

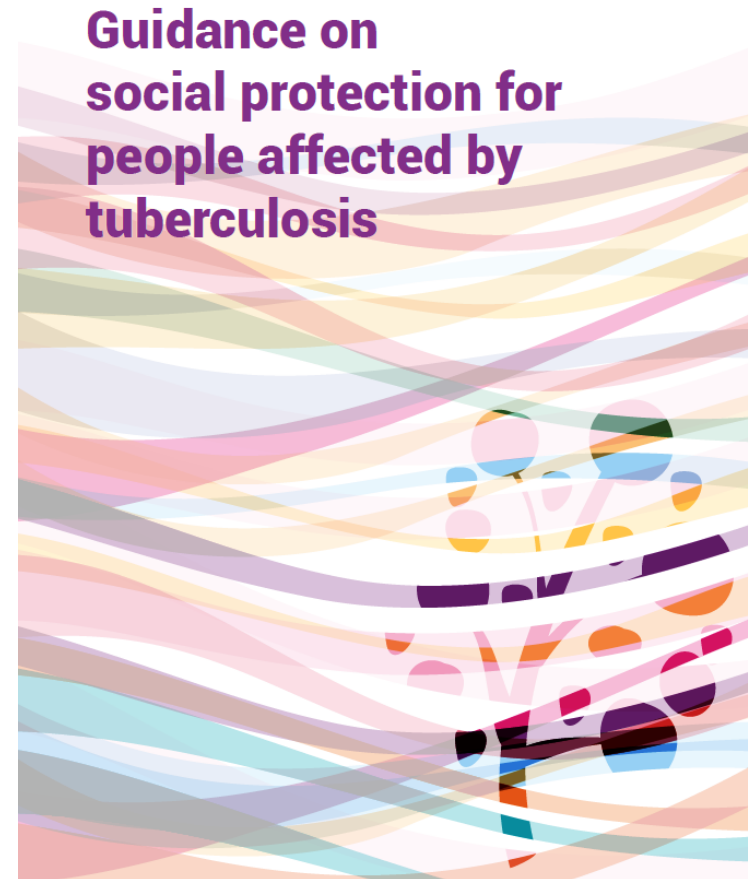
Addressing vulnerabilities in people on TB treatment

Beatrice Blythe, Beverley Stringer, Vanja Kovačič
MSF

Background



- It is well known that **social aspects** influence the **capacity to diagnose and treat TB** (Kurbatova et al., 2012; Horter et al., 2016; Stringer et al., 2016, 2021).
- Global efforts to control TB are increasingly calling for action to **better address these factors** (WHO; Wingfield, 2016).
- The objective of the MoH/MSF Zero TB programme in Kulob was to significantly **reduce the incidence of TB**.
- To meet this objective, **understanding and addressing the vulnerabilities of people with TB** was essential.



“What impacts people’s ability to access care and/or adhere to treatment for TB in Kulob?”

Aim:

- i) **Explore vulnerability** of people living with tuberculosis (TB) in Kulob
- ii) Design the Zero TB programme to **address those vulnerabilities**

Methods:

- MSF vulnerability framework
- Over 70 interviews (key informants, former TB patients, families members, healthcare workers)
- Informal conversations, observations of patient homes, field notes from community meetings



Assessment results 1: Social vulnerability

- **poverty:** patients' focus was not on the medical challenges of TB treatment, but on survival and meeting basic needs (food, clothes, resources to heat homes)
- **lack of family / community support:** financial stress, challenging living conditions, lack of social safety net- feeling of not being cared for, mental illness
- **marginalization:** substance abuse and addiction; sex work; homelessness; begging, history of imprisonment; HIV
- **labour migration**
- **being a woman**



Assessment results 2: Domestic violence

- recorded in **two thirds** of the interviewed female TB patients
- **physical, psychological, sexual and economic violence**
- **TB-related:** husbands and in-law families denied women medical assistance, interrupted treatment, restricted food intake, additional abuse if they were too weak to complete household chores, risk of being divorced and abandoned
- exposure to domestic violence left significant negative **impact on physical and mental health**



Programme response 1: Social vulnerability

- **Social-economic screening** by social worker and social support provision
- **Multi-disciplinary home visits** for patients with reduced mobility
- **Individualized psychosocial support**, beyond adherence counselling by counsellors and psychologist
- **Health promotion** to tackle stigma
- **Targeted active screening** for marginalized groups, in close collaboration with partner organisations
- Training and health promotion materials distributed at **the airport** to approach labour migrants



Programme response 2: Domestic violence

- Mapping of **referral pathways**
- **Training** for medical and mental health staff **on first line support including safety planning and referrals**
- **Contact with local organizations** providing training and support
- **Women groups** in the hospital to discuss health related topics
- **Specialized psychosocial support** for women and children
- **Hospitalisation for social reasons**
- **Campaign** to raise awareness of domestic violence as a barrier to TB care



Conclusions

- It is feasible to assess social vulnerabilities and integrate a response into TB control programmes.
- This is an example on how economic, social, psychological and physical support can be integrated.
- Individual support to patients in accordance with their own vulnerabilities is needed.
- New TB medical tools provide an opportunity to consider and integrate support, particularly to the most vulnerable.



Thank you

