













# ASCOT: Addressing the Social Determinants and Consequences Of Tuberculosis in Nepal

Policy brief



#### WHY IS SOCIOECONOMIC SUPPORT IMPORTANT IN TB CARE?

- Biomedical approaches do not address the main driver of tuberculosis (TB): poverty. Being ill with TB and seeking even "free" TB care is associated with catastrophic costs, which exacerbate poverty in TB-affected households.
- A key shared goal of the Nepal TB Control Centre's National Strategic Plan and WHO's End TB Strategy is to "reduce catastrophic costs of people with TB to zero". WHO advocates social and economic (socioeconomic) support for TB-affected households but there is little evidence in low-income countries.
- From 2018-2021, with key stakeholders in Nepal including TB-affected people and the NTCC, we co-developed a locally-appropriate socioeconomic support intervention for TB-affected households in Nepal.
- From 2021-2023, we implemented the ASCOT pilot trial to field-test the intervention's feasibility and acceptability.

## Funded by:





#### WHAT DID WE DO DURING THE ASCOT PILOT TRIAL?

In study site districts of Mahottari, Chitwan, Pyuthan, and Morang, participants (n=128) were recruited and randomised to one of four study arms



Control standard of care plus single food basket (n=32)





















#### WHAT WERE THE KEY FINDINGS OF THE ASCOT PILOT TRIAL?

- pilot results showed high fidelity across intervention arms but TB Club Attendance was lower (78%) in the social arm. The socioeconomic arm showed optimal feasibility and was selected for future trial evaluation.
- Cash transfers, home visits with IEC, and TB Clubs had highly positive feedback (Table) in surveys and in-depth interviews.



Recruitment, follow-up, study activity completion and participant survey feedback			ASCOT pilot trial arm				Participant qualitative survey feedback on
			Control	Economic	Social	Socioeconomic	support package activities received
Recruitment and follow-up	Recruited (%)		32 / 32 (100%)	32 / 32 (100%)	32 / 32 (100%)	32 / 32 (100%)	-
	Completed all study follow-up (%)		30 / 32 (94%)	30 / 32 (94%)	30 / 32 (94%)	32 / 32 (100%)	-
Support package activities received and completed as per protocol and participant survey feedback	Cash Transfer	Completed (%)	•	30 / 32 (94%)	-	32 / 32 (100%)	"Timely financial support" "My family was able to buy fruit and meat" "Cash transfers helped to reduce my out-of- pocket costs"
		Rated Good or Very Good (%)	-	26 / 30 (87%)	-	29 / 32 (91%)	
	Home visits and IEC	Completed (%)	-	-	30 / 32 (94%)	27 / 32 (84%)	"Good counselling and motivation" "We had the opportunity to ask about drug side effects" "The wall calendar gave useful information on TB symptoms and treatment"
		Rated Good or Very Good (%)	-	-	29 / 30 (97%)	27 / 27 (100%)	
	TB Clubs	Completed (%)	-	-	25 / 32 (78%)	29 / 32 (91%)	"TB Clubs and the TB video provided new knowledge and were educational" "I liked sharing experiences with other people with TB at the TB Clubs" "TB Clubs will help reduce TB stigma"
		Rated Good or Very Good (%)	-	-	25 / 25 (100%)	29 / 29 (100%)	



- Participants used the TB calendar to learn about TB transmission, prevention, and treatment but also marked dates to support adherence to TB treatment.
- Participants reported increased **motivation** by exchange of TB knowledge and experience, and empowerment and reduced self-stigma from social support.
- Participants reported cash improved their ability to buy nutritious food and reduced their out-of-pocket costs.
- PHC TB Focal Persons have since continued to run TB Clubs independently.

## WHAT ARE ASCOT'S RESEARCH AND POLICY IMPLICATIONS?

- The MRC-funded ASCOT pilot trial has shown that a socioeconomic support package for TBaffected households in Nepal is feasible, acceptable, and suitable for large-scale evaluation in an effectiveness-implementation trial.
- > The ASCOT team is applying for funding to conduct a large-scale two-arm trial of integrated socioeconomic support for TB-affected households in Nepal, which will be vital to inform future evidence-based policy and practice.

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