

Tuberculosis (TB) control programme in Nepal

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Goal

The overall goal of the National Tuberculosis Programme is to reduce the mortality, morbidity and transmission of tuberculosis to such a level that it becomes no longer public health problem.

Strategies

Whilst recognizing the important role of socioeconomic development in the decline of tuberculosis, the National Tuberculosis Control Programme (NTP) also recognizes that the specific strategy of diagnosis and cure of infectious cases assists in the control of this disease.

The main activities of the NTP include the following:

- Ensure effective chemotherapy is provided to all patients, for the recommended duration of 6-8 months.
- Promote early detection of infectious pulmonary cases on the bases of sputum smear examination.
- Establish a network of microscopy centres, and a system for ensuring quality of sputum smear examination.
- Organize treatment delivery and supervision of programme activities at various levels of the health system through the general health services of the country, in an integrated way.
- Ensure continuous drug supply to treatment centres by establishing a system

for national procurement, storage, distribution, monitoring and quality control of anti-tuberculosis drugs, through the logistic

management system of the department of health services.

- Establish a standard system of recording and reporting in line with integrated health management information system of the department of health services.
- Monitor the results of treatment and evaluate progress of the programme by means of quarterly cohort analysis.
- Provide continuous training and supervision for all staff involved in the NTP, at various levels of the health system, in close co-operation with the National Health Training Centre.
- Strengthen cooperation between NGOs, bilateral aid agencies and donors involved in the NTP.
- Coordinate NTP activities with other Primary Health Care activities carried out in the country, especially leprosy and AIDS/STD programme.

These are achieved by the provision of a permanent and countrywide NTP, integrated in the basic health services, and assisted by national and international NGOs, bilateral aid agencies, and donor agencies.

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Objectives

By the year 1999, the following **general objectives** will be met:

1. 85% of new sputum smear positive patients will complete a regimen of short course chemotherapy, with evidence of bacteriological cure. (current 40%)
2. 70% of people estimated to develop sputum smear positive pulmonary TB will be diagnosed, registered, and commence treatment. (current 50%)

To achieve these general objectives, the following **specific objectives** will be met:

- a) A nationally approved regimen of supervised short course chemotherapy for patients with TB will be available in all districts, at peripheral treatment centres in the hills and the Terai, and at the district centre in the mountains.
- b) 90% of staff of the basic health services involved in TB control will have received training in TB control, based on the national manual.
- c) A standardized recording and reporting system will be in use throughout the country, in accordance with the health management information system of the department of health services.
- d) A system for cohort analysis of treatment outcome for each district and region will be established.
- e) Microscopy centres will be established in each district, for every 100,000 people.
- f) A system of continuous quality control of sputum smears at the regional level will be established for all microscopy centres, with less than 10% false positives and false negatives.
- g) Primary resistance to at least one drug will be found in less than 5% of new sputum positive patients.
- h) Regional and district stores will never have less than 4 months stock of TB medicines.

- i) The national budget for the NTP will have increased to 4% of national health expenditure.

Policies

The following policies define implementation of NTP activities:

Existing Policies

- a) Passive case finding based on sputum smear microscopy of symptomatic at health institutions within the basic health services.
- b) Priority of diagnosis and treatment for people with sputum smear positive pulmonary TB.
- c) Ambulatory unsupervised treatment (i.e. not observed by a health worker) of all new TB patients with a nationally approved regimen of short course chemotherapy.
- d) Free sputum examination and TB medicines.
- e) Monitoring of treatment by sputum smear microscopy in accordance with the national protocol.
- f) Cohort analysis to assess outcome of treatment and quality of NTP.

Proposed New Policies

- g) NTP targets for districts will not be based on number of cases to be diagnosed, but on percentage of cases to complete treatment.
- h) Directly observed therapy for all patients taking the nationally approved SCC regimen.
- i) Culture and sensitivity of mycobacteria restricted to retreatment patients and for national surveillance of primary resistance, and carried out in accordance with nationally approved protocol at regional and national reference laboratories.

For Further Consideration

- j) National notification of all cases of tuberculosis, with a computerized national register maintained at the NTC.