NATIONAL STRATEGIC PLAN TO END TUBERCULOSIS

2021/22-2025/26
सन्देश

हामीले क्षयरोग अन्यत्यका लागि विश्वस्तरमा गरेका दिल्ली घोषणा, मरको घोषणा, सन्यूत राष्ट्र संघीय उपस्तरीय बैठकका प्रगतिशील र अवबहारिक प्रतिबद्धतालाई अंगिकार गरिएको छ। उक्य घोषणा पत्रमा रिग्री विकास योजनामा निर्देशन गरेका लक्ष्यहरूलाई हासिल गर्दै सन् २०३९ सम्मा क्षयरोगको हिस्टॉरिकलाई अन्त्य गरि सन् २०५० सितम्रा क्षयरोगको निवारण गरेको छैन टोल्का एस्प्युट र समयबाट गतव्य हरू निर्देशन गरिएको छ।

नेपाल सरकारले गत अक्टूबर २०२१ मा विश्व स्वास्थ्य संगठनले आयोजना गरेको दक्षिण पूर्वी एशियाका स्वास्थ्य निर्देश स्तरीय बैठकमा क्षयरोग सुरक्षा नेपाल बनाउने प्रतिबद्धता घोषणा गरी राष्ट्रिय रुपमा क्षयरोग सुरक्षा नेपाल घोषणा अभियान अन्तर्गत विशेष नीति, रणनीति तथा योजना बनाउनु लागू भएको छ।

क्षयरोगको अन्त्यका लागि हामी विश्व समुदाय संग सहकार्य गर्दै अबिवर्तित छै। आ.व. २०७८/७९ देखि २०८२/८३ सम्मका लागि तयार गरिएको राष्ट्रिय रणनीतिक योजनाले हाम्रो देशमा रहिएको क्षयरोगको प्रकोपतालाई कम गर्दै यस रोगबाट प्रभावित सबैका लागि अहिलेको तुलनामा उत्तम परिणाम ल्याउने विधिमा आपनु जूनियरको समान मान्नुहोस् गर्दछ।

विश्व स्वास्थ्य संगठनले सिफारिस गरेका लक्ष्यहरू र नेपालमा पहिलो पटक सम्पूर्ण क्षयरोग prevalence सर्वैकालिक दिशानिर्देश दिने हाम्रीलाई नवीन प्रमाणण आधारित एवं सामाजिक संयुक्त न्यायपूर्ण योजनालाई लागू गर्नका लागि रणनीतिक दिशानिर्देश गरी जसमा सन् २०३५ सम्मा क्षयरोगको महामारीलाई अन्त्य गर्ने निश्चित आधारहरू उपलब्ध हुनेछन।

यस महामारीको संपर्क हुनुका सम्पूर्ण राष्ट्र तथा अन्तर्राष्ट्रिय सम्म संस्था तथा व्यक्तिहरूलाई नेपाल सरकारका तर्क बाट ध्यनबाट दिने क्षयरोग अन्त्यका लागि हामीले समन्त लक्ष्यहरू परिपूर्ण गर्न सबैलाई फराकिलो हातेमातो गरिदिनुहुन सरोकारवाला सम्बन्ध विशेष आह्वान गर्दछ।

म. भवानी प्रसाद खापुड़
मन्त्री
फस्तकवारी रणनीतिक योजना विकास का लागि नेपालो राष्ट्रिय तथा अन्तरराष्ट्रिय स्तरमा गरेको प्रतिबद्धताहरु, देश भित्र गरेका बिभिन्न सबैको, निर्मित प्रतिबद्धताको वित्त तथा कार्यक्रम कार्यन्यन गर्दा अनुभवको आधारको लक्ष्य तथा गतिविधि निर्देशिका नेपाललाई ध्यानमूल बनाउन भक्षण पुनःवाॅन हामी अघिश्वाचा छ।

नेपालले "सुझावारी विकास लक्ष्य" र विशेष स्थापना संगठनले सिफारिस गरेको "क्षेत्रीय रोकी" भएको रणनीतिनिर्देशक सफलतापुर्वक कार्यन्यन गरी यसको लक्ष्य तथा उद्देश्यहरू प्राप्त गरिसको भवस्था छ। यस अनुमतिलाई समेटै प्रस्ताव स्वास्थ्य तथा जनसुरक्षा मन्त्रालयले आगामी दिनमा पनि क्षेत्रीय निर्देशकका कार्यक्रमलाई प्रभावकारी रूपमा कार्यन्यन गर्न प्रतिबद्धता जानाई सक्छेको छ। साथै, हाँ विश्वमा विकास धारा राष्ट्रीय योजनाको निर्देशक तथा प्रतिष्ठान र उपाध्यक्ष धारा ध्यानमूल प्राप्त गर्न सक्छ रणनीतिक योजनालाई सहयोग गर्न गरेको प्रतिबद्धता र अन्तर्राष्ट्रिय ध्यानमूल गर्न गर्न सक्छ।

नेपालको स्वास्थ्य प्रणालीलाई सुधीरकरण गर्न गुणस्तरीय ध्यानमूल प्राप्त सक्छ भन्ने सहयोग निर्देशिका प्राप्त गर्न तिनो तहा सरकारहरू संग समन्य, सहकार्य र सामाजिक नीतिलाई अवलोकन गरी प्रभावकारी कार्यन्यन गराउने जोड तिनो हामीलाई विभाग छ।

नेपालले पनि क्षेत्रीय प्राप्त भन्ने राष्ट्रीय भन्दा भन्दा देखिको र यसको प्रभावकारी व्यवस्थापन गरी कार्यक्रमहरूलाई व्यापक निर्देश र एक चूनीतिको रूपमा देखिएको छ। यसको साथै आँखोलाई प्रतिरोधी ध्यानमूलको बिश्वास अनुमान गरेको भन्दा भन्दा देखिएको र यसको व्यवस्थापन गर्नुहुनै चूनीतिको रूपमा रहेको छ।

यी सबै समयहरूलाई समाधान गर्न यस रणनीतिक योजनाको साथै स्वास्थ्य तथा जनसुरक्षा मन्त्रालयले अरुस्त पनि नीति र योजना तयार गरी राष्ट्रीय क्षेत्रीय निर्देशन केन्द्र, प्रदेश सामाजिक विकास विभाग र प्रशासन स्वास्थ्य तथा जनसुरक्षा मन्त्रालयलाई माफित कार्यन्यन गरी यस योजनामा आधारित गरिएका लक्ष्य तथा उद्देश्यहरू परिवर्तित गराउने हाम्रो प्रयास हुनेछ ।

यस रणनीतिक योजनाको तयार गरी योजना गर्नुहुनै राष्ट्रीय तथा अन्तरराष्ट्रिय विभाग, स्वास्थ्य तथा जनसुरक्षा मन्त्रालय तथा अन्तर्राष्ट्रिय समूह कर्मचारीहरू, निजी स्वास्थ्य सेवा प्रदानको तथा र व्यक्तिहरू लगायत समूह बिरामीहरूलाई स्वस्थ्य ध्यानबाट दिन बाहिर नुहुने।

श्री हिराचन्द्र के.सी.
मानिसीय राज्यमन्त्री
विषय :-

सन्देश

नेपाल सरकार राष्ट्रिय क्षेत्रको कार्यक्षेत्रमा दिन एक उदाहरणीय सफलता हासिल गरेका पनि राख्ने यो शक्तिमत अम्ली धेरै चुनौती आहो यहाँ पनि अनुभव भएको वर्ष २०७८को समयमा राष्ट्रिय क्षेत्रको सहभागिता देखाएको छ । क्षेत्रको विवरणातहरु कम्हा पहाड़, तालाई, काठमाडौं उपत्यका तथा हिमाली क्षेत्रमा उज्ज्वल रहेको देखिएको छ भने रोग पता लागी क्षेत्रको कार्यक्षेत्रमा सहभागी हुने संस्था भने यी क्षेत्रमा कौन देखिएको छ जुन, क्षेत्रको कार्यक्षेत्रको योग्यता लागि ठूलो चुनौतिको रुपमा रहेको देखिएको ।

नेपाल सरकारको वित्तीय संस्थापन विभाग तथा उच्चमान पनि योजना गर्नुको लागि उच्चमान संस्थापन विभागको सहभागिता देखाएको छ भने योजना गर्नुको लागि संस्थापन विभागको सहभागिता देखाएको छ । वित्तीय संस्थापन विभागको योजना गर्नुको लागि संस्थापन विभागको सहभागिता देखाएको छ । वित्तीय संस्थापन विभागको सहभागिता देखाएको छ । वित्तीय संस्थापन विभागको सहभागिता देखाएको ।

यी कार्यक्षेत्रको योजनाको परिणाम गरेको लागि विभागको सल्लने गरेको लागि बन्नुको अनुमान एवं आत्मीक तथा बाहुल्य होन्ताई हासिल गरिएको । यस २०७८ समयमा क्षेत्रको विवरण गरнे गर्दछ तथा जनसङ्ख्या मन्त्रालयको माध्यम नभई नेपाल सरकारले सबै क्षेत्र, गैरसरकारी संस्था, अत्याधुनिक सामाजिक संस्थाहरु र सबै नेपालीको विशेषको विषय हो । तरह यस योजनाको विकास गर्न संस्थान हुनेको लागि क्षेत्रको सङ्ख्या, व्यक्ति तथा विशेषज्ञहरुको ध्यान दिन लिएको ।

२ जैत २०७८

[सिंह्र रोजङे पोखरेल]

सचिव
नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय

शाखा

विषय: -

संचार ।

क्षयरोगको पहिचान, निदान र उपचारको क्षेत्रमा देखिने गरेका सबै प्रकारका चुनौती र समस्याको सामना गर्न स्वास्थ्य तथा जनसंख्या मन्त्रालयले तथ्य र अनुभवमा आधारित क्षयरोग निवारणको लागि अत्यन्तकालिन, मद्दतकालिन र दीर्घकालिन योजना र रणनीति निर्माण गरी कार्यन्यन्त्रण गरिने भएको हुन गरेको सबै मात्र यसको समाधानलाई लागि विभाग स्वास्थ्य संगठनले सिफारिस गरेको बहुस्थितीय सहकार्यको अवधारणाको मर्म अनुसार अन्तर निकायसम्मको समन्वय र सहकार्यलाई यस योजनामा प्राधिकारिकतामा राखी अगाडि बढाउने आवश्यक नीति तथा रणनीति समेतको निर्माणका साथ कार्यन्यन्त्रण गरी क्षयरोग निवारणका लक्ष्यहरू प्राप्त गर्न यस रणनीतिक योजनाले महत्त्वपूर्ण भूमिका खेलेको छ भने विश्वास लिएको हुन ।

क्षयरोग अन्त्यको लागि विकास गरिएको यस पद्ध्तिबाट रणनीतिक योजना २०७८/७९-२०२२/२३ ले नेपालको स्वास्थ्य प्रणालीलाई ध्येय गरी गुणस्तरीय क्षयरोग नियन्त्रण र सेवा प्रभावकारी दौडाबाट प्रणाली गर्न योजना गरी व्यवस्था गर्न दिने तहाँ सकरातरहुँदै समन्वय, सहकार्य र साझेदारिको निवारणमा अवलम्बन गरी प्रभावकारी कार्यन्यन्त्रण मा जोड दिने उद्देश्य राखेको छ । साथै रणनीतिक योजनामा स्वास्थ्य भए बसैमित्र क्षयरोग नुसा नेपाल ध्येयणा अभियानको निर्देशिका स्वास्थ्य तथा जनसंख्या मन्त्रालयले स्विकृत गरी २५ वटा राष्ट्रिय तहमा कार्यन्यन्त्रण लयाएको छ भने कभी कभी यसलाई सबै स्थानीय तहमा विस्तार गर्ने शासनले नीति रहेको हुन ।

यो योजना तयारी गर्न प्रारंभ र परिवर्तन योजना गरिएको गुणस्तरीय स्वास्थ्य स्वसंरक्षक स्वदेशी तथा विदेशी प्रविधिक र अन्तर साझेदार संघर्षले बीत्न गनीने क्षयरोगका रुपमा, स्वास्थ्यकमी, विविध सामीहुँ, स्वास्थ्य सेवा प्रदानको संस्था तथा पदविधिकरी सबैलाई हार्दिक धन्यवाद दिदै योजना कार्यन्यन्त्रणमा यहाँसँगै अमूल्य सहयोग प्राप्त हुने विश्वास लिएकी हुन ।

(देव कुमार गुरुगाई)
सचिव

सचिव
नेपालमा आ.व. २०७५/७६ मा सम्पन्न राष्ट्रिय क्षयरोग प्रमाणालय सर्वेक्षणको नितिजा अनूसार पूर्वबाटौं र पूर्व अभाय गरेहरू भन्त्याँ क्षयरोग हुने दर १.६ रू मृत्युदरमा ३.१ गुणाले वृद्धि भएको देखिएका हाल क्षयरोग कार्यक्रममा गरिरहेका प्रवासीमा वृद्धि गर्नु पनि आवश्यक देखिएका छ। क्षयरोगका विरामीहरू हिमाली, पहाडी, तराई तथा काठमाडौं उपत्यका क्षेत्रमा कम्युनाल उच्च दरमा रहेको देखिएको छ र रोग प्रत्यायन लागि क्षयरोग कार्यक्रममा सहभागिता हुने संख्या यी क्षेत्रहरूमा कमि देखिएको छ जुन, क्षयरोग कार्यक्रमको व्यवस्थापनका लागि ठूलो चुनौतिको रूपमा रहेको देखिएका छ।

त्यसै गरौं नेपाल सरकारले अन्तराष्ट्रिय संस्थामा गरिएको प्रतिबन्धका विनियममा स्वस्थ्य संगठनले सिफारिस गरेका नयाँ नीति तथा रणनीति विश्वस्थित भएको क्षयरोग प्रवासी, निदान र उपचार विधि र पहिलाई आत्मसात गर्न तयार भएको योजना कार्यन्वयन गर्न चुनौती भएता पनि यी सबै कुरालाई ग्यानमा राख्नेछ यो रणनीतिक योजना २०७५/७६ देखि २०८२/८३ तयार गरिएको हो।

यो रणनीतिक योजना कार्यन्वयनमा आएपछि सबै तहमा क्षयरोगलाई राजनीतिक मुद्दाको रूपमा स्वायत्त गर्न, रोग निदानसँग नयाँ प्रतिवधि र आवश्यक सुरुवात, निजिक क्षेत्रमा रोग निदान तथा उपचार गरिरहेका विरामीहरू राष्ट्रिय क्षयरोग कार्यक्रमको प्रतिबन्धक प्रणालीमा सुचित हुन, स्थानीय संघ सरए र समुदायको संलग्नतामा वृद्धि भई हाल रोग निदान तथा उपचारको दायरामा स्वायत्त बाँकी रहेको करिब ६०% सम्बन्धित क्षयरोगका विरामीहरू राष्ट्रिय कार्यक्रमको मुलप्रवाहमा समाहित गराउने लक्ष्य छ। यो महत्त्वपूर्ण लक्ष्य पुनर्गरीय गर्नका लागि तयार हुने यो रणनीतिले सरकारलाई पक्व र पनि फाइडा दिनेछ, भनेको हामी आशा र विश्वास छ।

तस्तरिचि यस योजना निर्माण प्रक्रियामा संलग्न हुने राष्ट्रिय क्षयरोग नियन्त्रण केन्द्रका निर्देशक लगायत केन्द्रका समूहको कर्मचारी साथीहरू, योजना विकास प्रक्रियाको प्रवाह रूपमा बटिनु हुने सामान्य स्वास्थ्यका कर्मचारीहरू, विज्ञान, अन्तराष्ट्रिय क्षयरोग विज्ञान साथी योजना सूचना दिन अनुयोग्य सलाह तथा सुभाष प्रदान गर्नुभएको स्टेटिक समितिका समूहको सदस्यहरूलाई धन्यवाद दिन चाहिए।

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क्षयरोगको क्षेत्रमा भएको विभाग प्रवास र लाई सामयिक कामबाट जुटेका प्रवासीहरूका आधारमा हामीलाई क्षयरोग निवारणका क्षेत्रमा के कुरा प्रभावकारी हुन्छ ् न र के हुदैन् न सभ्रु कुरा साम्राज्य जनाकारी रहेको छ र हामी सङ्ग अध्ययन र सवैवक्षयरोग गत्र भर्पना परिचय र परिवर्तनहरू पनि उपलब्ध छन् ।

क्षयरोगको महामारीले हाम्रो जनसमुदायमा विविध गति र सङ्ग तथा प्रभावित र सो को प्रतिफलले आगामी दिनफे लागि क्षयरोग अन्त्ययोगको रणनीतिले अब्दुल्लाह गर्न महत्त्वपूर्ण छ। यस अब्दुल्लाह लगायतको अधिकृत विशेष गत्रितिक गने र क्षयरोगको व्यवस्थापनलाई विशेषता पुर्य र रणनीतिक हिसाबले अब्दुल्लाह बढ्दै भएकी क्षयरोग सम्बन्धितका तथ्याङ्कलाई विश्लेषण गर्ने जनस्वास्थ्य चुर्णीको रूपमा रहेको यस रोगको महामारीलाई सन् २०३५ सम्मा अन्त्य गर्न भएको विश्लेषण रहेको छ ।

नेपालको राष्ट्रिय क्षयरोग अनुसंधानलाई देखि दिनर यस रणनीतिक योजना (आ.व.२०७८/७९ देखि आ.व.२०७२/७३ सम्म) मान्यता आगामी पौष नवम्भार क्षयरोगबाट रुद्र क्षयरोग लाई नवम्भार उल्लेखित रूपमा कमि ल्याइयो राष्ट्रिय क्षयरोग नियन्त्रण केन्द्र पूर्ण प्रतिवर्ती रहेको छ ।

दिग्दो विकासका लक्ष्य र क्षयरोग अन्त्ययोगको नीतितत्त्व निर्धारण र अन्य व्यवस्थापनलाई विशेषता लक्ष्यहरू समावेश गर्नुका सात्तर क्षयरोग विकासका स्वास्थ्य अधिकारको अधिकारको साथै क्षयरोग सूक्त नेपाल घोषणा अभियान जस्ता नविवाद परिवर्तनहरू अंतिम गर्ने को रणनीतिक योजना तथापि गरिएको छ । यस प्रतिवर्तीहरू संरक्षण र राष्ट्रिय लागि उत्तरदायित्ववर भएका रणनीतिक र लक्ष्यहरूको प्रतिकोषको लागि नियन्त्रण जोडी दिनर अन्त्ययोगका तथा रणनीतिक दिनर योजना सतत जस्तै विश्लेषण गर्ने संभावना बाट सूक्त भई स्वस्थ जस्तै विवरण गर्नेछ ।

यस योजना निर्माणका लागि गठन भएको निर्देशक समिति तथा रणनीतिक योजना विकास टीमले प्रति गत्रित व्यवस्था गरिएको छ । यस योजना विकासका दिनले रिपोर्ट गर्ने सुगम र रिपोर्टको जस्ता स्वस्थ जनाकारी सामग्री सहयोगका पनि सहभाषण गर्नेछ । यस निर्देशनको प्रतिकोषको लागि, रणनीति, विवरणको भएका रणनीतिक र सुस्थितिकालापनको प्रयोग कार्यक्षेत्रको लागि, र तथ्यमा आधारित निर्देशनका लागि नेपाल सरकार र नेपाली जनताको तथा राष्ट्रिय अधिकृत तथा प्रविधिक सहयोग निर्देशन पाईरहने छ । भएको कुरा मान्यता विवरण छ ।

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निर्देशक
# TABLE OF CONTENTS

1. **BACKGROUND**
   - 1.1 Health Policy and Health Plan  1
   - 1.2 Demography  1
   - 1.3 Economy  2
   - 1.4 Health System Financing  2
   - 1.5 National TB Program in Nepal  2
   - 1.6 TB Finance  3
   - 1.7 Why TB National strategic plan (2021/22-2025/26)  3

2. **EPIDEMIOLOGY OF TUBERCULOSIS**  4
   - 2.1 Estimated burden of TB in Nepal  4
   - 2.2 TB notification  4
   - 2.3 Tuberculosis Mortality  4

3. **PROGRESS, PROBLEM, CHALLENGES, AND RECOMMENDATION**  5
   - 3.1 Key achievements  5
   - 3.2 Key Problems  6
   - 3.3 Key Challenges  6
   - 3.4 Key Opportunities  7

4. **NATIONAL STRATEGIC PLAN TO END TUBERCULOSIS IN NEPAL (2021/22-2025/26)**  8
   - 4.1 Vision, Goal and Objectives  8
   - 4.2 Strategy, Policy Actions and Major activities  8

5. **KEY RESPONSIBILITIES**  12
   - 5.1 Federal  12
   - 5.2 Province  13
   - 5.3 Local Level  14

6. **STRUCTURAL MANAGEMENT**  15
   - 6.1 Monitoring and Evaluation  15
   - 6.2 Legal Provisions  15
   - 6.3 Human Resource Management  16
   - 6.4 Financial Landscape  18
   - 6.5 Risk analysis and Mitigation Measures  20
   - 6.6 Quality Assurance  21
1.1 Health Policy and Health Plan

The Section 35 (1) of the Constitution of Nepal has guaranteed the right to free basic health services to every citizen of Nepal, and has stated that “no one shall be deprived of emergency health services”. Likewise, the National Health Policy, 2019 has the provisions for the implementation of effective programs to execute study, research, oversight, prevention, control and eradication of communicable diseases, including tuberculosis (TB), HIV/AIDS and malaria. Furthermore, the Public Health Service Act, 2018 states that every citizen shall have the right to get emergency health services and easy access to quality health services in an equitable manner. The Act has provided the Ministry of Health and Population the right to formulate necessary directives subject to the implementation of the provisions or acts framed under this Act. On the other hand, the Fifteenth Plan (Fiscal Year 2019/20 – 2023/24) has included TB as a communicable disease, and has planned for increasing the investment for the diagnosis of TB and other infectious diseases and towards the management of special programs for the prevention of TB and non-communicable diseases. Keeping all these aspects in mind, this five-year National Strategic Plan to End Tuberculosis in Nepal (2021/22-2025/26) has been formulated.

1.2 Demography

The projection done on the basis of National Population and Housing Census 2011 estimates the population of Nepal in 2020 to be 2,99,96,478 approximately. According to the TB Prevalence Survey carried out in 2018/19, the incidence of TB is estimated to be 245 per 100,000 population. Therefore, the projection based on the population estimates that around 69,000 people with TB disease are living in Nepal, out of which, 67 percent are expected to be males and 33 percent to be females.

TB is one of the top 10 causes of death in Nepal. It is estimated that about 17,000 people die due to TB every year in Nepal. Since there is a huge difference between the target of identifying new TB cases and the current data on Health Management Information Section (HMIS) (27,745 in 2019/20), there is a need to identify new TB cases and bring them within the continuum of treatment.
1.3 Economy

Nepal, officially the Federal Democratic Republic of Nepal, is a Least Developed landlocked country that has adopted mixed economy system. In 2018/19, the economic growth rate of Nepal was 6.8 percent, but due to the COVID-19 pandemic, the country suffered a negative growth with outstanding debt of -1.9. The revised estimation suggests that the economic growth rate of the country will increase up to 2.9 percent in 2020/21.

The 15th Plan has estimated the economic growth rate of Nepal in 2021/22 to be 9.9 percent. Similarly, the per capita income that is regarded as the indicator of economic development was USD 1,126 in 2019/20. By the end of 2020/21, the per capita income is projected to be USD 1,191.

In Nepal, the percentage of people living under poverty is 18.7 percent and 28.6 percent of Nepal’s population is multi-dimensionally poor. TB and economy are interrelated; hence, it is necessary to include activities that maintain social security in TB plans and implement them accordingly.

Source: Fifteenth Plan (Fiscal Year 2019/20 – 2023/24) and Economic Survey 2019/20

1.4 Health System Financing

The total health expenditure as a proportion of GDP has been steadily increasing in Nepal. Health care has been predominantly financed by Out-Of-Pocket (OOP) payments. According to a study carried out in 2014/15, 60.4 percent of total health expenditure was covered by OOP payments. Besides, OOP health expenditure in Nepal was much higher than the ≤25 percent benchmark set by WHO.

The government-financed health insurance program that began in 2016 has been scaled up in 68 districts. Under this scheme, a family with up to five members has to pay a premium of Rs 3,500 annually and avail free medical treatment worth Rs 100,000 in total. The Health Insurance Regulations, 2018 has the provision for 100 percent subsidy by the government to the families of handicapped, people with disability and people affected by leprosy, HIV and MDR TB.

1.5 National TB Program in Nepal

National TB Control Center (NTCC) is one of the centers within the organizational structure of the Ministry of Health and Population, and is the focal point of National Tuberculosis Programme (NTP). It is responsible for formulating policies, strategies and plans and carrying out monitoring, evaluation and quality assurance of NTP. The NTP is fully integrated and being implemented within the health system of the Government of Nepal through 135 public hospitals, 2168 non-government organizations, 196 Primary Health Care Centers (PHCCs), 3806 health posts, and 51,420 Female Community Health Volunteers (FCHV) (Annual Report, 2018/19, DoHS).
1.6 TB Finance
Of the total budget allocated for NTP from 2015/16 to 2019/20, the proportion of government budget was 53.16 percent while 46.84 percent budget constituted the funds donated by donor agencies. While TB services are provided for free, patients do bear charges for undertaking X-Ray, along with other laboratory fees. Patients also pay for their ancillary drugs and bear indirect costs for diagnosis and treatment of TB leading to substantial OOP.

1.7 Why TB National strategic plan (2021/22-2025/26)
Since 1994/95, National TB Program has been formulating short and long-term plans and has been implementing programs accordingly. The TB program has been under implementation in line with the global and national guidance. Since the prevailing strategic plan (2016/17-2020/21) ends in 2020/21, the NTP has formulated the National Strategic Plan to End Tuberculosis in Nepal (2021/22-2025/26) by addressing the topics mentioned below.

- Implement NTP effectively as per the spirit of federalism
- Fulfill the commitments made by the Government of Nepal at the global and regional levels towards meeting the End TB targets.
- Until 2017/18, the number of TB incident cases were expected to be 42,000. However, the results of National Tuberculosis Prevalence Survey carried out in 2018/19 estimates 69,000 new cases of TB, which is 1.6 times higher than previously estimated. Therefore, it is of utmost importance to utilize more effective technology for the diagnosis of TB in order to end TB.

In the process of formulating this strategic plan, extensive country level dialogue and discussions have been conducted with the experts, different groups and policymakers from the local to the central level by forming Technical Advisory Committee and various other committees on different dates. This strategic plan has included the suggestions received from such in-depth discussions along with the recommendations received from the joint programme monitoring and evaluation carried out by national and international experts in 2018/2019.

This strategic plan has been developed to be used as a policy to guide the provincial and local level governments as well. The role and responsibilities of the federal, provincial and local levels are described in Section 5.
2.1. Estimated burden of TB in Nepal

TB burden in Nepal (prevalence and incidence) is higher than previously estimated. As per the National Tuberculosis Prevalence Survey 2017/18, the TB prevalence rate is 416/100,000 which is 1.8 times higher than previously estimated by WHO, and revised incidence rate is 245/100,000 which is 1.6 times higher than previously estimated. The mortality rates associated with TB were also re-estimated to be 3.1 times higher than previous estimation while TB drug resistance is 1.6 times higher than the previous estimation. Hence, Nepal has been enlisted in WHO bulletin as a country having high resistance towards TB drugs.

Table 1: Burden of TB

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>TB Incidence (all forms)</th>
<th>TB Prevalence (all forms)</th>
<th>Mortality (HIV -ve &amp; +ve) (Annual)</th>
<th>DRTB (Total Estimates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18 Incidence</td>
<td>69,000 (245/100,000)</td>
<td>117,000 (416/100,000)</td>
<td>17,003 (9,000-26,000) Annual</td>
<td>2,200 Annual</td>
</tr>
<tr>
<td>2017/18 Prior estimates</td>
<td>42,000 (151/100,000)</td>
<td>60,000 (215/100000)</td>
<td>5,500 (3,900-7400) Annual</td>
<td>1,400 Annual</td>
</tr>
<tr>
<td>Revised burden, higher by</td>
<td>1.6 Times</td>
<td>1.8 Times</td>
<td>3.1 Times</td>
<td>1.57 times</td>
</tr>
</tbody>
</table>

2.2. TB notification

The number of new and relapse TB cases notified was 32,043 in 2018/19. Notification rate of new TB cases in Nepal differ substantially by geographic area. TB notification rates were found to be lowest in the mountain areas to the north of the country and highest in the Terai plains in the south. Considering the ratio of new incidence and prevalence rate, it is imperative to bring 14 percent TB cases within the continuum of treatment.

2.3. Tuberculosis Mortality

Though there is no functioning Vital Registration System in Nepal that provides direct or real-time information about TB-related deaths, data on TB-related deaths have been estimated based on TB Prevalence Survey and the data provided by WHO, which is 58 per 100,000 population annually.
3.1. Key achievements

Due to the lack of human and financial resources, only 48 percent of the activities proposed in the National Strategic Plan 2016/17-2020/21 have been implemented and 17 percent are partially implemented while 36 percent activities have not been implemented (Source: Joint Monitoring Team Report, 2018/2019). The major achievements during this period are as follows.

- DS TB is included in the package of basic health services and the patients with DRTB are covered by the national health insurance scheme.
- The NTP has moved towards digitalized case-based surveillance.
- WHO-recommended mWRD has been expanded to 43 districts
- Culture/DST laboratories have been established in two places
- The services of transporting sputum to TB Diagnostic Centers and need-based referral system have been initiated
- Work is underway to procure the medicines for all forms of TB by the government of Nepal.
- TB Preventive Therapy for children below 5 years who have come in close contact with index TB patient has been started.
- FAST (Find Actively, Separating and Treating Effectively) approach has been launched to increase TB diagnosis among the service recipients at hospitals and prevent TB infection.
- To appropriately manage TB among children after diagnosing it, partnership with Nepal Pediatric Association, professional authorities and other stakeholders has been established. Furthermore, the capacities of doctors working in various parts of the country have been enhanced. As a result, the TB diagnosis rate among children has been increased.
- There has been increment in the HIV testing rate among the TB patients.
- Hospitals are being constructed for specialized treatment services for TB at the central level, and guidelines for the establishment and operation of TB treatment and referral management centers at the Provincial level have been implemented.
- The treatment success rate of DS TB patients is 90 percent and the treatment success rate of drug resistant TB patients is 70 percent. In addition, there has been tremendous increment in the treatment success rate of DR TB with the introduction of new and shorter regimen of TB treatment.
3.2. Key Problems

- TB Case Notification not being mandatory.
- In terms of health agenda, investment, leadership and good governance, TB Program not being included as a priority program at all levels.
- The dearth of adequate engagement and participation of CSOs, CBOs and patients’ support groups in TB program.
- Sputum collection and its transportation to the nearest diagnostic center still not being effective and not being available nationwide.
- Inadequate effort in carrying out sputum test with the use of recently-available GeneXpert and its underuse.
- Untimely and inadequate reporting and recording of TB program by all health service providing facilities.
- Health facility-based TB treatment services not being easily accessible to the patients.
- Lack of proper implementation of CB-DOTS though it has been launched in some districts.
- Ineffective partnership with private sector and other institutions and stakeholders.
- COVID-19 infection added complexity in TB program.

3.3. Key Challenges

- To improve accountability, prioritization, engagement and investment for TB program at all levels.
- To enhance the work efficiency of TB Focal Persons.
- To strengthen meaningful participation of community and private sectors in TB diagnosis and treatment.
- Expansion of newer technology and its maximum utilization for TB diagnosis.
- Expansion and maximum utilization of sputum collection and transportation method.
- Effective expansion of laboratories for TB diagnosis and its appropriate management.
- Institutionalization and expansion of electronic case-based surveillance systems in both public and private sectors, and institutionalization of robust supervision system.
- Increment in investment and effective implementation of TB infection control measures at all levels.
- Implementation of TB program by integrating it with other national health programs related to HIV, IMNCI, tobacco control, diabetes, nutrition, women of reproductive age group, recently delivered women, pregnant women, infant and adolescents’ health etc.
Lack of designated person to implement TB program at local level.

To implement TB program in a multi-sectoral approach (e.g. education, agriculture, finance, social security, employment, poverty reduction, etc.)

To identify patients diagnosed with TB but are unenrolled in TB treatment, and bring them in the continuum of TB treatment and care

Management of TB patients during pandemics like COVID-19 and ensure continuation of such services.

3.4 Key Opportunities

To secure commitments from the political leaderships on ending TB.

Leverage economic and technical support from donor agencies

Implementation of TB program by Provincial Level and Local Level with the investment of their own resources.

Establishment of patient-centered services for TB management; increment in advocacy and support; and engagement of community and private health institutions in TB program

Connect sputum collection and transportation with the TB Diagnostic Centre, and the possibility of participation of Provincial Public Health Laboratory for ensuring its quality.

Conducive environment for utilization of knowledge and experiences gained during the implementation of COVID-19 control programs.

Capacity building of health workers at all levels.
4.1. Vision, Goal and Objectives

**Vision**
TB free Nepal

**Goal**
Nepal has set a goal to decrease incidence rate from 238 in 2020/21 to 181 per 100,000 population by 2025/26; decrease mortality rate from 58 in 2020/21 to 23 per 100,000 by 2020/21; end TB epidemic by 2035; eliminate TB by 2050; and reduce the catastrophic cost to zero.

**Objective**
1. To build and strengthen political commitment, sustainability and patient-friendly health system to end TB.
2. To ensure the identification of TB, diagnosis, quality treatment and prevention.

4.2 Strategy, Policy Actions and Major activities
Mentioned below are the strategies that will be adopted to meet the objectives of the strategic plan.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Policy Action</th>
<th>Major Activities</th>
</tr>
</thead>
</table>
| 1. Improve the quality of TB services and strengthen the health system for universal access to TB services; effectuate the TB services and support by increasing the community engagement in TB management, and strengthen the digitalized case-based surveillance system in health care facilities. | 1.1. Provide quality TB services through increased universal access to health care by further strengthening the health system of TB program | 1.1.1. Incorporate standard TB service as a part of basic health service package within UHC and ensure no catastrophic cost occurs to TB patient and Family members  
1.1.2. Management of adequate and sustainable resources for TB program as per the need.  
1.1.3. Strengthen the health system in line with federalism and management of posts as per the need.  
1.1.4. Strengthen the capacity of health workers  
1.1.5. Re-define partnership at all levels.  
1.1.6. Ensure effective Procurement and Supply Chain Management (PSM) system.  
1.2. Strengthen community involvement and ownership in TB free Nepal Campaign | 1.2. 1. Implementation of TB Free Local Level Declaration Campaign by involving all individuals holding leadership positions at all levels and the community to ensure necessary capacity and adequate resources for TB care and prevention; formulation of micro-plan; and implementation of multi-sectoral concept  
1.2. 2. Improvisation of health facility-based DOTS services.  
1.2. 3. Expand the CB-DOTS programs for DS TB and DR TB in a phased manner by adopting appropriate method on the basis of detailed evaluation.  
1.2. 4. Implement activities of Active Case Finding up to the community level for TB active case finding, diagnosis and timely treatment.  
1.3. Strengthened monitoring system of TB program | 1.3.1. Strengthen and revise the mechanisms of program review, analysis and support at all levels.  
1.3. 2. Ensure the quality of TB data in collaboration with communication system within Ministry of health and population  
1.3. 3. Collaborate and coordinate with MoFAGA to record the TB-related deaths in Vital Registration system  
1.3. 4. Use of digital platform between TB program and HMIS to strengthen the TB surveillance system.  
1.3. 5. Ensure the enabling environment for the implementation of suggestions and recommendations by strengthening the supportive supervision, monitoring and evaluation mechanisms at all levels.  
1.3. 6. Formulation of evidence-based plans, and promotion of periodic review and research.  
1.4. Ensured implementation of TB programs through integrated health system for its sustainability during natural disasters and other emergencies. | 1.4. 1. Access to basic health services for TB patients will be ensured even during natural disasters and other emergency periods. |
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Policy Action</th>
<th>Major Activities</th>
</tr>
</thead>
</table>
| 2. Strengthen laboratory services to further improve the management of TB diagnosis and treatment. | 2.1. Strengthened TB Laboratory Services | 2.1.1. Formulate National TB Laboratory Plan and implement it.  
2.1.2. Strengthen the National TB Reference Laboratory at National TB Control Center.  
2.1.3. Establish examination of Genotypic DST (For 1st and 2nd line TB medicine) at all laboratories affiliated under NTRL.  
2.1.4. Strengthen mWRD Laboratory network  
2.1.5. Re-organize a quality assured smear microscopy network  
2.1.6. Involve provincial public health laboratories for quality assurance of mWRD and microscopy centers  
2.1.7. Establish a Sputum collection and Transportation (SCT) system and strengthen the sputum courier mechanism  
2.1.8. Establish a system to evaluate the quality of laboratories  
2.1.9. Ensure timely procurement and maintenance of laboratory equipment and consumables |
| 3. Quality Improvement of the services for TB prevention, identification and treatment | 3.1. Increased rate in identification of patients of DSTB and DRTB | 3.1.1. Strengthen TB case finding in community and health facilities using modern technologies (Digital X-ray, mWRD)  
3.1.2. Strengthening of contact tracing to carry out sputum test of people who have come in close contact with TB patients.  
3.1.3. Scale-up of activities of Active Case Finding among high risk and vulnerable groups.  
3.1.4. Strengthen TB referral and treatment mechanism by adopting innovative approaches to prevent initial loss to treatment and follow-up of TB cases  
3.1.5. Strengthen the management of diagnosis and treatment of childhood TB |
| 3.2. Increased TB treatment success rate | 3.2.1. Quality Improvement in TB treatment in all the health facilities.  
3.2.2. Quality check and regulation of newer regimen used in TB treatment and initiate and expand across the nation  
3.2.3. Provide psychosocial and support to TB patients and their families for addressing the barriers to treatment adherence  
3.2.4. Strengthen aDSM mechanism (Drug safety monitoring and management) for efficient identification and effective management of adverse reactions caused by medicine used in the treatment of RR/MDR TB  
3.2.5. Bring the TB patients unregistered in treatment despite diagnosed in laboratories. |
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Policy Action</th>
<th>Major Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3. Expanded TPT coverage and strengthen Infection Control Measures at all health facilities</td>
<td>3.3.1. Expansion of TPT and Infection Control program will be expanded only through appropriate study and evidence</td>
<td>3.3.2. Increase coverage of TPT among children &lt;5 years and PLHIV and scale-up among other TB contacts and vulnerable populations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3.3. Expansion of TB prevention and diagnosis technology and TB medicines only by being based on study and evidence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3.4. Strengthen infection control and prevention measures</td>
</tr>
<tr>
<td>3.4. Implementation of multisectoral approach and addressing of high risks due to TB comorbidities</td>
<td>3.4.1. Strengthen TB/HIV cooperation</td>
<td></td>
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<tr>
<td></td>
<td>3.4.2. Collaborate with the Tobacco Control Program under Non-Communicable Disease (NCD) for joint effort for TB tobacco control</td>
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<td></td>
<td>3.4.3. Establish coordination between NTP and diabetes program</td>
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<td></td>
<td>3.4.4. Increase TB case findings programs among people with malnutrition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.4.5. Focus on promotion and intake of nutritious food among TB patient and their family</td>
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</tr>
<tr>
<td>3.5. Ensured meaningful participation of private and non-government sector for effective management of TB services</td>
<td>3.5.1. Develop a package for the mobility, adequate investment and service expansion in private and non-government sector to strengthen the patient pathway.</td>
<td>3.5.2. Develop partnership with relevant stakeholders (medical college, private health facilities, etc.) to effectively manage TB services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.5.3. Formulate a supportive policy and legal framework.</td>
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<td></td>
<td></td>
<td>3.5.4. Utilize digital technologies for reporting and building accountability</td>
</tr>
</tbody>
</table>
5.1. Federal

National TB Control Center will perform following roles on priority at the federal level for the implementation of the strategic plans.

- Incorporate standard TB service as a part of basic health service package within UHC and ensure no catastrophic cost occurs to TB patient and family members.
- Advocate for the political commitment for securing adequate and sustainable resources and commodities for TB Program.
- Advocate for health system strengthening and adequate human resource in line with the federal context.
- Re-define the NTP partnership at all levels.
- Ensure effective procurement and supply chain management system is in place.
- Strengthen and improvise the program review, analysis and feedback mechanisms at all levels.
- Ensure TB data quality in collaboration with information system of Ministry of Health and Population.
- Collaborate and coordinate with MOFAGA to strengthen Vital Registration system.
- Use of digital platform between NTP and HMIS to improve the TB surveillance system.
- Promote periodic review and research for evidence-based plans.
- Ensure the inclusion of TB prevention and care activities in Disaster Preparedness Plan at all levels.
- Execute the National TB Laboratory Plan.
- Strengthen NTRL under NTCC.
- Establish Line Probe Assay (LPA) Laboratory Network under NTRL.
- Establish Lab network monitoring system.
- Ensure procurement and maintenance of laboratory equipment and necessary regimens.
- Strengthen childhood TB diagnosis and management.
- Develop a package for the mobility, adequate investment and service expansion in private and non-government sector to strengthen the patient pathway.
- Formulate supportive policy and regulatory framework.
Collaborate with Tobacco Control Program under Non-Communicable Disease (NCD) for joint effort for TB tobacco control.

Establish coordination between NTP and diabetes program.

Initiate new diagnosis and regimen for TB Prevention Therapy along with monitoring and evaluation

Initiate and expand quality checking and regulation of newer regimen of TB treatment

5.2. Province

For the implementation of this plan, following activities will be performed by Provincial Health Directorate under Ministry of Social Development in coordination with NTCC.

- Capacity building of health workers.
- Implementation of TB Free Local Level Declaration Campaign by involving all individuals holding leadership positions at all levels and the community to ensure necessary capacity and adequate resources for TB care and prevention and formulation of micro-plan
- Expand CB-DOTS program for DSTB and DRTB.
- Strengthen and improvise the program review, analysis and feedback mechanisms at all levels.
- Promote periodic review and research for evidence-based programming.
- Ensure the inclusion of TB prevention and care activities in Disaster Preparedness Plan.
- Strengthen mWRD Laboratory network that is operated in a planned and continued manner.
- Management of quality assured smear microscopy network
- Make provincial level public health laboratories responsible for quality assurance of mWRD and microscopy centers.
- Develop laboratory network monitoring system.
- Ensure procurement and maintenance of equipment and necessary materials.
- Strengthen the management of childhood TB diagnosis and treatment.
- Monitoring and evaluation of diagnosis and regimen of TB Preventive Therapy (TPT)
5.3. **Local Level**

For the implementation of this plan, the local level will implement the following roles with priority in coordination with Provincial government and NTCC and facilitate and provide support to health facilities.

- Capacity building of health workers.
- Implementation of TB Free Local Level Declaration Campaign by involving all individuals holding leadership positions at all levels and the community to ensure necessary capacity and adequate resources for TB care and prevention and formulation of micro-plan.
- Expand CB-DOTS program for DSTB and DRTB.
- Strengthen and improvise the program review, analysis and feedback mechanisms.
- Ensure the inclusion of TB prevention and care activities in Disaster Preparedness Plan.
- Establishment of courier system for sputum collection and transportation.
- Strengthen the activities of TB case identification at health facilities by utilizing sensitive screening and diagnosis tools.
- Strengthen the contact tracing of people who have come in close contact with TB patients.
- Scale-up systematic screening among high risk and vulnerable groups.
- Strengthen TB referral mechanism by using innovative approaches to prevent initial loss to follow-up of TB cases.
- Strengthen the management of childhood TB diagnosis and treatment.
- Partner with intermediary agency and key stakeholders (medical college, private health service center) for effectively manage TB services.
- Utilize digital technology for reporting and developing accountability.
- Expansion of collaboration with TB/HIV program.
- Increase TB case identification program among people suffering from malnutrition.
- Increase coverage of TPT among eligible children <5 years and PLHIV and scale-up among other TB contacts and vulnerable population.
- Strengthen infection prevention and control mechanism.
- Ensure quality treatment of DSTB and DRTB in health centers.
- Provide psychosocial and support to TB patients and their families for addressing the barriers to treatment adherence.
- Strengthen and expand aDSM mechanism (Drug safety monitoring and management) for efficient identification and effective management of side effects of medicines.
- Discourage the tendency of not reporting of TB cases following diagnosis and the obstructions that are likely to occur following effective monitoring.
6 STRUCTURAL MANAGEMENT

6.1. Monitoring and Evaluation

All government agencies, non-government organizations, donors and partners organizations involved in the NTP will be involved in regular monitoring of the progress in the implementation of this Strategic Plan. The concerned offices will monitor the programs implemented by the bodies operational under its purview. The concerned ministry, Department of Health Services, NTCC, Provincial Government, Local Level government and other associated authorities will involve in monitoring activities. To monitor the overall implementation status of this strategic plan, the NTCC at the federal level, the Provincial Health Directorate at the Provincial Level and the concerned Local Level government at the local level will form a monitoring committee with the involvement of all stakeholders. The monitoring committee will regularly monitor the non-performance of the prescribed work and submit a report to NTCC.

To implement the strategic plan, a detailed monitoring and evaluation plan (M&E Plan) will be prepared and implemented. The effect and results of the NTP will be evaluated internally and externally. For independent evaluation, the NTCC will form an evaluation task force comprising of national and international experts. The task force will submit a report to the Government of Nepal after conducting a mid-term evaluation of the program implementation and final evaluation of the results and impact.

6.2. Legal Provisions

By being based on the duties and functions of federal, provincial and local level as per the constitutional provisions, the Public Health Service Act (2018), National Health Policy (2019), Public Health Services Regulations (2020), prevailing 15th Plan, Basic Health Service Package 2018 will be effectively implemented to legally regulate and manage TB-related activities of all the three levels of government.

The prevailing National TB Strategic plan has included TB diagnosis, treatment and care as free-of-cost services. The use of modern information technology will be promoted in this legal system. In order to ensure free diagnosis and treatment of all types of TB patients through health insurance, free insurance will be provided to all types of TB
patients by amending the health insurance policies, acts and regulations as required. Provisions of making the public and private health institutions compulsorily report to HMIS will be ensured by amending the Infectious Diseases Act 2020.

6.3. Human Resource Management

For the implementation of the recommendations provided by Joint Monitoring Team comprising of national and international experts, following arrangements will be made to address the existing problems related to human resource management on the basis of Strategic Plan of Human Resources for Health (2020/21-2030/31), Organization and Management Survey (O&M Survey), institutional arrangement of all levels of government.

6.3.1. Federal Level: National TB Control Center

In order to implement the strategic plan, it is necessary to increase the existing manpower at the National Tuberculosis Control Center from 22 to 55.

- The approved organization structure of the National Tuberculosis Control Center has the positions for 33 staffs, of which, 22 are technical staff while 4 posts are currently vacant.
- NTCC has been receiving support from 8 technical staffs supported by Global Fund in its Program Management Unit, and this assistance will be continued until the implementation of this strategic plan.
- In order to effectively implement the activities mentioned in the plan, 12 more technical staff are required which are proposed to be sanctioned by the Government of Nepal. These proposed posts are also included in the Strategic Plan of Human Resources for Health (2020/21-2030/31) formulated by Ministry of Health and Population (MoHP).

For the successful implementation of this plan, it is imperative to adjust the existing positions as per number of positions tabulated below.
### Table 2: Required human resources at National TB Control Center

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Post</th>
<th>Group</th>
<th>Service</th>
<th>Level/grade</th>
<th>Existing</th>
<th>Proposed Net</th>
<th>Remove</th>
<th>Add</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Director</td>
<td>Nepal Health PHA</td>
<td>Nepal Health Public Health</td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Chief Chest Physician</td>
<td>Nepal Health Chest Disease</td>
<td>Nepal Health Chest Disease</td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Under Secretary</td>
<td>Nepal Health NPC-Statistic</td>
<td>Nepal Health NPC-Statistic</td>
<td>9/10</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Senior Consultant Chest Physician</td>
<td>Nepal Health Public Health Administrator</td>
<td>Nepal Health Public Health Administrator</td>
<td>9/10</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Public Health Administrator</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>9/10</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Microbiologist</td>
<td>Nepal Health General Administration</td>
<td>Nepal Health General Administration</td>
<td>9/10</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Under Secretary</td>
<td>Nepal Health Gazette Officer-III Class</td>
<td>Nepal Health Gazette Officer-III Class</td>
<td>9/10</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Statistics Officer</td>
<td>Nepal Health Administration</td>
<td>Nepal Health Administration</td>
<td>9/10</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Section Officer</td>
<td>Nepal Health Gazette Officer-III Class</td>
<td>Nepal Health Gazette Officer-III Class</td>
<td>9/10</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Finance Officer</td>
<td>Nepal Health General Health Service</td>
<td>Nepal Health General Health Service</td>
<td>9/10</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>Medical Officer</td>
<td>Nepal Health General Nursing</td>
<td>Nepal Health General Nursing</td>
<td>8</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>12</td>
<td>Nursing Officer</td>
<td>Nepal Health Health Assistant</td>
<td>Nepal Health Health Assistant</td>
<td>7/8</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>Health Education Officer</td>
<td>Nepal Health Health Assistant</td>
<td>Nepal Health Health Assistant</td>
<td>7/8</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>Public Health Officer</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>7/8</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>Medical Technologist</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>7/8</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>Lab Technician</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>5/6/7</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>Radiographer</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>5/6/7</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>Staff nurse</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>Health Assistant/Public Health Inspector</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>20</td>
<td>Senior Lab Assistant/Inspector</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>21</td>
<td>Junior Radiographer</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>Nepal Health Medical Lab Technologist</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>22</td>
<td>ANM</td>
<td>Nepal Health Health Inspector</td>
<td>Nepal Health Health Inspector</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>23</td>
<td>Senior Auxiliary Health Worker/Officer</td>
<td>Nepal Health Health Inspector</td>
<td>Nepal Health Health Inspector</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>24</td>
<td>Accountant</td>
<td>Nepal Health General Administration</td>
<td>Nepal Health General Administration</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>25</td>
<td>Nayab Suba</td>
<td>Nepal Health General Administration</td>
<td>Nepal Health General Administration</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>26</td>
<td>Computer Operator</td>
<td>Nepal Health General Administration</td>
<td>Nepal Health General Administration</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>27</td>
<td>Khairdar</td>
<td>Nepal Health General Administration</td>
<td>Nepal Health General Administration</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>28</td>
<td>Driver</td>
<td>Nepal Health General Administration</td>
<td>Nepal Health General Administration</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>29</td>
<td>Support staff</td>
<td>Nepal Health General Administration</td>
<td>Nepal Health General Administration</td>
<td>4/5/6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>33</td>
<td>23</td>
<td>1</td>
<td>55</td>
</tr>
</tbody>
</table>
6.3.2. Province, District and Local Level

Currently, there are problems in the implementation of the TB program as there are no staff assigned for the TB program at the province, district and local levels. Therefore, strategic plan will be implemented at the province, district and local level by adding the following posts.

### Province

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Position</th>
<th>Level/Grade</th>
<th>Service</th>
<th>Group</th>
<th>Sub-group</th>
<th>Existing</th>
<th>Proposed Position</th>
<th>Proposed Position</th>
<th>Add</th>
<th>Remove</th>
<th>Proposed Net Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Medical Surveillance Officer (TB)</td>
<td>8</td>
<td>Nepal</td>
<td>General Health</td>
<td>Service</td>
<td>0</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

### District

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Position</th>
<th>Level/Grade</th>
<th>Service</th>
<th>Group</th>
<th>Sub-group</th>
<th>Existing</th>
<th>Proposed Position</th>
<th>Proposed Net Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Public Health Officer</td>
<td>7</td>
<td>Nepal</td>
<td>Health</td>
<td>Inspector</td>
<td>0</td>
<td>77</td>
<td>77</td>
</tr>
</tbody>
</table>

### Local Level

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Position</th>
<th>Level/Grade</th>
<th>Service</th>
<th>Group</th>
<th>Sub-group</th>
<th>Existing</th>
<th>Proposed Position</th>
<th>Proposed Net Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Public Health Nurse</td>
<td>7</td>
<td>Nepal</td>
<td>Nursing</td>
<td></td>
<td>0</td>
<td>753</td>
<td>753</td>
</tr>
<tr>
<td>2.</td>
<td>Health Assistant</td>
<td>5</td>
<td>Nepal</td>
<td>Health</td>
<td>Inspector</td>
<td>0</td>
<td>753</td>
<td>753</td>
</tr>
</tbody>
</table>

For the successful implementation of the strategic plan, technical assistance can be obtained on the need basis from the supporting organizations in addition to the human resources mentioned in the table. Detailed human resource details for TB program will be included in the human resource management plan.

### 6.4. Financial Landscape

For the implementation of this plan, a total of USD 192 million is expected to be spent in the five-year period. A large proportion of the budget will be spent on TB case identification, management of DR TB, procurement of medicines and laboratory-related equipment and materials as well as program management and monitoring. This includes increased use of GeneXpert, laboratory service with culture in each province and establishment of referral center. Management of DR TB is yet another area requiring huge investment as the expenses on TB treatment...
and expensive medicines will increase continuously. Program management and monitoring also includes upgrading of treatment centers and drug stores. Community participation and training are another areas that require more investment. As there is a need to improve the performance of the employees, expenses have been provisioned for the training.

The budget for this NSP has been prepared on the basis of activities proposed during the country dialogue, multi stakeholder meetings, Focus Group Discussion, and interactions with local, community and patients and target groups that took place in different phases. It has been prepared also on the basis of suggestions and recommendations received from the Joint Programme Monitoring carried out by national and international experts. The budget required for the plan has been estimated on the basis of norms, historical cost, current price and cost and epidemiological data that are directed as per the directive of Program Implementation Guideline of Government of Nepal.

Out of the total cost of NSP (USD 192 million), the Government of Nepal has committed to invest USD 81 million while The Global Fund has committed USD 21 million for the 2021/22 to 2023/24. In addition to this, it is estimated to receive additional USD 14 million from The Global Fund in the same ratio for the next two fiscal years. The remaining fund (USD 76 million) is expected to be collected from other donor agencies, such as USAID, KNCV, LHL International, TB REACH, JICA and PATH. The budget has been proposed for the program to be integrated into the integrated health system for proper management of the TB program in times of disaster.

The total budget for this National Strategic Plan 2021/22 - 2025/26 will be as mentioned below:

**Table 3: Financial Landscape**

<table>
<thead>
<tr>
<th>Source</th>
<th>USD (in 1,000,000)</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2021/22</td>
<td>2022/23</td>
<td>2023/24</td>
</tr>
<tr>
<td>Total expenditure for TB control</td>
<td>37.27</td>
<td>37.29</td>
<td>38.65</td>
</tr>
<tr>
<td>Government of Nepal</td>
<td>13.95</td>
<td>14.82</td>
<td>17.00</td>
</tr>
<tr>
<td>Donor Agency</td>
<td>8.42</td>
<td>6.66</td>
<td>5.61</td>
</tr>
<tr>
<td>Expected Availability</td>
<td>22.37</td>
<td>21.49</td>
<td>22.60</td>
</tr>
<tr>
<td>Funding Gap</td>
<td>14.90</td>
<td>15.80</td>
<td>16.04</td>
</tr>
</tbody>
</table>
6.5. Risk analysis and Mitigation Measures

To implement this strategic plan, mitigation measures have been prepared by analyzing the risks mentioned below.

**Internal**

- As Nepal is at risk of various natural disasters such as earthquakes, landslides, epidemics, etc., health services including tuberculosis may be affected due to obstruction in the transport and communication system.
- Equal participation of all three levels of government as well as the utilization of local resources have been expected in the implementation of this strategic plan. Without adequate support, it may be difficult to achieve the expected results of this strategic plan.
- If the proposed human resources are not available, it will be difficult to implement the proposed plan.
- While preparing the plan, it is estimated that the activities will be implemented keeping in view the political stability of the country. If there is no stability, the goals may not be achieved as expected.

**External**

- It is estimated that more than half of the estimated cost for implementing the activities of the plan will be received from external sources. If the resources are not available, there is a risk of not meeting the expected results due to difficulties in the implementation of planned activities.
- As the support from the international TB experts are also expected in the implementation of the plan, there will be difficulty in achieving the goal in the unavailability of such assistance.

**Mitigation Measures**

**Internal**

- In order to ensure the continuity of TB services during disasters and epidemics, TB will be included in the Disaster Management Plan and a clear blueprint for disaster and epidemic mitigation activities will be formulated and implemented.
- In order to increase the participation of the local level in the implementation of the plan and to ensure the availability of necessary resources, the activities of the Tuberculosis Free Nepal Campaign will be conducted by making a detailed plan.
- Emphasis will be laid on the management of necessary resources by forming End TB Committees under the chairmanship of Hon’ble Prime Minister at the federal level and Hon’ble Chief Minister at the state level and Mayors at the local level.
- A time-relevant interim plan will be formulated and implemented to continue the TB diagnosis and treatment services.
External

- Efforts will be implemented to secure support from donor agencies by undertaking coordination, meeting, advocacy and debate. If these result into being unsuccessful, efforts will be made to invest internal resources with priority for the implementation of the plan.
- Along with this plan, technical assistance plan will also be prepared and submitted to the concerned body to ensure the necessary assistance during the implementation of the plan.

6.6. Quality Assurance

The following activities will be implemented for quality assurance during the implementation of this strategic plan.

- Arrangements will be made for the process of providing and receiving feedback by making the records and reporting system efficient.
- TB program will be reviewed annually in the framework of multilateral accountability at all levels.
- Regular and collaborative monitoring and supervision will be made using a checklist of quality checking from all levels.
- Regular cohort analysis, planning and review meetings will be held at all levels for evaluation and providing feedback on the program’s indicators.
- The quality of data will be ensured regularly and annually.
- The program will be evaluated annually by external reviewers.
- The Joint Monitoring Team (Internal and External) and experts will carry out the independent review of NTP once in every 5 years.
- Review of the Regional Green Light Committee: The National Drug Resistant Tuberculosis Program will be reviewed annually by international experts.
- Regional and Global Institutional Drug Review: The national drug procurement and supply management system will be examined annually by international experts.
- Annual testing and certification of National Tuberculosis Laboratory will be done by Supranational Tuberculosis Laboratory. Similarly, the National Tuberculosis Reference Laboratory will ensure and certify the quality of the Provincial level TB laboratory.
- The quality control of microscopy centers will be done by the Provincial Public Health Laboratory.
### Annex 1

**Indicators of National Strategic Plan to End Tuberculosis in Nepal (2021/22-2025/26)**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Indicators</th>
<th>Baseline Indicator</th>
<th>Baseline year</th>
<th>Annual Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve the quality of TB services and strengthen the health system for universal access to TB services; effectuate the TB services and support by increasing the community engagement in TB management, and strengthen the digitalized case-based surveillance system in health care facilities.</td>
<td>1.1 Families affected by catastrophic costs due to TB (%) = zero percent</td>
<td>Unavailable</td>
<td>Unavailable</td>
<td>In Nepal, a survey on catastrophic cost has not been conducted. Hence, this indicator will be zero during the period of strategic plan.</td>
</tr>
<tr>
<td></td>
<td>1.2 Increased government investment in the TB program</td>
<td>35%</td>
<td>2020/21</td>
<td>45% 55% 65% 70% 70%</td>
</tr>
<tr>
<td></td>
<td>1.3 Community will support in the treatment of 50% of TB patients.</td>
<td>Unavailable</td>
<td>Unavailable</td>
<td>30% 30% 50% 50% 50%</td>
</tr>
<tr>
<td></td>
<td>1.4 All health facilities (100%) reported patients’ details through electronic system.</td>
<td>Unavailable</td>
<td>Unavailable</td>
<td>30% 50% 80% 90% 100%</td>
</tr>
<tr>
<td>2. Strengthen laboratory services to further improve the management of TB diagnosis and treatment.</td>
<td>2.1 DST for patient with TB</td>
<td>40%</td>
<td>2019/20</td>
<td>50% 70% 80% 100% 100%</td>
</tr>
<tr>
<td></td>
<td>2.2 95% patients with DSTB patients are identified and brought within the continuum of treatment.</td>
<td>46%</td>
<td>2019/20</td>
<td>56% 65% 75% 85% 95%</td>
</tr>
<tr>
<td></td>
<td>2.3 95% patients with DRTB are identified and brought within the continuum of treatment.</td>
<td>18%</td>
<td>2019/20</td>
<td>70% 80% 85% 90% 95%</td>
</tr>
<tr>
<td></td>
<td>2.4 TB Case notification contributed by 30% of the private sector</td>
<td>17%</td>
<td>2019/20</td>
<td>20% 22% 25% 28% 30%</td>
</tr>
<tr>
<td></td>
<td>2.5 All (100%) TB patients are tested for HIV.</td>
<td>69%</td>
<td>2019/20</td>
<td>80% 85% 90% 95% 100%</td>
</tr>
<tr>
<td></td>
<td>2.6 Decrease the incidence rate (per 1 lakh population)</td>
<td>238</td>
<td>2019/20</td>
<td>219 When reduced by 8% 209 When reduced by 12% 200 When reduced by 16% 190 When reduced by 20% 181 When reduced by 24%</td>
</tr>
</tbody>
</table>
### 3. Quality Improvement of the services for TB prevention, identification and treatment

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Indicators</th>
<th>Baseline Indicator</th>
<th>Baseline year</th>
<th>Annual Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Increase access to latent TB infection (LTBI) treatment by more than 90 percent among children under 5 years and PLHIV</td>
<td>40%</td>
<td>2019/20</td>
<td>50% 60% 70% 80% 90%</td>
<td></td>
</tr>
<tr>
<td>3.2 Treatment success rate of DSTB reached ≥90 percent.</td>
<td>90%</td>
<td>2019/20</td>
<td>90% 90% 90% 90% 90%</td>
<td></td>
</tr>
<tr>
<td>3.3 Treatment success rate of DRTB to be ≥85%</td>
<td>67%</td>
<td>2019/20</td>
<td>72% 75% 78% 82% 85%</td>
<td></td>
</tr>
<tr>
<td>3.4 Decrease TB mortality rate</td>
<td>58 per 100,000</td>
<td>2019/20</td>
<td>46 per 100,000 41 per 100,000 35 per 100,000 29 per 10,000 23 per 100,000</td>
<td>Reduce by 20% Reduce by 30% Reduce by 40% Reduce by 50% Reduce by 60%</td>
</tr>
</tbody>
</table>