

Improving the supervision and patient support for drug resistant TB patients in Nepal

PROJECT BRIEF

This study supports the National TB Programme of Nepal to develop an improved supervision and patient support approach aimed at drug resistant TB patients.

Background

Drug resistant TB (DR-TB) is an increasing threat to the success of global TB control. Treatment currently takes a minimum of 20 months and requires careful supervision and patient support to identify problems associated with treatment and to ensure patients complete treatment. The global Stop TB strategy recommends supervision and patient support, but does not clarify what this means, or how it should be provided.

In Nepal, 2.9% of new TB cases, and 12% of previously treated cases, are DR-TB. Although DR-TB treatment facilities exist in all 5 administrative regions of Nepal, access to treatment is poor for many patients. Consequently, many DR-TB patients need to relocate for treatment. Although the National TB Programme (NTP) provides free drugs, the treatment is long, unpleasant and means patients struggle to maintain their livelihood.

Supervision and support for patients is therefore crucial, but the national guidelines for DR-TB management do not define this component. The Health Research and Development Forum (HERD), in collaboration with the NTP, have designed, piloted and will be evaluating an improved supervision and patient support approach aimed at DR-TB patients. The study clearly highlights an urgent need to define and implement supervision and patient support.

Aims

- support the NTP to develop a more effective patient centred approach for DR-TB management
- identify better, more patient-friendly mechanisms for providing supervision and patient support, including ways of implementing these mechanisms and better training methods and materials for patients and health workers



Researchers:

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In-country partners:

- National TB Programme, Nepal
- Ministry of Health and Population, Nepal

Project setting:

Selected treatment centres and sub-centres in Nepal

Research themes:

- Community interventions
- Minimising drug resistance
- Accessible & user-friendly services
- Quality of care

Objectives

- develop and pilot an improved supervision and patient support approach in the existing DR-TB management programme
- develop educational materials and support for different health care providers and patient care takers in line with this approach to supervision and patient support
- evaluate the effectiveness of the approach
- support scale-up of the proven approach across Nepal
- develop a generic version of supervision and patient support

About the study

The study uses the 'patient centred approach in DR-TB management' theme of the Stop TB strategy to develop a comprehensive approach to supervision and patient support, and also develops clear guidelines to defining roles and responsibilities of those involved.

The study uses a working group process, involving key stakeholders including patient representatives, to develop the supervision and patient support approach.

The supervision and patient support approach will be evaluated to:

- assess effectiveness;
- assess acceptability to providers and patients; and to
- improve the approach before wider implementation at selected sites

Potential scaling up of research findings

This research will provide new knowledge and materials for patient-centred care, which will benefit not only the programme to manage DR-TB cases in Nepal but elsewhere as appropriate.

For more information about this project, email sudeepa.khanal@herd.org.np

About COMDIS-HSD

<u>COMDIS-HSD</u> is a Research Programme Consortium funded until 2016 by UKaid.

Working with partner NGOs in 7 countries, we provide evidence to policy makers in low-middle income countries to help them improve their health service delivery processes.

We aim to improve demand for, access to, and quality of prevention and care for common diseases, especially in underserved populations.

By sharing our evidence-based research findings, we ensure changes to health service delivery policy and practice in low-middle income countries and beyond.

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