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**Action on the social determinants of  
Tuberculosis: are social protection  
interventions the way forward?**

Examples of Red Cross and Red  
Crescent

Lasha Gogvadze  
International Federation of Red Cross  
And Red Crescent Societies (IFRC)

15 February 2012, London



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## ***The IFRC and Tuberculosis***

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- Historical link between Red Cross Societies and TB.
- Unique role of Red Cross and Red Crescent Societies at country levels due to their role as auxiliaries to national health systems.
- Combination “volunteer – community” – the biggest advantage
- Institutional Commitments:
  - Global Agenda Goals, Strategy 2020, Health and Care Strategy
  - Focus on most vulnerable, marginalized, socially excluded
  - Addressing major social – economic factors determining community health problems including TB.
- TB, MDR TB, TB/HIV - top priority concerns for Red Cross & Red Crescent Societies globally

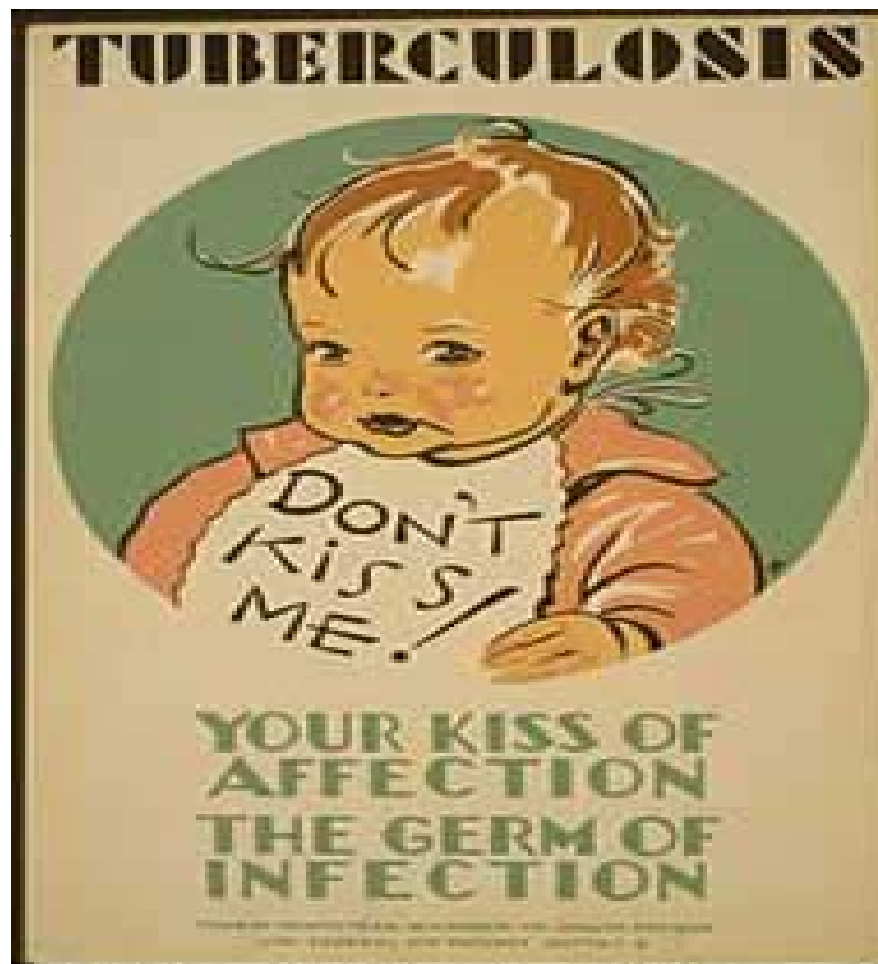
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## ***Objective and Operational Aims***

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To reach out more people at risk or affected by TB at vulnerable communities – through TB control and prevention programmes.

- *Fill a gap in Tuberculosis Control*
- *Target the most vulnerable in the community: poorest, marginalised and socially excluded*
- *Provide basic, standardised and targeted quality service*
- *Working in Partnership*
- *Advocacy*



**This is not a history!**

Public health TB poster at National Library of Medicine. Source: <http://www.nlm.nih.gov/exhibition/visualculture/infectious01.html>; accessed April 4, 2006.

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## *A recipe for good health*

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- Be rich
- Pick your parents well
- Get educated
- Live in supportive, safe communities
- Live in quality housing
- Avoid stressful low-paid manual work
- Don't lose your job



TB patient treated with 'rest'

*Roy Romanow, Commissioner,  
Canada Commission on the Future of Health Care*

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## *Identifying Needs of specific groups*

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- **Urban poor and unemployed** who lack access to, or not make appropriate use of, health services because they lack resources and knowledge and are often marginalized.
- **Homeless** major impact in terms of overall mortality, prevalence of chronic respiratory diseases, and alcohol and drug dependence.
- **Ethnic minorities, migrants and refugees:** Their needs often receive far less attention, and they cannot always be reached through the usual health and welfare channels. They often face stigma and hostility.
- **Women** : poverty, family responsibilities as carers and social inequity impact on their health.

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## ***Red Cross and Red Crescent TB Programme Activities***

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→ Red Cross and Red Crescent volunteers and Nurses

- Provide DOT combined with social support and Care
- Education and awareness
- Case finding, trace defaulters
- Psychosocial support
- Community engagement and empowerment
- Legal Aid
- Fight against stigma and discrimination
- Advocacy

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## ***Whom we are working with in TB Programmes?***

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- General public
- Community members and leaders
- Civic institutions
- People at workplaces
- Different risk groups- youth, drug and alcohol users, prisoners ex prisoners, migrants, homeless, sex workers
- Current and former TB patients
- People Living with HIV
- Health care workers
- Authorities at Central and Local levels



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## Case Study 1:

### ***Stand alone TB Programme: Almaty / Kyzylorda***

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- Target group: MDR TB Patients on a continuation phase of the treatment. Patient's are selected by TB dispensaries.
- Majority patients are male, ex-prisoners, alcohol abusers, homeless, migrants.
- Nurses visit all patients 5 times a week or every day and monitor treatment adherence
- Incentives – monthly food parcels and hygiene kits.
- Professional psychological support is provided through individual and group sessions.
- TB awareness and education for patients / family members and general population.
- Programme supports 150 MDR patients to complete the treatment.
- Start of the project – 2008
- Personnel – 14 trained nurses *note: supported by USAID /IFRC*

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## ***Programme Outcomes***

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- 90% of patients complete the treatment.
- programme increases community literacy on TB.
- communities are empowered
- programme supports link between clinic and community.
- TB visibility increased through campaigns, social mobilisation.
- programme involves people affected by the problem
- addresses stigma and social exclusion.
- psycho social support keeps the most vulnerable community members motivated to treatment adherence.

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## **Case Study 2:** **“Central Asian Red Crescent Labour Migration Network”**

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### **Objective:**

to support the labor migrants in the region, regardless of their legal status and to build cooperation between the National Societies

**Countries of origin:** Kyrgyzstan, Tajikistan, Uzbekistan

**Country of destination-**Kazakhstan

**Start of the project – 2009**

**Focus areas:** Adocacy, Integration / Reintegration, humanitarian

Assistance and social protection

Programme provides need based services, assistance to labor migrants through information and training, to promote migrants rights and prevent discrimination, xenophobia and Exclusion, access to TB services.

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## ***Programme Outcomes***

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- In 2009, 12 Red Crescent information centers for migrants are opened in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.
- Health activities include TB and HIV, as major issues.
- In 2009-2010 more than 27,000 migrants received important information from centers about TB:
  - signs and symptoms
  - Their rights and responsibilities in relation to TB services
  - where to go for TB diagnoses
  - treatment and importance on treatment adherence
  - services that can be provided by specific TB programmes.
- Close contacts are kept with TB services in all countries.

***Note: programme is supported by EU/IFRC***

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## ***Challenges identified and partly addressed***

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### Broad society issues

- Lack of knowledge about the disease and symptoms
- High levels of stigma and poverty
- Inadequate nutrition, hygiene and housing
- Lack of trust in health institutions

### Health service challenges

- Cost and time of travel to health services
- Cost of informal payments in the health system and of treatments
- Inadequate attention from care providers
- Long hospitalization or treatment