REVISION OF TOOLS FOR EVALUATION OF PROGRAMMATIC MANAGEMENT OF DRUG RESISTANT TUBERCULOSIS (PMDT) AND THEIR USE IN THREE STATES OF NORTHERN INDIA

EXECUTIVE SUMMARY

Evaluation of any programme requires a set of indicators and tools for assessment, however very limited work is done on this aspect under the programme. Some indicators are being used have variability in the definitions of core indicators but additional indicators need to be developed that are critical for monitoring and evaluation of the rapid scale-up of Programmatic Management of Drug Resistant Tuberculosis (PMDT).

This study was conducted in three Drug Resistant TB (DR-TB) Centres in the states of Delhi, Himachal Pradesh and Punjab. The study aimed to develop a list of indicators and tools to assess the available indicators. Development of list of indicators and revision of the existing evaluation tools for PMDT was done using in-depth interviews among WHO RNTCP consultants and staff of the Centres and focus group discussions among the Multi-drug Resistant TB (MDR-TB) patients from these three DR-TB Centres. Study findings found minimal engagement of private sector in the national TB control programme and lack of transport agencies in any of these states for transport of drugs to districts. With the help of the feedback on the methodology, evaluation tool and indicators from the evaluation teams, the revised PMDT evaluation tools and core indicators developed are now aligned to the updated Guidelines for PMDT in India (2017) and current programme needs.

BACKGROUND

Programmatic management of drug resistant tuberculosis (PMDT) was launched under revised national TB control programme (RNTCP) in year 2007 in a phased manner to cover the whole country by 2013. However, there is a strong need to update the tools available for evaluation. Evaluating the PMDT and identifying the gaps in the implementation will help provide important information for improving the PMDT services. There is a need to develop a common list of indicators as well as a uniform tool for evaluation of PMDT services which will facilitate comparability of data and facilitate cross learning for improved management of MDR-TB at national level.

Rajasthan, Kerala and Delhi have developed certain tools for assessment of PMDT but these tools are not being used at the national level. Moreover, on comparison of these tools, there was large Inter tool variability.

Therefore, this study was conducted with the aim to review and update the existing evaluation tools, its usage to evaluate the level of implementation of PMDT in three states of northern India and to finalize the tools based on lessons learnt.

AIM OF THE PRESENT POLICY BRIEF

To report the findings of the study conducted in three states of North India (i.e., Delhi, Punjab and Himachal Pradesh) that assessed the programmatic management tools of drug resistant TB in the DR-TB Centres.

OBJECTIVES OF THE STUDY

- To review the existing tools using the developed a list of indicators for evaluation of PMDT.
- To evaluate the level of implementation of PMDT services in three states of Northern India using revised tools.
- To make recommendations and suggest suitable interventions.
- To refine the evaluation tools and indicators for sharing with the programme for integration. with the evaluation systems of RNTCP.

GAP ANALYSIS

Even after 5 years of implementation of PMDT, treatment success rate ranges from 30%-60% in various parts of the country among MDR-TB patients. Uncured patients continue to suffer for months to years transmitting MDR-TB continuously in the community before succumbing to the disease. This low cure rate could be due to non-availability of drugs, poor accessibility to TB services, and social and economic barriers in various parts of the country. Evaluating the PMDT and identifying the gaps in the implementation of these tools provide could help in improving the available PMDT services or developing additional indicators to the programme management. However, tools required for the evaluation have been developed by only three states across India i.e. Delhi, Kerala and Rajasthan.

Various programme related documents like PMDT guidelines for India, National strategy document 2012-2017 and WHO guidelines for PMDT mentioned and stressed the need for an evaluation of the programme. However, no publications could be found except one Review of Programmatic Management of Drug Resistant Tuberculosis Guidelines for Treatment of MDR-TB and Difficulties in its Implementation in Government Medical Colleges of Madhya Pradesh and Role of Pulmonary Medicine Departments by Bhargava et al, which studied the barriers to PMDT implementation at a medical college.

KEY FINDINGS

➔ On detailed desk review, three arms of PMDT were identified i.e. Case detection, Treatment and Programme Management. Core set of indicators for each arm was developed.

➔ Rifampicin resistance notification rate per 100,000 population was highest i.e, 7.2 in Delhi, followed by 4.2 in Punjab and lowest i.e., 2 in Himachal Pradesh.

➔ Cure rate for MDR-TB ranged between 35%-40% in three states.

➔ Minimal engagement of private sector in RNTCP activities.

➔ Human resource shortage was seen across three states with approximately 50% of sanctioned key staff posts lying vacant at DR-TB centres.

➔ No transport agency was identified in any of the study sites for transport of drugs to districts.

➔ Lack of supervision and monitoring of NIKSHAY.

➔ Feedback on the methodology, evaluation tool and indicators from the evaluation teams was incorporated to finalize and align with the latest version of the PMDT guidelines 2017.

POLICY IMPLICATIONS AND RECOMMENDATIONS

➔ The revised PMDT evaluation should be scaled up as an integral component of the RNTCP evaluation mechanism for internal and external evaluation.

➔ The tools should include a core set of indicators for case detection, treatment and programme management. Periodic evaluation with the revised PMDT tool would help prevent low cure rate among MDR-TB patients due to various structural and programmatic barriers.

KEY REFERENCES

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