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# ARE PEOPLE WITH TB RECEIVING PERSON- CENTERED CARE? A MULTI-COUNTRY COMPARISON

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## CONFLICT OF INTEREST DISCLOSURE FORM

I have no Conflict of Interest to report.

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- Receipt of grants/research supports: \_\_\_\_\_
- Receipt of honoraria or consultation fees: \_\_\_\_\_
- Participation in a company sponsored speaker's bureau: \_\_\_\_\_
- Tobacco-industry and tobacco corporate affiliate: \_\_\_\_\_
- Stock shareholder: \_\_\_\_\_
- Spouse/partner: \_\_\_\_\_
- Other: \_\_\_\_\_



## PERSON CENTERED CARE (PCC)

- “Providing care that is respectful of and responsive to individual patient preferences and needs ensuring that patient values guide all clinical decisions.” *[Institute of Medicine]*
- Ensures that health services are tailored to people’s needs and that decisions around care are made **WITH** individuals rather than FOR them
- Works to ensure that the individual is informed, engaged, supported and treated with dignity and respect
- Benefits include improved experience, improved outcomes, accessibility to key services and improved efficiency and quality of health systems

## PERSON CENTERED CARE & TUBERCULOSIS (TB)

- Global TB community has recognized the importance of using a PCC approach to TB care
- Included in WHO's END TB Strategy
- PCC strategies are starting to be adopted by National TB programs
- Focus on PCC can help TB programs to more effectively and sustainably fill the existing gaps in service availability and implementation of key interventions

## QUALITY OF TB SERVICE ASSESSMENT (QTSA)

- Nationally representative surveys that work to assess three domains of quality of care: health facility, service delivery, and treatment outcomes
- Have been administered in multiple countries
- Comprised of four survey tools: Facility Audit, Provider Interview, Patient Interview, and Register Review
- Patient interviews offered unique opportunity to understand quality of care and PCC from the perspective of people currently undergoing treatment for TB

## USING THE QTSA TO MEASURE PCC

- Quality of care includes multiple elements of PCC
- Both PCC and quality of care strive to provide accessible, appropriate and effective services with the goal of improving overall outcomes
- Data from the QTSA offers the opportunity to provide some measure of PCC within each of the countries assessed

## METHODS

- Analysis of PCC-related data from four QTSA countries:
  - Afghanistan, Ethiopia, Philippines and Uganda
- Data based on interviews with **1,989** people enrolled on TB treatment at the time of each country study

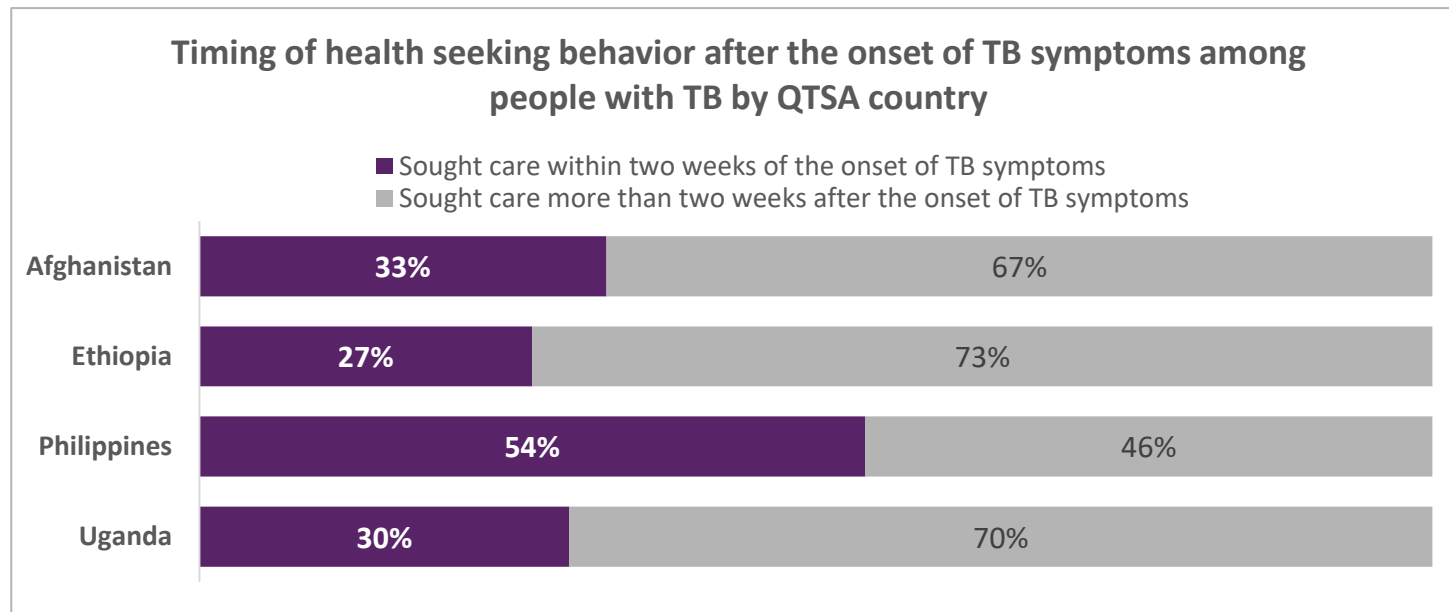
	Afghanistan	Ethiopia	Philippines	Uganda
<b>Data Collection</b>	Feb – Apr 2021	Nov – Dec 2019	Jun – Aug 2018	Sep – Dec 2019
<b># of Individuals enrolled on TB treatment interviewed</b>	<b>389</b>	<b>539</b>	<b>560</b>	<b>501</b>



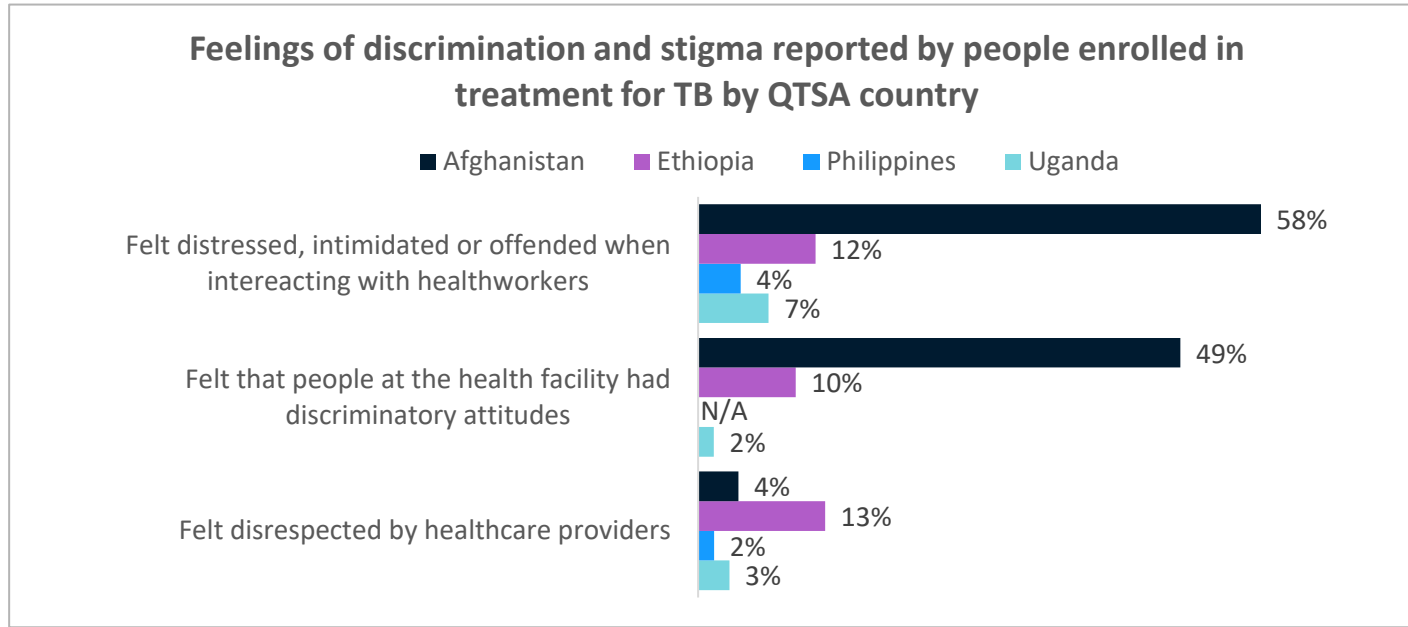
## METHODS

- Key elements of the QTSA were used to describe the state of PCC in each of the assessed countries. These elements include:
  - **Timing in accessing care following the onset of TB symptoms**
  - **Perceived stigma experienced from the health system**
  - **Comparison of the TB services most desired against what was actually received**

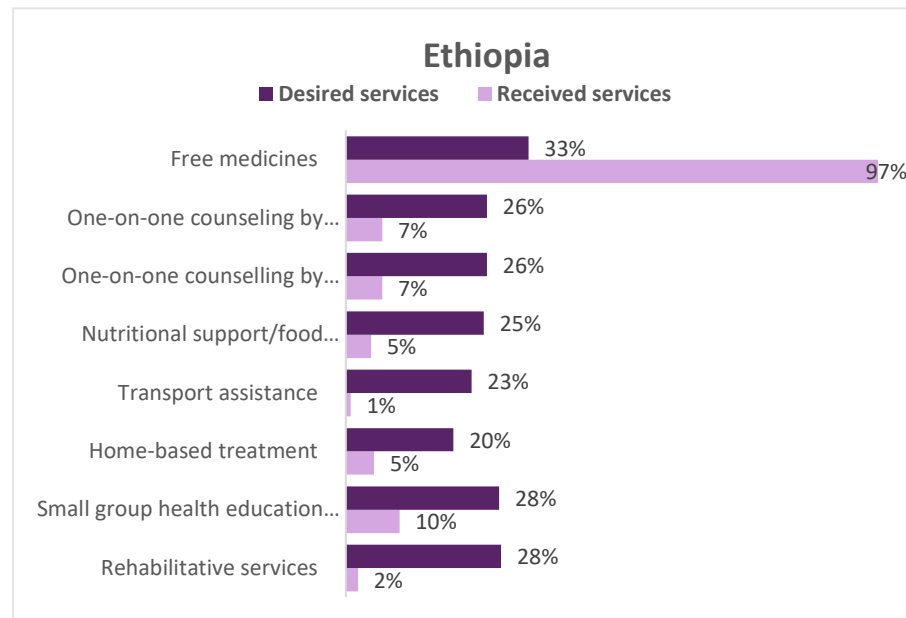
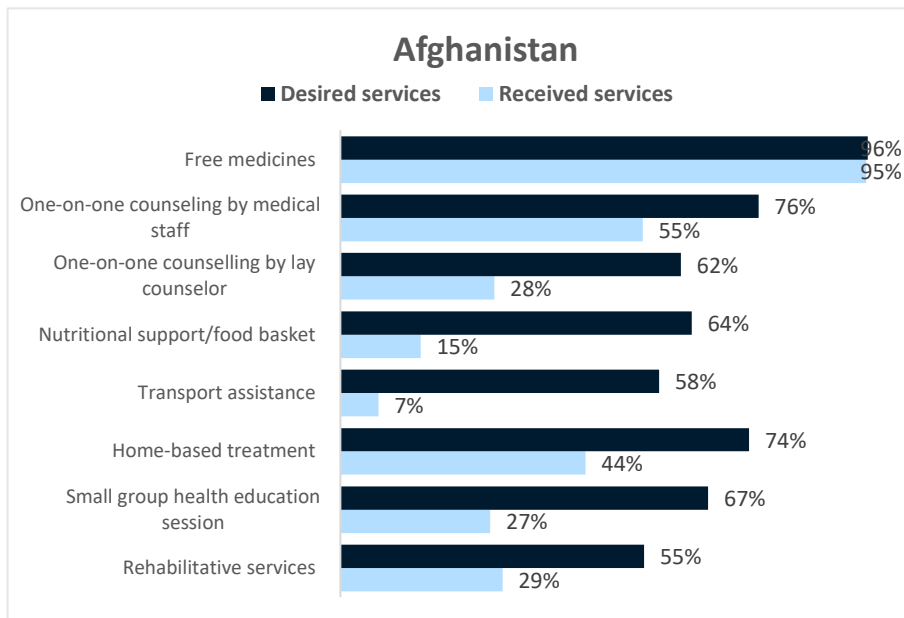
## FINDINGS: TIMING OF CARE SEEKING



## FINDINGS: HEALTH SYSTEM STIGMA



# FINDINGS: DESIRED VS. RECEIVED SERVICES

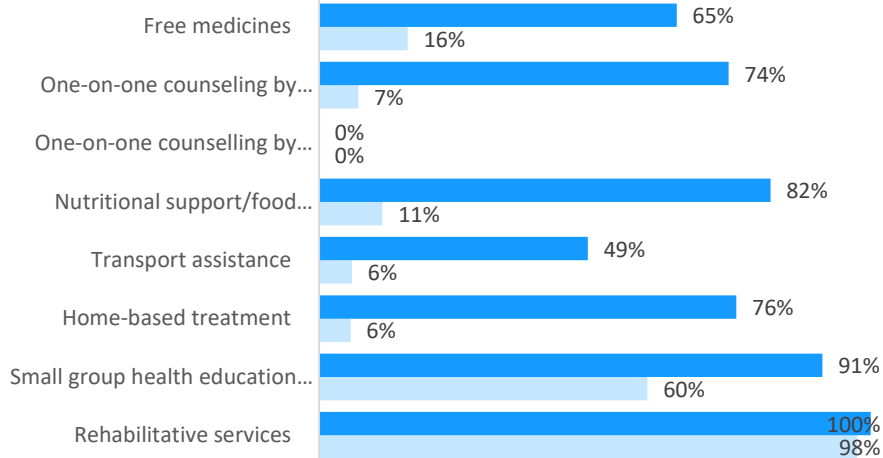




## FINDINGS: DESIRED VS. RECEIVED SERVICES

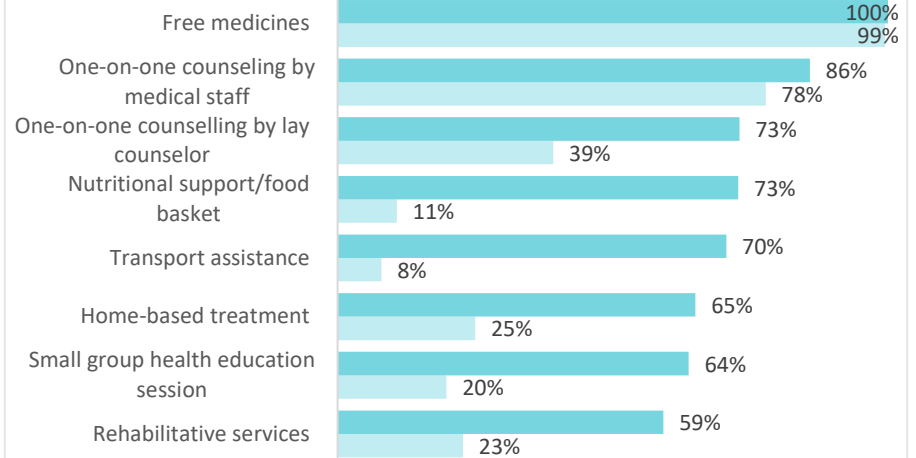
### Philippines

■ Desired services ■ Received services



### Uganda

■ Desired services ■ Received services



## DISCUSSION

- Majority of people with TB were seeking care more than two weeks after the onset of symptoms
  - Could be indicative of general knowledge about TB within the community
- Generally low levels of perceived stigma from the health system with the exception of Afghanistan
- Clear disparity between desired and received TB support services
- Using a PCC approach can help national TB programs be more responsive to needs and desires of people with TB and allow them to address existing gaps in effective service delivery and help improve and sustain positive treatment outcomes

## ACKNOWLEDGEMENTS

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<sup>2</sup>Duke Global Health Institute

<sup>3</sup>US Agency for International Development

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