

**DIRECTLY OBSERVED TREATMENT, SHORT-COURSE
(DOTS): A STRATEGY TO INCREASE THE CURE
RATES AMONG TB PATIENTS IN NEPAL**

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ABSTRACT

Low cure rate is a great concern in National TB Program (NTP) Nepal because causes multi-drug resistance (MDR-TB). The cure rates in NTP in the past years have been below 50 % where as the target should be to achieve and sustain 85 % cure rate by the year 2000 AD.

The high cure rates can be achieved by curing most number the patients enrolled in the NTP. By curing the patient, the patient is relieved from the sufferings and the patient does not infect anymore. Apart from the human suffering, the impact on economic and social development is immense. The majority of those who fall ill and die from TB are young parents and workers, often in their most productive years. The poor are at greater risk of being infected with TB because they live and work in circumstances where uncured, infectious patients most often are found. They are more likely to become ill, once infected, due to malnutrition, stress, and morbidity associated with other diseases which compromise their immune status. TB has always been a disease associated with poverty.

Unfortunately the treatment of TB takes eight months and after a few weeks of treatment the patient feels much better and the does not feel necessary to take the drugs. The patient either does not continue the medicine at all or he/she takes it irregularly and sells the remaining drugs. Therefore, someone must supervise and encourage the patient to complete the treatment.

DOTS is directly observed treatment short-course where someone supervises the treatment. The supervisor can be a health worker in the health facility, somebody in the community, or someone in the family. The ideal supervisor is the health worker but he is overburdened with his routine work. The family members are not accountable. So the proposed study proposes the supervision of the family supervisor by the community supervisor through community participation. Community supervisors can be anyone from the community like the village head, political leader, female volunteer, or an ex-TB patient. Community participation will increase the cure rates and make this method of DOTS more accountable, affordable, acceptable, and sustainable.

The study will be conducted from June 1998 by this student and assistants in Koluwa PHC of Nawal Parasi district of western region Nepal. Village Girbari and village Koliya are chosen for the study. The patients from village Girbari will receive DOTS by treatment supervisor with community participation, whereas village Koliya will have DOTS by treatment supervisor only.

All the patient registered during September to December 1998. These patients will be followed for 8 months and their cure rate will be compared. The results with the recommendations will be then forwarded to the NTP for implementation.

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