Infection with the mycobacterium tuberculi (tuberculosis) constitutes a major public health challenge worldwide. The World Health Organization (WHO) estimated that tuberculosis is responsible alone for the death of 3 millions and the illness of some hundred millions more annually. Projections for the year 2020 showed that if current transmission dynamics are not interrupted, the toll of tuberculosis morbidity will mount to one billion cases. This has placed tuberculosis among the most serious known threats for human survival and well-being worldwide. WHO has identified 25 countries as heavily struck by the tuberculosis misery. Pakistan, a low income country in the Indian subcontinent, came sixth in this list. The National TB control program established in 1965 could not reduce the burden of disease and deaths due to TB significantly enough. In the last years, the program has been widely criticised for its poor impact on effective TB control in the country. The research assesses the program's performance in a systematic and chronological manner and figure out nodes for improving TB control interventions. Examining the TB control situation in other 22 high burden countries and learning lessons from the successful TB control programs, the author uses a unique blend of qualitative and quantitative research methods to study the TB control phenomenon in Pakistani setting. A detailed account is then given about the strengths, resources and shortcomings of the program. Five main problems have been identified by the review:

1) There is a low level of political commitment to tuberculosis control activities,
2) The NTCP is centrally organized and being run as a vertical program,
3) Financial resources allocated for the tuberculosis control activities are less than enough,
4) The level of manpower is not sufficient for the planning, management, monitoring and evaluation activities of the program,
5) There is no clear description of the roles and responsibilities of the central and peripheral levels for the supervised treatment and for the various departments within the

There is a severe shortage of the inputs and resources available to these facilities. This applies to the human resources (doctors, nurses and other health care workers) and financial resources. The salaries of the staff constitute the majority of the limited financial resources allocated to these facilities, with little money left to the provision of drugs, maintenance and medical equipment. This has led to a serious deterioration of the quality of services. There is a state of fragmentation in the control policies and case management strategies employed by these facilities. None of the facilities adheres to the DOTS strategy. There was no case management strategy in the public facilities. Facilities supported by international relief and charity organizations followed the case management strategies of the donor country. The research brought about some key recommendations. TB control in Pakistan need to be prioritized as a major health problem and interventions must widely adopt and implement DOTS strategy. Targets must be set and enough resources allocated for TB control in Pakistan.