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ADDRESSING POVERTY IN TB CONTROL

OPTIONS FOR NATIONAL TB CONTROL PROGRAMMES

CONTENTS

PREFACE

Throughout the world, poor people and those from disadvantaged social groups suffer more illness and die sooner than the more privileged. Poor and socially excluded people face greater exposure to many health threats, and when they fall sick they are much less likely to receive adequate care. Social factors including the effects of poverty account for the bulk of the global burden of disease and death and for the largest share of health inequalities between and within countries. In high-income countries, the average estimated incidence of tuberculosis (TB) is 10/100 000; in low-income countries it is 20 times higher.

Today's great health challenge is equity: accelerating health progress in poor and socially excluded groups. This requires intensifying action on the diseases that most heavily affect poor communities while simultaneously mobilizing knowledge, resources and political commitment to address the social determinants of health. This coordinated action is vital if countries are to achieve the health-related Millennium Development Goals (MDGs). The MDGs have underlined the interdependence of efforts to control disease epidemics and to attack poverty, hunger, unsafe housing, gender discrimination and inadequate access to education.

To do our job properly, those working in medicine and public health must understand the social context of health interventions and the social and economic forces that shape people's chances for well-being. This is why the World Health Organization (WHO) has begun a process of intensified focus on the social determinants of health and why the work of the Global Partnership to Stop TB to address poverty is especially important. The partnership has been a pathfinder in highlighting the links between TB and poverty and putting this issue on the TB control agenda. The links themselves are not surprising. Higher TB rates among impoverished minorities and marginalized groups have been observed for almost two centuries. The partnership aims to turn this knowledge into action, taking into account the new forms in which the cycle of poverty, social exclusion and TB infection may be expressed today.

Leadership in the battle against TB rests with governments, specifically with national TB control programmes within ministries of health. This document should help national officials design and scale up services that reach more patients across all communities and proactively seek to serve the most disadvantaged. Governments and partners will find guidance in this document on the best means to reduce barriers to health care and increase early and effective treatment for the poorest and most vulnerable communities.

Explicitly addressing poverty in the context of TB control is essential to meet the needs of three overlapping constituencies: individual patients, poor and marginalized communities and countries threatened by the disease. WHO joins with its partners to offer this document, which we hope will accelerate progress towards the equitable provision of TB services to all in need and advance the connection between key disease control programmes and strategies to address the social determinants of health.

Jack Chow
Assistant Director-General
HIV/AIDS, TB and Malaria
World Health Organization

Tim Evans
Assistant Director-General
Evidence and Information for Policy
World Health Organization

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Writing committee

Lakhir Singh Chauhan; Masoud Dara; José Figueroa-Muñoz; Christy Hanson; Lindsay Martinez; Felix Salaniponi; Bertie Squire; Chitra Sundaram; Maarten Van Cleeff; Diana Weil

Contributors

Dong Il Ahn; Valérie Diaz; Peter Gondrie; Malgosia Grzemska; Alec Irwin; Michael Kimerling; Bertha Nkhlema Simwaka; Pilar Ramón-Pardo

Review group

Anjana Bhushan; Karen Bissell; Léopold Blanc; Julia Kemp; Knut Lonnroth; Dermot Maher; Ger Steenbergen; Mukund Uplekar; Pieter Van Maaren

SUMMARY

WHO's commitment to the promotion of equity and pro-poor policies in its disease prevention and control activities is based on the recognition of poverty as a major barrier to health and health care. In the case of TB, the links between poverty and disease burden have been documented for many years. This document addresses the integration of pro-poor measures in TB control programmes and offers guidance for national TB control programmes on the practical issues involved and options for action. The following six principal steps are recommended.

STEP 1. Identify the poor and vulnerable groups in the country/ region served by the national TB control programme

- Assess the poor and vulnerable groups who face barriers to accessing TB services, which may include: those in absolute economic poverty; those disadvantaged by gender-related factors; marginalized ethnic groups; people living in remote locations; the urban poor; other special situations and groups.
- Establish a profile of poor and vulnerable groups and their locations in the country/region using: government or other data on prevalence and distribution of poverty and vulnerable populations; any government documents on poverty reduction plans or strategies; information on which types of health-care providers are used by the poor; data from any local studies on socioeconomic status of TB patients and poverty-related disparities.

STEP 2. Determine which barriers prevent access of the vulnerable groups to services that provide TB diagnosis and treatment

- Identify the types of barriers that may exist in the country/region, including economic barriers, geographical barriers, social and cultural barriers, health system barriers.
- Determine, for each group, the main barriers involved in the country/region, such as: economic barriers (complexity of the pathway to care, costs to patients); geographical barriers (distance from and difficulty of journey to TB services); social and cultural barriers (stigma, gender-related factors, fear of losing work, lack of knowledge of TB and the available services); and health system barriers (lack of respon-

siveness to the needs of the poor, effects of decentralization on peripheral services).

STEP 3. Assess potential actions to overcome the barriers to access

Identify and prioritize actions to address:

- Economic barriers: integration of TB services in primary health care; encouragement of pro-poor, public-private mix for DOTS initiatives; provision of TB diagnosis and treatment in the workplace; extension of microscopy services; avoidance of user fees; provision of diagnosis and treatment free of charge; discouragement of unofficial charges to patients.
- Geographical barriers: extension of diagnostic and treatment services to remote, poor regions; bringing patients from remote areas to TB services; development of a community-based TB care model.
- Social and cultural barriers: promotion of community mobilization; ensuring that staff attitudes do not reinforce stigma; advocacy for worker protection to avoid loss of work as a result of TB; ensuring that the TB health promotion plan takes account of poor and vulnerable groups; ensuring that gender-related needs are addressed in TB control activities; exploring possibilities for referral mechanisms from traditional health-care providers.
- Health system barriers: modification of schedules for TB diagnostic and treatment services to meet local needs; developing the communication skills of staff; discouraging staff from discriminating against poor patients; using total quality management to ensure that services remain responsive to the needs of the poor; engaging in health service decentralization to promote capacity strengthening at the periphery and inclusion of TB control as a district-level priority.