



KNCV promotes a holistic approach to tuberculosis control in the countries that we support. TB is often perceived as a medical problem. KNCV and its partners emphasize that it is also – and predominantly – a social problem. To fight TB, patients need medical as well as social, economic and psychological support. We focus our attention on all of these areas, working together with local communities, helping national governments to provide that support sustainably.

Through our experience of over 110 years of TB control in our own home base, The Netherlands, we have learned how the combination of socio-economic development, disease control and universal access to quality health care

interact in order to bring the TB epidemic close to elimination. KNCV has over 30 years of experience in supporting countries in different stages of their TB epidemic, and with a wide variation in socio-economic development or epidemiologic characteristics such as HIV and multidrug-

resistant TB (MDR-TB). The TB epidemic is to a large extent a problem of poverty, which is why it is important to help develop health systems and services that are patient-friendly, allow access to good care for everybody, and can be sustainably financed from national resources. ▶



MDR PATIENTS SHARE THEIR STORIES, INDONESIA



GIVING INFORMATION AT A COFFEE CEREMONY IN ETHIOPIA, PHOTO BY NETTY KAMP

Collaborating with national institutions

KNCV works closely with the host country's institutions to improve legislation and systems to provide social support for TB patients. In Kazakhstan, we piloted an innovative approach by helping a local government set up a committee composed of representatives of social and medical services, which oversees and decides whether a TB patient is eligible for social support. As a result, treatment outcomes of patients receiving such support have improved considerably. This method has now become national policy.

In Vietnam, we have implemented a new approach for screening and treating children for TB. Where children once had to be referred to provincial hospitals to be attended by a pediatrician, they can now be treated by general doctors in district clinics. This saves their families the high cost of transportation, which can often be an unsurmountable barrier. The new approach has significantly increased case detection of childhood TB. The pilot covered three provinces, and after careful evaluation the national program decided to scale up this approach nationwide.

Training health workers

KNCV promotes training programs for health workers and patient and community organizations, in order to build knowledge and patient education skills. When patients report to a health facility, they have often already incurred expenses or are actually missing income because of time lost for seeking consultation. That opportunity to make the correct diagnosis and institute the correct treatment should thus not be lost. If patients are dissatisfied with the service provided, they will seek care elsewhere, often resulting in delayed diagnosis, worsening disease and ongoing transmission of TB infection. Efficiency, respect and good communication are the key virtues of a good health worker. Waiting rooms need to be comfortable, and also provide an opportunity for providing educational messages through videos and leaflets in the local language. Trained members from patient organizations play an invaluable part in helping patients find their way in a health facility, and in supporting health workers in patient education and follow-up. KNCV assists national TB programs in developing these training programs, and in implementing them to help improve services to patients.

Double screening for HIV and TB

A person living with HIV infection (PLHIV) is 20 to 30 times more likely to fall sick with TB than a person without HIV infection. This makes HIV infection one of the main drivers of the TB epidemic. TB is also the major cause of death in PLHIV. Provider Initiated Counselling and Testing for HIV infection of patients diagnosed with TB, and regular TB screening in PLHIV are therefore critically important to provide the right treatment for both diseases as soon as possible. 'Key Affected Populations' such as sex workers, migrants, men-having-sex-with-men, prisoners and injecting drug users are at increased risk of TB, due to HIV infection and their often congested living conditions. KNCV therefore promotes 'double screening' for HIV and TB and supports building partnerships between national TB and HIV/AIDS programs, non-governmental organizations, and supports training health care workers on both types of screening.

Involving patients in the fight against tuberculosis

Patients are not merely recipients of care. They are themselves welcome allies in the fight against TB. Below are a few examples of how (ex-) patients can be engaged.

Patients sharing their stories

Pictures can tell a story in one glance. Our work with Photovoices in the Dominican Republic is an excellent example. In the project, we asked patients to share their personal story through self-made pictures and a simple text, or short video testimonials made with a simple digital camera provided by our project. These proved to be very powerful tools for helping care givers and health workers to understand the emotional implications for persons living with TB when it comes to social stigmas, isolation and depression and undergoing the often demanding treatment. Photovoices presents a great tool for empowering patient groups and creating understanding and empathy from care givers.

Patients helping each other

Asking patients' advice proves to be very helpful in generating ideas on how to fight problems such as social stigma. Some national programs have embraced the idea of creating local Stop-TB committees, representing (ex-) patients and health workers. The ideas from these Stop TB committees are inspiring and valuable, as they come from an intimate knowledge of the disease and the community. Sometimes, patients also organise themselves. In Indonesia, MDR-TB patients who had received individual



AFGHANISTAN – FEMALE PATIENT,
PHOTO BY KATHY FIEKERT

psychosocial support through our project decided to form a peer educator group. This innovation proved very successful, and is now replicated with KNCV assistance by large Faith-Based Organizations within their large networks.

Patients at the centre of TB efforts

KNCV has led the development of a Patient-Centred Approach Package, in close collaboration with the Royal Tropical Institute (KIT). The package assists national programs in developing a patient-centred approach, based on patient consultations and understanding of their barriers to care, as well as international standards of care provision. The package includes five patient-centred tools:

- Quote TB Tool
- Tool to Estimate Patient Costs
- Revised Patient's Charter for Tuberculosis Care
- TB Literacy Toolkit
- A Practical Guide to Improving Quality TB Patient Care

Engaging the private sector

The private (non-government and for profit) health care sector is the first place many patients turn to when seeking care. Patients often have good reasons for that, as the clinic is close by or the clinic environment is more patient-friendly. Unfortunately, many of these patients stop taking their TB medicines ▶



COMMUNITY TB WORKERS IN MOZAMBIQUE,
PHOTO BY JEROEN VAN GORKOM

when they can no longer afford to buy them; or they develop drug-resistant TB because the private doctor has not prescribed the correct treatment regimen; or the drugs bought by the patients are of poor quality.

KNCV is supporting national programs in engaging the private sector as a valuable partner in national TB control efforts. One of the approaches is regulation of the private sector. This approach proved to be very successful in Indonesia. Regulation makes it possible for private clinics to support the full treatment of the patient, with quality-assured TB drugs provided at no costs to the patient by the public sector. It also compensates and rewards private doctors financially for every correct diagnosis and proper treatment, without putting a financial burden on the patient. These private doctors can receive government-sponsored training, which will entitle them to declare their services to their patients' health insurance company. Experience has shown that as more private clinics work together with the government to fight TB, others follow suit. ■



Treatment of MDR-TB patients

The treatment of MDR-TB is very demanding for patients, because of the long duration of treatment, the many injections and the frequent side effects. It is also demanding to health workers, because it requires new skills and competencies in clinical management and supporting the patient until successful completion of the treatment. In Vietnam, KNCV has developed a package of interventions for effectively treating MDR-TB that includes staff training on treatment guidelines and TB Infection Control, and provision of social support. This approach has already been successfully introduced in five sites. Based on lessons learned in this pilot, the method is now being rolled out throughout the entire country.

In Tajikistan, KNCV has successfully piloted the transition from largely hospital-based care to outpatient care. The country has adopted this as a national policy and law. The approach reduces both health system and patient costs and leads to better treatment outcomes. KNCV now supports the nationwide roll-out.

