

*" Sometimes people do not go to  
the hospital because they are  
afraid of the health worker"  
TB patient from Malawi*

Exploring approaches to include human  
capacity in TB care

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# Outline of presentation

- Poverty and TB
- Achievements: Patients' charter etc
- Approaches
- Challenges
- What do providers need to provide quality services
- Conclusions and recommendations

# WHO 2005

- Poor and vulnerable groups with barriers to TB services are people in absolute economic poverty, people disadvantaged by gender-related factors, marginalized ethnic groups. People in remote areas, and the urban poor
- Need for problem analyses and strategies
- Identify groups, determine barriers in access to care, assess action to overcome barriers, review the situations, explore possibilities for additional resources, evaluate impact

# International context

## UN Millenium Development Goals

- Goal 1 on poverty reduction
- Goal 6 on TB reduction

## World Development Report 2004

- Health services work better as they put patients at the centre of service provision

# Two major achievements in field of TB

- 2005 : WHO Tool Addressing poverty in TB control; options for national TB programs
- 2006 Patients' charter for Tuberculosis Care, patients' rights and responsibilities
- Rights: care, dignity, information, choice, confidence, justice, organization, security,
- Responsibilities: share information, follow treatment, contribute to community health, show solidarity

# New approaches on human capacity

- Quote Tool : patients perspectives on quality of TB care but no suspects, no defaulters...
- Poverty tool: overcome geographic and socio-economic barriers by information, involvement of cured patients etc but not perceptions and priorities of people living with TB
- HRD: more attention for performance of provider, but not enough patient oriented
- Stigma reduction strategies (more in HIV settings) not operational

# Challenges

1. Perceptions and priorities of people living with TB
2. Stigma reduction strategies and TB
3. Relation patients and providers

# 1. When does one become a TB patient

- The presentation of illness by people living with TB
- The transcription of symptoms to a illness of disease (labelling)
- Prescription of treatment that is acceptable by parties involved
- Deconstruction of concept of 'TB patient' the poor or the marginalized: diversity and difference (gender, age, class, identity)
- Need for providers to better understand patients

## 2. Stigma reduction

- Perceived and enacted stigma
  - 1) delay in presentation
  - 2) poor adherence (taking medicine confirms image of being a patient)
  - 3) default from treatment
- Intersecting identities: being poor, woman, ethnic minority and a TB/HIV patient (blaming the victim)
- Need for strategies to reduce stigma in TB

# 3. Patients and providers

- Quote study Uganda: in 4 FGDs people believed that TB is caused by witch craft, also herbal medicine is the only cure, TB drugs catalyze death of TB patients
- How do TB suspects perceive the “ pain” of TB  
McGill Questionnaire 78 words to describe pain  
“drilling, burning” versus technical approach
- Clash between explanations of illness and disease
- Providers as patients
- Providers part of cultural context: recognition or denial

# Performance in failing systems

- Harmful practices due to
  - Inappropriate competencies
  - Low income
  - Job dissatisfaction
- Various coping mechanisms adversely affecting patients

# Examples of coping mechanisms

- Under the table payments
- Illegal sale of drugs
- Referring to own private clinic
- Absence from services
- Rude behaviour (shouting)
- No explanation to patients
- Not treating patients
- Non-adherence to protocols

# Addressing unethical coping mechanisms

- Improving competencies to better deal with patients' needs- using cost-effective methods

## Options

- On-the-job training
- Supportive supervision
- Clinical meetings
- Peer support
- Distance learning
- Self- assessment

# Addressing unethical coping mechanisms

- Improving support at work

No blue-print, elements:

- Safety at work
- Equipment/ supplies
- Clear communication/ feedback also from patients
- Management capacities and leadership
- Involvement of health workers in strategies to improve job satisfaction
- Redistribution of tasks

# Addressing unethical coping mechanisms

- Introducing an accountability system
  - Being held responsible for performance towards patients, colleagues or managers

## Options:

- Development and implementation of a regulatory framework
- Self-regulation through professional associations
- Systems change:
  - Involve community in facility management
  - Link performance to pay
  - Set up quality assurance mechanisms

# Conclusions

Patients poor, vulnerable have better opportunities and access when their rights, responsibilities and their priorities are acknowledged

Providers are able to better address needs of patients when

- They understand these needs and have competencies to address them
- They receive support in their work
- They are held accountable for their performance

# Recommendations

The time is right for a multi-level approach:

- Operationalisation of poverty tool and link to stigma reduction tools
- Standardisation of including patients in planning, implementation and evaluation of TB services
- Need for new models for service delivery
- Operational research eg narratives of people living with TB and providers, eg suspects or defaulters
- Empowerment of patients, providers, managers!