Engaging in TB Control

Challenges and opportunities for FBOs
WV and TB Programs

WV is committed to improving the health and nutrition of women and children in the areas in which we work and contributing to the global reduction of under-5 and maternal mortality and morbidity.

WV has worked alongside National TB Programs, implementing projects in countries like India, Indonesia, the Philippines, PNG, Somalia, Ethiopia, Thailand, and Dominican Republic, Guatemala.

Managing over: $100,000,000

Donors: CIDA, USAID, Global Fund and private funds raised by World Vision
A Story

Esther was 18 years old, weighed only 22 kg. She had TB.

World Vision staff followed Esther on her journey to healing – making sure that she took her pills every day, had good portions of food to eat, and helping her get to the health centre for follow-up. After six months on the regimen, improvements were seen. She gained 10 kilograms and her energy began to return. A few months later, a final sputum test returned negative.

**DOTS saved one more life.**
WV Contributions for DOTS Implementation

• WV trains a network of volunteers to increase CDR and Treatment Success
• Community campaigns, events, education and social marketing
• Following up symptomatic individuals and bringing them to labs – health seeking behavior
• Following up for second and third sputum tests and transport of sputum samples
• Retrieval of defaulters back into DOTS
• Selection and training of “treatment partners” who implement DOTS
• Daily follow-up of patients to ensure they take their medicine, which reduces the dropout rate, encouraging food security through hh gardens and food supplements
• Facilitating community support, lobby with local government for budgets for TB and care for the families impacted by TB
• Enhancing laboratories – electricity, training of technicians
• Ensuring an uninterrupted supply of quality medicine – buffer supplies
• Printing standardized forms and registers.
Key Contribution towards DOTS: TB Care Groups/community referral networks

- Tracing Patients
- Contact tracing of TB contacts
- Adherence Support
- Retrieval of defaulters
- Sputum collection for patients who have completed treatment
- Initiate sputum collection for TB suspects
- Link patients to other service providers
- Community mobilization activities
- Referral of children for prophylaxis
Increased CDR and Increased treatment success rate among the registered patients

<table>
<thead>
<tr>
<th>Country</th>
<th>Start of Project</th>
<th>End of Project</th>
<th>Start of Project</th>
<th>End of Project</th>
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</thead>
<tbody>
<tr>
<td>India 03 – 07</td>
<td>54%</td>
<td>70%</td>
<td>66%</td>
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<tr>
<td>Indonesia 02 - 07</td>
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<td>75%</td>
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<td>The Philippines 98 - 02</td>
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<td>85%</td>
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<tr>
<td>Somalia 04- 06</td>
<td>49%</td>
<td>60%</td>
<td></td>
<td>Above 85%</td>
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</tbody>
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Contributions as Faith-based organization

WVI is well known as a Christian INGO

- Its professionalism and longevity in Somalia/Indonesia/India is an example of its platform to work in a multi-faith setting on a nationwide TB program
- WV respects other religions and adopts sensitivity to local practices and has no proselytism approach
- WV has transparency, openness and frequent consultations with Pastors, Imams, Monks and tribal communities.
- WV has credibility and trust at community level
- WV is thankful for Caring and Committed staff in a harsh and difficult environment
Key Highlight

• Primary Partnership with the DoH and RNTP at all levels including local government units & Barangay
• Mobilize communities for action against TB; formation of “TB Care Groups” (India)
• Major role in Hospital DOTS linkage (Indonesia)
• Linking private practitioners and private health clinics to the RNTCP
• Launch of TB/HIV collaborative approach at HF level in Dominican Republic
• Successful TB programs in Failed states – examples from Somalia
Major Challenges

• NGOs are implementers for Donors/MoH/NTPs – not partners in real sense
• Private Sector is not involved as a key component of Health System
• Lack of political commitment for TB - sustainability is an uphill task
• Application of guidelines and protocols – HS is so weak they can not follow the guidelines in reality
Major Challenges

- Additionality is measured in numbers only; CDR and CR. Low value and lack of recognition of:
  - training and capacity building of community volunteers as key elements of TB programs
  - Implementation in hardest to reach areas – lack of staff, supplies, non-functional labs, stock-outs, weakest HS
  - Community mobilization is fundamental to increased CDR but not recognized as value added
  - CSS is still not tied to expected TB outcomes

With massive and active case finding, the local health facilities couldn’t just cope with the created demand for DOTS.
Constraints

• TB is not usually a top priority at district or sub-district level – staff and local budget issues
• Budgets are reduced while expectations are same or higher; high targets for CDR and TX but no budget increase
• Limited management guidance or authority for projects to make changes according to situations
• Project duration is too short for change to take place – one year projects
• Unregulated use of TB drugs
TB related Issues

• Childhood TB; no management protocols, no affordable diagnostics at HF level, no medicines
• MDR and XDR TB; lack of protocol, lab resources, drugs and trained staff
• TB/HIV collaborative approach: lack of understanding and lack or resources.
Recommendations

• Encourage inclusion of NGOs/private sector in NTP design and planning – formalize “gap filling” role
• Facilitate policy development with corresponding budget at the local level for sustainability of the community-based efforts against TB.
• Advocate for improving density of health workers and involvement in TB control
• Prioritize Maternal/child TB tracking as part of maternal & child health – data collection, creating evidence and MDG tracking
• Optimize use of protocols and guidelines for Childhood TB, MDR/XDR TB
Recommendations

WHO needs to influence the MoH to:

- Scale-up of “TB Care Groups” – move beyond traditional health workforce
- Strengthen/regulate private lab networks – PPP for diagnostics
- Availability of diagnoses at point-of-care level that produces same day results - Mobile TB Labs for remote areas
- PPP for NTP supplies and logistics
- Formalize and regulate private medical providers for TB treatment
- Cell phone technology for record keeping
Family members and children living in poor ventilated houses with a person with infectious TB have a higher risk of developing TB.
TB mascot of the Social Mobilization TB Project, the Philippines
TB mascot: awareness raising among children
TB Care Group meeting
Treatment Provider visiting a patient – FDC packs
TB Comic For kids
TB education in Schools
Taxis carried TB Messages in Uthukela
Public campaigning