Saving Lives in Areas of Conflict or Disaster: Partnering for results

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Presentation Outline

1. Background
2. Challenges to implementing TB services
3. Interventions applied
4. Results and lessons learned
5. Recommendations
6. Conclusion
South Sudan Health Situation

• Over 2 decade of civil war devastated health and TB services

• National TB Program (NTP) has staff at the national level and in each of the nation’s 10 states

• No NTP staff in the nation’s 79 counties
Ministry of Health (MOH)’s Health Facility Mapping, 2011

- 1,147 health facilities
- 75% of health facilities need renovation or construction
- 30% (345) of facilities are hospitals and primary health care centers (PHCCs)
- Only 22% (78) of hospitals and PHCC provide TB services
- Most facilities providing TB services are concentrated in urban areas
Facilities Providing TB Care are Mal-distributed
Health Facility Coverage in TB Services

- Functional hospitals and PHCC: 345
- Functional hospitals and PHCC with TB lab diagnosis: 78
- Functional hospitals and PHCCs with TB diagnosis and treatment: 46
MOH Response to Expand TB Services and Increase Access

• Added TB to the national Basic Package for Health Services (BPHS)
• Integrated TB services into primary health care (PHC)
• Assessed health facilities that meet minimum criteria
• Found that 46% of facilities met minimal criteria to needed integrate TB services
Opportunities for TB Service Scale Up

- Total Health Facilities: 100%
- Facilities already providing TB services: 30%
- Facilities that meet criteria for providing TB services: 50%
- Facilities that do not meet criteria: 20%
Scale-up TB Services

- Health Sector Development Plan
- National TB Strategic Plan
- NTP and partners developed integration framework
  - Rapid assessment identified facilities where TB could be integrated
  - NTP and partners supported renovation of the identified facilities
TB Facility Renovation

Before

After
Post-renovation NTP Facility Interventions

• Trained and oriented staff on integration
  ➢ Suspect recognition
  ➢ Clinical diagnosis
  ➢ Treatment
  ➢ Provider-initiated testing and counseling
  ➢ Patient follow-up
  ➢ Sputum smear microscopy (lab staff)
  ➢ Recording and reporting (M&E staff)

• Provided supplies, commodities, and equipment

• Monitored, supervised, and evaluated TB implementation
Number of Health Facilities with TB Services 2005 - 2012

- **TB management units (TBMUs) run by NGOs**
- **Expansion of TB lab services through Global Fund, USAID, and other donors support**
- **Expansion of TB lab services based on the assessments**

- **TMBUs in database**
- **TBMUs reporting**
- **Health facilities with TB labs**
Human Resource Challenges

- Total health staff = 14,667
- Total qualified health staff = 3,802

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Government</th>
<th>NGO</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB</td>
<td>193</td>
<td>95</td>
<td>288</td>
</tr>
<tr>
<td>Clinicians</td>
<td>151</td>
<td>49</td>
<td>200</td>
</tr>
<tr>
<td>Laboratory Technicians</td>
<td>42</td>
<td>46</td>
<td>88</td>
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Funding and Security Challenges

• Huge gap in funding (2012 – 2016)
  - NTP strategic plan - $ 91,602,288
  - NTP available funding - $ 10,645,718

• Security challenges
  - Poor road infrastructure
  - Ethnic & border conflicts
  - Internally displaced persons and returnees
  - Inflations due to poor economy
Unsafe Transportation
Service Challenges

• TB is highly stigmatized, even among health care workers.
• Inadequate and poor quality of services
• Access to health services
Access to Health Facilities
## Lessons Learnt

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Follow-up action</th>
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<tbody>
<tr>
<td>Integration of TB services into PHC can rapidly expand services and improve access</td>
<td>Expansion of TB treatment services</td>
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<td>TB not perceived as a public health problem in some communities</td>
<td>Community involvement</td>
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<tr>
<td>Number of health workers must increase</td>
<td>Recruitment</td>
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<tr>
<td>Health workers skills must improve</td>
<td>Training</td>
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<tr>
<td>TB/HIV stigma hinders delivery of services</td>
<td>Education</td>
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<tr>
<td>NGOs and stakeholders should be involved in TB service scale-up</td>
<td>Advocacy</td>
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<tr>
<td>NGO and stakeholders can help to promote TB management policies</td>
<td>Dissemination</td>
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Conclusion

• NTP rapid assessment showed TB services can be integrated into 94 health facilities.
• MOH and donors can provide funds for integration
• NTP and partners can be involved in refurbishment, provision of supplies, and training
• Community can be involved in TB control
• Existing health workers for TB service provision