POLICY BRIEF

IMPACT 2 TB: Community based active case finding to accelerate TB elimination in Nepal

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INTRODUCTION

IMPACT 2 TB , funded by the Nick Simons Foundation, implemented an intensive active case finding approach using high GeneXpert coverage in four districts. The project also piloted the WHO recommended 12-dose 3HP short TB preventative therapy regimen in Nepal (Chitwan and Pyuthan districts).

Here we present the findings and achievements of the Active Case Finding intervention among social contacts of the IMPACT 2 TB project in four districts of Nepal: Mahottari, Chitwan, Pyuthan, and Bardiya, implemented from March 2021 to February 2023 and the implications for future TB elimination strategies.

This project was implemented during the COVID-19 pandemic when the challenges to healthcare services were severe.

PROBLEM STATEMENT

The Nepal National Prevalence Survey 2020 revealed a high burden of tuberculosis (TB) in Nepal. Approximately 69,000 Nepali people develop TB every year.

This means Nepal is failing to diagnose, notify, or treat half of the people with new TB disease. Delayed diagnosis or missed treatment often results in deaths, more severe disease and prolonged disease, TB-associated catastrophic costs and increased transmission.

Improving people-centered strategies to diagnose and treat TB is critical to achieving the ambitious END TB target of reducing TB incidence by 90% by the year 2035.

KEY FINDINGS

1. The IMPACT 2 TB project screened **30,514**, tested 22,774, and diagnosed **1366** TB cases in four districts (Chitwan, Mahottari, Pyuthan and Bardiya).

2. The project supplied **5** additional GeneXpert machines to strengthen TB diagnostic capacity in **IMPACT 2 TB districts.**

3. Community based active case finding among social contacts using GeneXpert testing resulted in a 6% yield.

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KEY RECOMMENDATIONS

1. Intensive, community based active case finding is a critical component of early diagnosis and people centric care in remote rural communities
2. Expand community based Active Case Finding to include social contacts of TB index cases.
3. Use GeneXpert testing as the first line test for every case, every contact.
4. Ensure uninterrupted cartridge supply and machine maintenance.

COLLABORATION

FUNDED BY: nsf nick simons foundation

Partners:
Ministry of Health and Population, National Tuberculosis Control Center, Liverpool School of Tropical Medicine, Karolinska Institutet, Nick Simons Institute, Provincial Health Directorate, Provincial Public Health Laboratory, health offices, municipalities and TB partners.

Experience of person with TB from Bardiya

"For over a year, I battled constant coughs, night sweats, and fever. Daytime offered a respite, but nights were relentless. My spouse and I couldn't sleep due to my persistent coughing. Seeking help, we visited various health centers, only to receive temporary relief from cough syrups and antibiotics. The disease was affecting my marriage and family bonds, leading to blame and frustration.

Accepting it as fate, I endured until BNMT Community Health Supervisor Kabita Neupane found out about me. She recommended sputum testing and then I was diagnosed with TB. Now, I am 45 days into treatment, and the symptoms are fading. I hope for a complete recovery.

I look forward to being cured and feeling healthy again!" – 55 year old male with TB

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