

How to successfully adapt national TB Control Programmes



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Cornerstones of successful, sustainable TB programs

- **Political commitment**
- **Development of human resources**
- **Proper drug management**
- **Adequate case management**
- **Using analysis of results**



Political commitment

Role of CCM

- **National coordination**
 - multisectoral involvement
 - increased ownership
- **Partnerships**
 - avoidance of duplication



Human resources

- **Not just training, but need for HR development = plan**
 - **Involvement of many more professions**
 - **Task analysis**
 - **Job description**
 - **Standardization of criteria (regulatory framework)**



Drug (supply) management

Centralised vs decentralised

- **procurement**
 - Cheaper when procured in bulk
- **storage**
 - **Critical for second line drugs**
 - **Distribution**
 - **Involvement of PHC**



Analysis of Results of monitoring

**Offers great possibilities for
Operational Research into
interventions used in all program processes**

**Can be done at all levels without too
complicated science**



Case management

Early diagnosis

- Involvement all health services
 - Primary health care
 - HIV/AIDS departments
- Rapid diagnosis
 - Referral systems
 - Accessibility and affordability
 - Technical improvements
 - Rapid reporting of results



Case management

Adequate treatment

- Proper treatment schemes
 - related to resistance patterns
 - quality drugs in adequate dosages (FDCs)
 - Follow up on treatment
- Adherence
 - Health services
 - Doctors
 - Pharmacists
 - Patients
 - Education
 - support

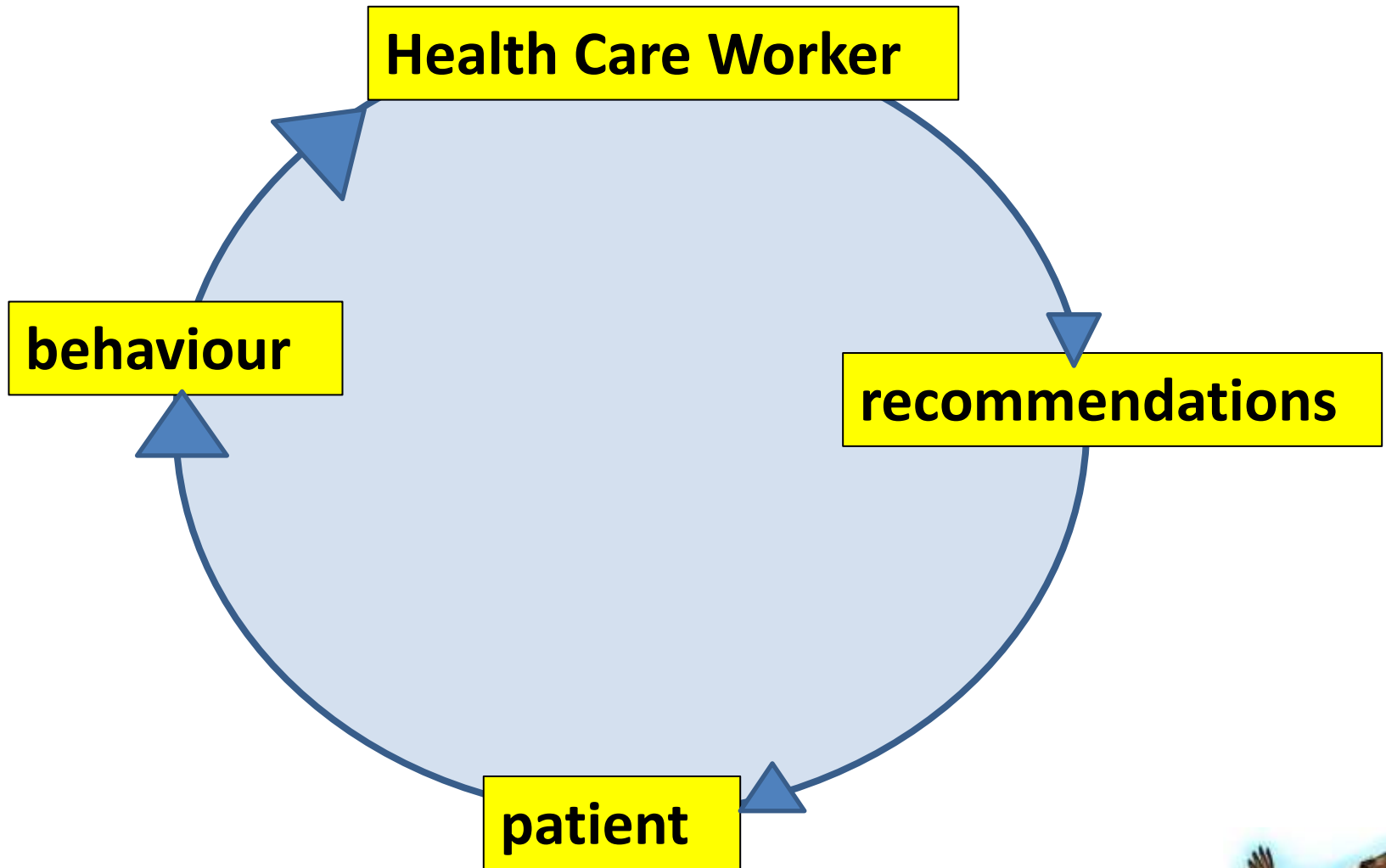


Adherence in a hospital in Botswana in 1974

intervention	% default
none	80%
Change opening hours	60%
TB nurse appointed	40%
Doctor in clinic	20%



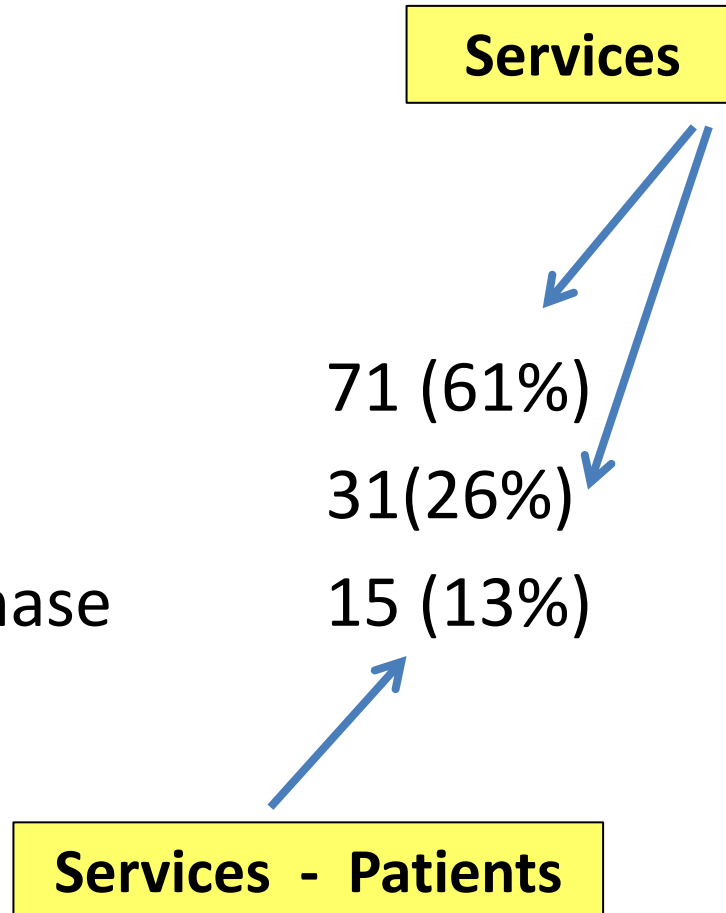
What is adherence?



Studies

126 defaulters

- Time of default:
 - Intensive phase
 - In between
 - Continuation phase



Contributing factors

Gender	none
Age group	none
Social status	pensioner / jobless
Risk factors	alcohol abuse



Causes of default

services

Poor communication between staff and TB-patients

- Disbelief among patients that TB is curable
- Patients don't know about duration of treatment

Treatment conditions

- Hospital conditions

Cost of treatment

- Opportunity costs of admission
- Direct costs on additional drugs/ feeding

Conflicting guidelines

patients

- Stigma
 - Fear to be recognized as a TB patient



Take away message

International strategies have proven their value, but implementation meets obstacles at national and local level.

Process analysis (operational research) will guide adaptation, which may be small or major, but not necessarily needs expensive inputs.

Put (the respect for) the patient in the centre of all interventions



**Why is adherence
important?**



Because I tell you so!!

