

<b>Title of Case Study/ Research Success:</b>	<b>Building research and development capacity in Pakistan - Association for Social Development.</b>
<b>1. Title of Research Programme/Project</b>	Randomized Controlled Trial on DOTS, DFID Knowledge Programmes (2), and Communicable Disease Research Programme (COMDIS)
<b>2. Programme/Project Reference Number</b>	
<b>3. Summary of success</b>  <i>[250 words]</i>	<p>The Association for Social Development was established, to help implement the DFID-supported TB research project (i.e. randomized controlled trial on directly observed treatment for tuberculosis). Since then, the Association has participated in two DFID-supported (consecutive) TB Knowledge Programmes followed by COMDIS.</p> <p>The said DFID-supported trial helped the Association and its UK partner institution (Nuffield) to get scientific papers published in the Lancet, Health Policy and Planning, and Social Science Medicine etc. as well as initiate a programme enabling exercise in Pakistan. This exercise included the production of a series of guidelines and material development, strategic and programme planning, and implementation support activities at national, provincial, district, facility and community levels.</p> <p>The Association started working with the TB Control Programme and gradually expanded to other health programmes for better control of communicable and non-communicable diseases e.g. malaria, sexually transmitted infections, micronutrient deficiencies, tobacco control, and maternal and child health. The scope of work expanded from research and development to include implementation strengthening support in more than twenty five districts of Pakistan.</p> <p>The Association that started, as a small indigenous professional NGO in 1995, with a couple of professional and support staff, has grown significantly. In addition to the Islamabad office, the organisation now has provincial and/or regional offices in all four provinces of Pakistan. The number and quality of professional and management staff currently working on a full-time basis, makes the Association unique among contemporary non-government organisations. The growing recognition at national and international levels, offers further opportunities to expand the size and scope of work within and outside Pakistan.</p>

<p><b>4. “Killer” fact</b></p>	<p>ASD, with the Nuffield Leeds, has supported the development of the national TB programme from the beginning and enabled its expansion nation-wide; contributing to Pakistan achieving the targets of 70% case finding and 85% successful treatment outcome. The enabled Programme is successfully treating more than 200,000 TB patients every year, many of whom would otherwise have died or lived with chronic TB (and have infected many more).</p>
<p><b>5. Country/ies</b></p>	<p>Pakistan</p>
<p><b>6. Description of the project and main findings</b></p> <p><i>[250 words]</i></p>	<p>A multi-centre randomized controlled trial in Pakistan compared the effectiveness and feasibility of directly observed treatment (either through health facility or community based workers or through family members). An economic analysis and two qualitative studies helped to understand the trial experience and explain the results. The papers published in peer-reviewed journals contributed to the scientific argument regarding the justification and modalities of directly observed treatment. A Programme development exercise, initiated as a set of research dissemination activities, was subsequently supported through the TB Research Programme (LSH&amp;TM and Nuffield: April 1999 – March 2001). The TB Knowledge Programme (also LSH&amp;TM and Nuffield: 2001 - 2006) enabled the Association to continue the research and development support to the TB Control Programme. The exercise led to the development of a complete set of operational guidelines and training materials, currently being used in the nationwide implementation of DOTS in Pakistan.</p> <p>The Communicable Disease Research Programme (COMDIS, Nuffield: 2006 – 2011) has provided the Association an opportunity to expand the scope of its research and development support to Malaria and HIV/AIDS Control Programmes. The COMDIS timing also coincides with the New Stop TB Strategy – adding new components to the core DOTS strategy package. The new set of programme challenges that COMDIS has been able to contribute includes public-private partnership, hospital DOTS linkages, external quality assurance, childhood tuberculosis, TB-HIV co-infection, and advocacy, communication and social mobilisation (ACSM) for TB control.</p> <p>Many of the products from this research and development work have already been scaled-up through programme resources as well as donor-funding (e.g. GFTAM, FIDELIS).</p>
<p><b>7. Potential impact</b></p>	

<p>▪ <b>Who has benefited already and how?</b></p> <p><i>[100 words]</i></p>	<p>The prime beneficiary is the country, where enhanced indigenous capacity for research and development is available for the years to come. The beneficiaries of the research and development work being done include national and provincial programmes, district level managers, facility and community level care providers, and patients and communities where enhanced care delivery approaches are implemented. Many of the research and development products have been used for nationwide implementation (i.e. 160 million population) of programme interventions e.g. TB desk guide and training materials for doctors, paramedics and laboratory staff, public-private partnership development products. Other products being considered for province-wide implementation (i.e. 75 million population) include Hospital DOTS Linkage, External Quality Assurance (TB and malaria), Enhanced monitoring etc.</p>
<p>▪ <b>What is the actual or potential impact of the research?</b></p> <p><i>[100 words]</i></p>	<p>The major impact of the research and development work done with the TB control programme has been the successful rapid expansion with an achievement of national case detection and treatment success targets (i.e. 70% and 85% respectively), within a span of about eight years. The baseline, in year 2000, was about half or less of these recommended targets.</p> <p>TB research in Pakistan has also contributed in the international efforts to evolve “practical” approaches to support TB patient during his/her treatment, developing public-private partnership for TB control, establishing hospital DOTS linkages, integrating disease control interventions into primary health care, managing childhood TB etc.</p>
<p>▪ <b>Why is your research novel?</b></p> <p><i>[100 words]</i></p>	<p>The novelty lies mainly in:</p> <ul style="list-style-type: none"> <li>✚ research being ‘pragmatic’ and ‘linked’ with development for programme capacity enhancement.</li> <li>✚ our approach of working together with the programme to design, conduct and use research for addressing programme performance related issues.</li> <li>✚ our use of research method-mix to explore, assess and explain various arrangements and/or experiences for enhanced programme performance.</li> <li>✚ our optimal mix of in-country and international expertise to work on indigenous research agendas and offering context-sensitive solutions to programme related issues with relevance to international interest.</li> <li>✚ our ability to get the research into policy and practice within the country, as well disseminating the research experiences and products outside the country.</li> </ul>

<p>▪ <b>What made your research successful?</b></p> <p><i>[100 words]</i></p>	<p>The success of our research lies mainly in:</p> <ul style="list-style-type: none"><li>✚ long-term development partnership – based on programme needs rather than project requirements.</li><li>✚ research and development leading to enhanced programme capacity – rather than mere set of research findings.</li><li>✚ programme involvement and ownership of – research needs, activities and products.</li><li>✚ research and development embedded into early implementation of programme interventions.</li><li>✚ implementation support projects in about twenty districts of Pakistan (through other sources e.g. GFATM, FIDELIS) facilitated the intervention piloting and evaluation activities.</li><li>✚ ability to effectively disseminate the research results and products through national and international forums and publications.</li></ul>
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**8. Human interest****[250 words]**

In Pakistan, like many other developing countries, TB care still faces social challenges, in addition to other technical and programmatic issues. The successful treatment, through locally acceptable and accessible arrangements for quality TB care, is the key to addressing medical as well as social challenges being faced by TB patients.

*“My husband and in-laws told me to leave the house, after I had been diagnosed as a TB patient. I now live with my poor parents. When I used to go to collect medicines from the health facility, neighbours also used to gossip and say nasty things about my character”. (In-depth interview, Azra Jan, Rawalpindi)*

*“My TB was diagnosed just after the birth of my first baby. Many neighbours advised my husband and mother in-law to leave me, as I am never going to get well and will transmit the disease to children and other family members. That was a real stressful period of my life. However, with treatment my symptoms and their behaviour both improved”. (In-depth interview, Rehana, Rawalpindi)*

The DFID-supported research and development work carried out so far relates well to many human interest dimensions including:

- ✚ Enhanced capacity of the programme staff to make interventions more acceptable and accessible to country population.
- ✚ Enhanced capacity of care providers and managers to deliver and manage quality care, through public and private sector facilities.
- ✚ Empowered communities (mainly through ACSM) to demand and influence the delivery of quality care through public and private facilities.
- ✚ Enhanced capacity of the Association staff to expand the scope of similar work to other programmes within and outside Pakistan.

<b>9. Names and countries of the Research Institute(s) and Organisations (s)</b>	Association for Social Development, Pakistan
<b>10. Lead Researchers Names and Organisations</b>	Muhammad Amir Khan – Association for Social Development Muhammad Arif Munir - Association for Social Development John D. Walley – Nuffield Centre for International Health & Development
<b>11. DFID involvement</b>	Funding support through various TB knowledge programmes and COMDIS RPC
<b>1. Research programme</b>	1. Randomized controlled trial on directly observed treatment 2. TB Knowledge Programme 3. TB Research Programme 4. Communicable Disease Research Programme
<b>2. Dates</b>	1. September 1995 – March 1999 2. April 1999 – March 2001 3. April 2001 – March 2006 4. April 2006 – March 2011 (ongoing)
<b>3. Financial spend to date (Pakistan-based inputs only)</b>	1. 185,000 UK Pounds 2. 120,000 UK Pounds 3. 290,000 UK Pounds 4. 200,000 UK Pounds (in the first two years).
<b>4. Future financial commitment</b>	1. None (completed in 1999) 2. None (completed in March 2001) 3. None (completed in March 2006) 4. 300,000 UK Pounds (in the remaining three years)
<b>5. Follow-on project</b>	Currently none. Participation in the next round of DFID RPC being planned.
<b>6. Name and extension no. of CRD contact person</b>	Leave blank
<b>▪ Name and extension no. of RM or Advisor</b>	Leave blank
<b>12. Photographs</b>	See attached power point directory with few selected photographs and brief description.
<b>13. Further information</b>	Information and products of the research and development work are available on request from:  Association for Social Development House 12, Street 48, Sector F-7/4, Islamabad, Pakistan.

### **Assumptions / Additional Information**

The Association has also been actively engaged in strengthening the implementation of disease control interventions in selected districts of Pakistan. Selected sixteen districts have been strengthened for implementing DOTS and RBM. The strengthening included: a) training of managers, doctors, paramedics, laboratory staff and lady health workers for their respective roles; b) supplementing material inputs including laboratory supplies and print materials, c) enhancing facility and district level monitoring, d) establishing district-based external quality assurance, and e) mobilising communities for better delivery and utilisation of services.

Through GFATM support: a) Hospital DOTS linkage interventions (including core DOTS, TB-HIV co-infection, childhood TB, and difficult to diagnose TB) are being implemented in 22 teaching hospitals in Punjab and NWFP; b) ACSM interventions are being implemented in nine selected districts of Punjab and Balochistan, and c) RBM strengthening interventions being expanded to four more districts of Sindh.

DFID continued support since the start of the Association has enabled us to build capacity and establish professional credentials leading to our recognition at national and international levels. The national recognition has been in the form of participation in various national level committees/ forums including Country Coordinating Mechanism (Vice chair), Inter-agency Coordination Committee (TB), Technical Advisory Committee (malaria), and National Fortification Alliance (Nutrition). The international recognition includes Chair TB Section (IUATLD), Member Ethics Advisory Group (IUATLD), and Educational linkage with the University of Bergen (for PhD and Mphil training of Pakistani candidates).

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The doctors and paramedics, trained on especially designed modules, find it easier to deliver standardized TB care with the help of user-friendly desk guide and communication tool.



Sports events have been used to raise awareness and mobilize communities to support TB control activities in their respective areas.



National Programme managers and staff have been kept apprised of COMDIS performance, through a combination of formal and informal interactions.