

Operational Research Plan of NTP

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Introduction

The national TB control program over the years expanded and consolidated DOTS in line with new stop TB strategy. The new areas of intervention and expanding network of partners brings new challenges for the program. It is emphasized with greater zeal that public health programs generate evidence for decision making and test new initiatives and interventions with a scientific rigor. The evidence generation required not only to test the feasibilities of the new initiatives but to monitor the overall program performance.

Research is a key strategic area identified in the National strategic and operational (PC1) plans as well as the new stop TB strategy. The strategy describes operational research as a core component of NTP work. Designing and conducting locally relevant operational research can help in identifying problems and workable solutions, testing them in the field and planning for the scaling up of activities.

Objectives

Developing national health research systems and institutional framework for Operational research on Tuberculosis by:

- Providing research leadership to establish National research/development agendas, attracts resources, new researchers and research groups, and develops Institutional networks
- Providing management capacity for carrying out specific research projects to ensure relevance, quality, timeliness, efficiency and accountability
- Developing Critical mass of personnel with Up-to-date R&D skills
- Enabling the Means and opportunities for participating in international R&D
- Partnerships
- Develop capacity to advocate the translation of research results into policy and practices

Activities

1. Strengthen and Expand One National and Four Provincial research Core Groups
2. Developed Partnerships with Pakistan Medical Research Council, AKHSP, Public Health Institute
3. Developed linkages with International academic and Research Institutions
4. Conduct capacity building workshop
5. Complete and Publish twenty studies
6. Complete three on-going Research Projects
7. Conduct the upcoming Tuberculosis Disease Prevalence Survey

Research agenda for 2009-2010

Operational research would be directed on a priority basis, towards the wider objectives of improving DOT services to make it more patient-friendly, ensure that treatment is directly observed, and increase case detection of smear positive cases. Following lists the priority areas for operational research to be undertaken at various levels. It is only a broad framework and proposals aimed at addressing these issues would be funded by the .

The Broad Area for research is same as Implementation of stop TB strategy.

- 1. Pursue quality DOTS expansion and enhancement**
 - a. Political commitment with increased and sustained financing
 - b. Case detection through bacteriology
 - c. Standardized treatment with supervision and patient support
 - d. Effective drug supply system
 - e. Monitoring system and impact evaluation
- 2. Address TB/HIV, MDR-TB and Other special challenges**
 - a. TB/HIV collaborative activities
 - b. Prevention and control of drug-resistant TB including DOTS Plus
 - c. Addressing risk groups and special situations
- 3. Contribute to health system strengthening**
 - a. Active participation in country-led and global efforts
 - b. TB control innovations that strengthen systems
 - c. Adapting innovations from other fields to strengthen TB control
 - d. Practical Approach to Lung Health - extending TB care to respiratory care
- 4. Engage all care providers**
 - a. Public-Private Mix approaches
 - b. International Standards for TB care
- 5. Empower patients and communities**
 - a. Community TB care
 - b. Advocacy, communication and social mobilization

Priority research areas that will be undertaken by NTP

Achieve at least 85% cure of the registered new smear positive PTB (NSP+) cases

1. Reasons for Category I and II treatment default and how to address it
2. Acceptability of DOT *vis a vis* socioeconomic status of patients
3. Regimens –adverse reactions and treatment outcomes of patients with adverse reactions
4. Evaluate strategies to improve access to DOTS in migratory population, urban slums and tribal areas
5. Reasons for initiating patients on non-DOTS regimen and treatment outcome of such patients
6. Factors associated with quality of DOT in different settings including motivation of DOT providers
7. Evaluate family DOT for very young pediatric cases.
8. In patient care: indications for admissions, treatment outcomes and cost effectiveness of in patient care
9. Cause of death among registered TB patients who die
10. Reasons for delay in initiating treatment after diagnosis and its effect on treatment outcomes
11. Duration of treatment completion and its effect on treatment

Detect at least 70% of the estimated NSP+ cases existing in the community

1. Impact of screening outpatients with cough of 3 weeks versus 2 weeks duration and diagnosis using 2 sputum samples versus 3 samples
2. Health seeking behavior and reasons for delay in diagnosis of TB patients
3. Is stigma a reason for TB suspects not seeking health care?
4. Method of diagnosis of pulmonary smear-negative and extra pulmonary TB cases
5. Evaluate the use of NTP diagnostic algorithm for pediatric TB cases
6. Level of initial default and why?
7. Use of “cough register” - to identify chest symptomatic amongst OPD patients and to assist in retrieval of chest symptomatic who do not return to collect their results
8. Use of salbutamol to increase the yield of smear positive cases amongst chest symptomatic
9. Role of referral of LHW on suspect positivity rate.

TB/HIV Co-infection

1. Does HIV/AIDS related stigma effect TB control activities?
2. Effectiveness of the cross referral mechanism between Voluntary Counseling and Testing Centre – Microscopy Centres in areas with different levels of HIV

3. Prevalence. (addressing issues of confidentiality & stigma)
4. Development of ART-DOTS linkages: Testing new linkages between HIV/TB such as DOTS under AIDS community care centers
5. Testing new Techniques for High Risk group mapping with PDA,

Multi-Drug Resistant TB (MDR-TB)

1. Relapse of TB after NTP recommended treatment regimens
2. Patterns of Drug Susceptibility in re-treatment cases.

Health System Strengthening

1. To implement new Stop TB strategy based curricula in Medical Colleges and Tertiary care hospitals.
 2. Piloting ENRS in five districts of the country.
 3. Development of Drug management guidelines.
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