a world body that directs and coordinates its human health activities. It is responsible for providing global health leadership, setting a health research agenda, setting standards and standards, formulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends. Armenia - Australia - Brazil - Canada - China - Colombia - Denmark - Dominican Republic - Ethiopia Europe - Finland - France - Georgia - Germany - Ghana - India - International - Kenya - Latvia Low and Middle Income - Malaysia - Moldova - Mozambique - Nigeria - Pakistan Republic of Korea - South Africa - Spain - Africa sub-Saharan - Taiwan - Turkey This new edition promotes a number of important recommendations. First, the recommendation to end the regime based only on 2 months of rifampicin (2HRSE/6HE) and regime change based on a full 6 month rifampicin (2hrse/4HR) will reduce the number of relapses and failures. This will alleviate the suffering of patients as a result of the second episode of tuberculosis (TB) and preserve patient resources and programmes. Secondly, this fourth edition confirms previous WHO recommendations for drug susceptibility testing (DST) at the beginning of therapy for all previously tried patients. Finding and treating multidrug-resistant tuberculosis (MDR-TB) in previously convicted patients will help improve very poor outcomes in these patients. New recommendations for rapid detection and appropriate treatment (MDR-TB) will also improve access to life-saving care. Thirdly, the detection of MDR-TB will require an increase in daylight saving time capacity in the context of specific, comprehensive laboratory strengthening plans. This fourth edition provides guidance on treatment approaches in the light of advances in laboratory technology and the country's progress in building laboratory capacity. Fourthly, diagnosing MDR-TB cases among previously convicted patients and providing effective treatment will greatly help to stop the spread of MDR-TB. This edition also examines the prevention of acquired MDR-TB, especially among new TB patients who already have isoniazid-resistant mycobacteria tuberculosis when they begin treatment. Finally, this edition strongly supports preliminary recommendations for controlled treatment, as well as the use of combinations drugs and kits for patients as additional measures to prevent the acquisition of drug resistance. 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The responsibility for the interpretation and use of the material lies with the reader. The World Health Organization is in no way responsible for the damage caused by its use. This is the fourth edition of TB Treatment: guidelines fully adhering to WHO's new process on evidence-based guidelines. This new edition promotes a number of important recommendations. First, the recommendation to end the regime based only on 2 months of rifampicin (2HRSE/6HE) and regime change based on a full 6 month rifampicin (2hrse/4HR) will reduce the number of relapses and failures. This will alleviate the suffering of patients as a result of the second episode of tuberculosis (TB) and preserve patient resources and programmes. Secondly, this fourth edition confirms previous WHO recommendations for drug susceptibility testing (DST) at the beginning of therapy for all previously tried patients. 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Finally, this edition strongly supports previous recommendations for controlled treatment, as well as the use of combinations of fixed-dose anti-TB drugs and as additional measures to prevent the acquisition of drug resistance. WHO TB Programme Review world health organization. treatment of tuberculosis guidelines. fourth ed. geneva who 2010

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