This study aims to enable the National TB Programme in Pakistan to effectively implement multi-component, Multi-Drug Resistant TB (MDR-TB) care using Public-Private Partnerships.

Objectives

The study will assess 2 types of service delivery models for their effectiveness and cost-effectiveness in low resource settings in Pakistan. These care models are:

1. community-based care (early discharge to peripheral care); and
2. hospital-based care (late discharge to peripheral care).

The primary objective is to determine the difference between the proportions of MDR-TB patients successfully treated using community-based care, compared to patients treated using hospital-based care.

Secondary objectives include:

- comparing the intermediate outcome (smear and culture conversion rate) in community-based care vs. hospital-based care
- comparing the health services and the patient costs of the two care models
- assessing the affordability of these interventions in the context of the TB control programme in Pakistan
- assessing the social feasibility of implementing hospital-based and community-based MDR-TB care in Pakistan

Study outcomes

The study will develop implementation products including a case management desk guide, training manual, trial protocols and data recording and reporting tools.

Researchers:

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In-country partners:

NTP Pakistan

Study sites:

Lahore and Karachi

COMDIS-HSD themes:

- Drug resistance
- Accessible and user-friendly services
- Quality of care

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