HEALTH COMMUNICATION

Insights

SUMMARY

The Role of Health Communication in Achieving Global TB Control Goals

Lessons from Peru, Vietnam and Beyond

September 2004

HEALTH COMMUNICATION PARTNERSHIP

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Suggested Citation:
Thuy, D.O., Llanos-Zavalga, F., Huong, N.T.M., Poppe, P., Tawfik, Y., and Church-Balin, C. (September 2004). The Role of Health Communication in Achieving Global TB Control Goals — Lessons from Peru, Vietnam and Beyond. *Health Communication Insights Summary*. Baltimore: Health Communication Partnership based at Johns Hopkins Bloomberg School of Public Health / Center for Communication Programs.

Editor: Kim S. Martin
Designer: Teresa M. Tirabassi

Photo Credits:
Marie Stopes International Vietnam; page 1
Maria Pia Valdivia, CCP; page 1

Supported by a five-year cooperative agreement from the U.S. Agency for International Development (#GPH-A-00-02-00008-00)

Endorsed by Stop TB, a global partnership organized by the World Health Organiztion to accelerate social and political action to stop the unnecessary spread of tuberculosis around the world.

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The Role of Health Communication in Achieving Global TB Control Targets

Nearly 2 billion people around the world are infected with the bacillus that causes tuberculosis (TB). Each year, about 8.4 million people develop active, or infectious, TB and over 2 million deaths are TB-related. Some 95 percent of global TB cases and 99 percent of TB deaths occur in the developing world. In most of these countries, TB affects the most economically productive age group (those 15 to 54 years of age), pushing many families into poverty or preventing them from moving up the economic ladder.

An effective and widely accepted treatment for TB known as Directly Observed Therapy—Short Course, or DOTS, is now the globally adopted strategy for TB control. The World Health Organization (WHO) set a global target of detecting 70 percent of infectious cases and curing 85 percent of those by the year 2005. Few countries are able to expand DOTS coverage to enough people to meet those targets. The main constraints to achieving global targets include lack of political commitment, insufficient and ineffective use of financial resources, little health care worker training or development, poor health system organization, poor quality and an irregular supply of anti-TB drugs, and weak communication components in TB control programs.

Despite these obstacles, a few countries succeeded in reaching or exceeding the global targets. Vietnam and Peru are two examples of countries that, in the past decade, surpassed WHO targets. This paper synthesizes the lessons learned from those two programs, with a particular emphasis on the role of strategic health communication in each program. The conclusions in this paper are drawn from two in-depth reports — *The Role of Health Communication in Vietnam's Fight Against Tuberculosis* and *The Role of Health Communication in Peru's Fight Against Tuberculosis* — as well as a focused literature review.

When developing a TB control program, here are 12 lessons to keep in mind for success:

1. Political commitment is essential, especially when combined with increased resources.

Political commitment can increase awareness of an issue and help leverage additional resources. WHO concluded that without basic funding and supporting policies, a country could never conquer TB. Governments and decision-makers in developing countries and donor agencies are essential to sustain progress in TB control, therefore efforts need to be directed not only to clinical activities, but also to effective advocacy.

Peru's National Tuberculosis Control Program (NTCP) succeeded in engaging political leaders through advocacy activities such as seminars and presentations organized with international experts. It also raised awareness about the issue and used locally organized groups, such as the Association of TB Patients, to exert pressure on political leaders to address patients' needs. In addition, political commitment can help augment the contribution of international partners, local authorities, community-based organizations, the private sector, and the general public in the fight against TB.

One of the key reasons for Vietnam's success was the commitment from the highest levels of government that flowed down to the lowest levels. This commitment translated into increased resources for the program and increased leverage with international donors. It also increased the program's access to government-run media and improved the program's credibility with the public. Much of the program's success is credited to the strong leadership of the National Tuberculosis Control Program (NTP) in implementing the DOTS strategy from the central to the commune (grassroots) level.

2. The clinical aspects of the program—including diagnostic services, drug supplies, and patient supervision—must be in place and functioning before large-scale communication activities begin.

Clinical services must be in place to serve the demand generated by communication activities. If patients or potential patients are unable to receive high-quality services, including drugs, as promised, they may not return or complete treatment. Vietnam created a well-developed microscopy network and a reliable supply of drugs to treat confirmed cases. The program adhered strictly to the DOTS strategy and had well-trained community health workers to supervise treatment both at the commune health posts and in patients' homes. Indeed, the extensive and detailed training program for all the different levels of staff, from village health workers to physicians, including annual retraining and refresher courses, is cited as a major reason for the program's success. In Peru, special attention was paid to training health care workers in interpersonal communication and counseling skills to help them overcome their own biases towards people with TB. The program also timed communication activities to correspond to the increasing coverage of clinical and laboratory services.

3. Communication activities are most effective when they are integrated into all program activities at all levels.

In both Vietnam and Peru, communication activities were seamlessly integrated into all of the TB control program's activities as needed. Advocacy secured political

commitment and involvement at all levels and kept the issue in the national spotlight. Mass media educated the public, and motivated them to utilize services and complete treatment. Both programs trained all personnel in interpersonal communication and counseling to improve relationships between providers and patients and ensure compliance and continuation with treatment. Community mobilization activities educated the public, reduced the stigma around TB, and created a supportive environment for case detection and treatment. In time, both countries met the WHO targets for TB control.

Experience from Colombia also supports the key role of communication in TB control. In Colombia, messages disseminated through mass media produced an increase of 64 percent in the number of direct smears processed by the laboratories and a 52 percent increase in the number of new cases of positive pulmonary TB, as compared to the pre-campaign level.

4. Formative research can unlock key communication challenges.

Formative research, conducted before a health communication intervention is designed, allows program planners to hear — and learn — from the intended audiences. Peru's NTCP benefited from the results of socio-anthropologic studies that informed and guided the development of advocacy and communication activities. The research showed that health care workers had some of the greatest misperceptions about TB. Program planners took this finding, and others, into account when designing the overall communication strategy. In Vietnam, TB was once considered incurable and hereditary.

Such misperceptions created stigma and discrimination, which led to barriers for reaching and treating TB patients. The communication component was developed to change people's misperceptions and eliminate stigma by providing accurate information. Health communication focused on providing information about the causes of TB, sources of infection, how it is transmitted, symptoms, treatment, and prevention to political leaders, community leaders, and the public.

5. Training of TB control program personnel, especially front-line workers, in interpersonal communication and counseling skills as part of the overall communication program is critical.

The health care workers in direct contract with TB patients are the linchpin of the DOTS strategy. If patients have a negative experience with a health care worker, they might delay or abandon treatment. Health care workers need training in interpersonal communication and counseling skills so that they can create an environment at their facility or in their community that is positive, welcoming, and encouraging. Both Vietnam and Peru invested considerable time and resources training all personnel involved in the TB control program, and both created incentive programs for health care workers. The training should allow participants to examine their own feelings and beliefs about TB and TB patients and help them overcome any biases that might cause them to treat TB patients poorly. In Nepal, games have been used during training to help health care workers reconsider their attitudes. The training should also teach empathy, problem-solving, and strategies to help patients comply with treatment over a long period of time. Both Vietnam and Peru saw the rates of treatment abandonment decrease as the programs matured. In South Africa, counseling from a specially trained nurse along with print materials, led to a significant increase in compliance with treatment.

6. Communication programs are more effective when consistent messages are conveyed through a mix of communication channels.

This approach helps emphasize and reinforce messages and enables the program to reach different sectors of the population, who may be more receptive to one form of communication over the other. The slogan "*Treatment of one is prevention for all*" motivated the community to become involved with the program. In addition, messages

PRINT MATERIALS FROM TB CONTROL PROGRAMS IN PERU AND VIETNAM

to the public always stressed that clinical services were free, to encourage low-income people to seek care. Peru's NTCP disseminated consistent messages through national television, radio, local radio stations, print materials, billboards, community gatherings, theater shows, video spots in clinics, and home visits. Each communication channel used in Vietnam's TB control program was chosen to meet a specific need or engage a specific audience. The program used mass media to reach large numbers of people and to help create a conducive environment for change. Interpersonal communication educated individuals on complex matters such as how to correctly take medications. Community-based media such as local theater brought messages directly to hard-to-reach audiences.

In Vietnam, the NTP worked at all levels to ensure all messages about TB were consistent. As a result of this work, 80 percent of respondents to a nationally representative survey knew TB was a communicable disease, could list the basic symptoms, and knew it was curable. All respondents knew that a person with TB should go to a government health center for treatment and not try to treat it themselves.

In Peru, the slogan "*If you cough for more than 15 days, you should go to the health center*" became known throughout the country. It helped the public recognize TB symptoms, and encouraged them to seek action or encourage others to do so.

7. Communities and local health care providers, including private practitioners, are important players in the TB control program.

Strengthening the link between the health facility and the community is essential to enhance the community's utilization of available clinical services and help decrease the rate of treatment abandonment. In Peru, this effort included recruiting community volunteers, organizing and engaging local community groups, such as Community Surveillance Units and Mothers' Groups, and encouraging home visits by the health staff. The program also built the communication capabilities of local staff and volunteers. As a result, local staff designed some of the most innovative print materials used in the program. Local health care practitioners were encouraged to share their experiences treating TB, and their statistics were included in the national data.

Vietnam's TB program worked hard to establish effective partnerships with community-based organizations æ such as the Farmer Association, Women's Union, Youth Union, Red Cross, and the Elder Association æ to organize various activities for their members and the community. Over time, the NTP's partnership efforts expanded to more grassroots unions and organizations. The NTP also trained peer educators to counsel other patients about TB and to participate in advocacy activities.

In Nigeria, community-based rallies and church services effectively reached people with messages about TB

and dispelled rumors that the disease is given by one's enemies, that it is incurable, and that it can be caused or cured by spirits. In Ethiopia, where non-compliance with treatment is a major problem, the creation of peer support groups called "TB clubs" led to significant improvements in treatment compliance.

8. Partnerships are necessary at all levels. Everyone has a role to play in TB control.

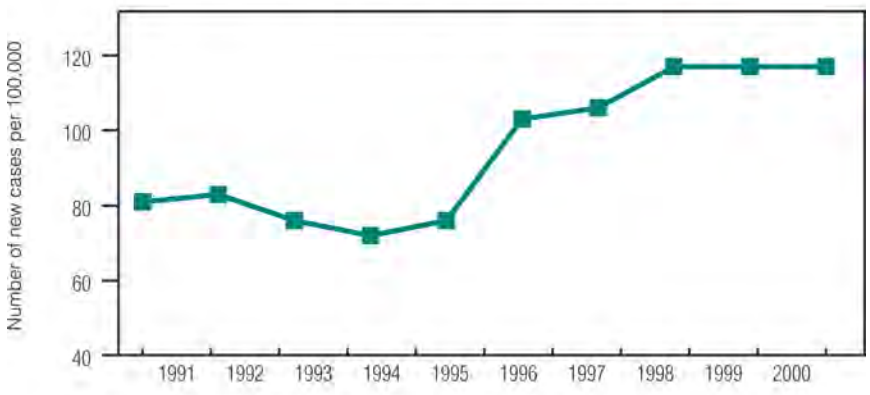
In both Vietnam and Peru, the TB control program created partnerships at all levels, from the top levels of government to the community level. At lower levels, partnerships focused on relationships between the health system and community-based organizations to expand the reach and visibility of the program and create a supportive environment for case detection and treatment. In Peru, one innovative partnership between the national program and the pharmaceutical industry helped distribute TB control materials to private practitioners.

9. Make sure everyone knows the goal and is motivated to work towards it.

Vietnam's goal was to identify new cases of TB and to cure them. The entire TB control program was designed — and aligned — to achieve this goal. The NTP believed that the best way to prevent new cases of TB was to find and cure existing cases, and so they did not spend time and energy trying to educate the public about preventing the disease. The program's structure, personnel, and communication activities were aligned to detect cases and treat them. Incentives for commune health post staff, for example, were given when patients completed treatment. As noted in Figure 1, case detection improved dramatically in Vietnam between 1995, when the program began to intensify its efforts, and 2000.

The Peru program also established an incentive system. Before the program started, the predominant feeling among health workers was that working in TB control was a sort of punishment. NTCP's communication program transformed this negative feeling into one of

Figure 1: Improving Case Detection in Vietnam: TB patients per 100,000 people in the 1991-2000 period



Source: Vietnam's National Institute of Tuberculosis and Lung Diseases

proud achievement and competitiveness among health teams. The NTCP used low-cost incentives extensively. It published and widely disseminated the achievements of all health teams that reached annual TB targets. These teams were recognized in public gatherings. Also, the locality that designed the best communication poster received an award. In addition, the NTCP motivated poor patients to continue treatment through food incentives and the opportunity to receive small loans. As a result, the treatment abandonment rate decreased substantially between 1991 and 2000 (see Figure 2).

10. Public events are an effective way to reach large numbers of people and create awareness about the program.

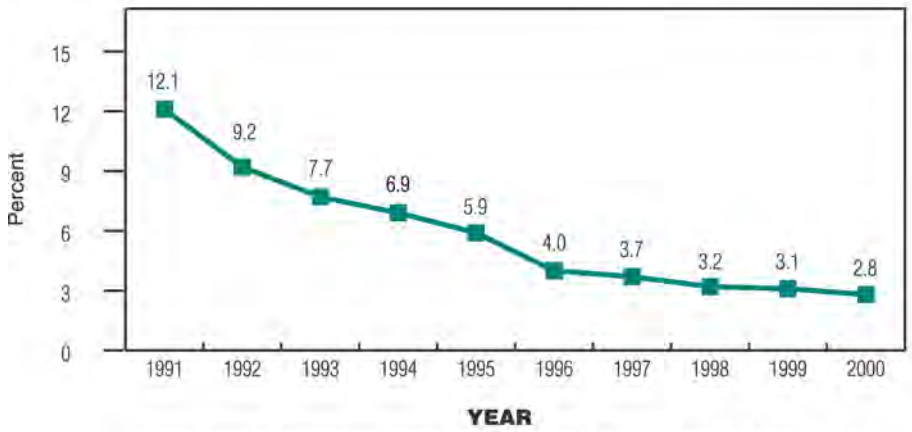
Public events are often an inexpensive way to get press coverage and generate interest. Vietnam's NTP capitalized on the interest generated by World Tuberculosis Day to remind the public about TB. The program launched new activities on World TB Day, increased press coverage, and planned other activities designed to engage people around the issue. World TB Day is now a major event in Vietnam. Peru also used World TB Day as a time to organize high visibility events including parades and other public gatherings, and to advocate for continued support for the TB control program.

11. Build on program's strengths, be proactive, and maintain flexibility.

Each country or program usually has several inherent advantages or strengths that it can capitalize on to enhance its success. These may include education levels, languages, and cultural beliefs and values. As a country, Vietnam had several existing strengths that the NTP was able to take advantage of, especially in its communication activities, as it designed its TB control program. These included the country's high literacy rate, the government's control of mass media, and the very organized health care and political systems.

TB control programs are generally long-term commitments. It took both Peru and Vietnam almost a decade to reach the global targets. During this time, they

Figure 2.
Decreasing the Treatment Abandonment Rate, Peru, 1991-2000



Source: National Program for Control of Communicable Disease, National Program for Tuberculosis Control, Ministry of Health, Peru 2000

faced political and environmental challenges, such as the rise and spread of HIV/AIDS, and adapted accordingly. Both Vietnam and Peru realize that to maintain their case detection and treatment rates they need to be proactive and anticipate challenges and changes. These challenges include an increase in the number of cases of multi-drug resistant TB (MDR TB) and increasing rates of TB co-infection with HIV/AIDS. Both countries are stepping up efforts to ensure treatment completion to limit the spread of MDR TB and are monitoring co-infection rates carefully. Continued financing of the programs with equitable access for all citizens, especially the very poor and minority groups, also remain concerns. Both countries need to continue their advocacy and strategic communication activities to keep the TB control program a national priority.

The program also offered diagnosis and treatment at no cost. Thus, the NTP could rely on the print media and printed materials to convey its messages and, since the TB program was a national priority, it had access to radio and television airtime. The organized health care and political systems facilitated the flow of information from the central level down to the commune level. Lastly, having the resources to offer free diagnostic and treatment services made the program, in theory, accessible to all citizens. Peru's strengths also included a high literacy rate, which allowed it to use print materials extensively, and it also was able to offer clinical services free of change, a point it made clear in all public communication.

12. An effective program needs a system to monitor, evaluate, and measure progress towards the goal and to communicate results to all levels.

An accurate and responsive monitoring system allows the program to see where it is being most successful and which areas need assistance before the program breaks down or falters. The TB control programs in Vietnam and Peru strengthened monitoring and supervision at the provincial, district, and primary health care levels. The supervisory visits were geared towards problem solving rather than mistake finding. In Vietnam, the NTP had a very well established recording, registration, and reporting system. It continuously monitored itself through regular quarterly and monthly visits at the district and commune levels. The system also allowed the program to see areas — geographic or programmatic æ that needed improvement. Unfortunately, neither program documented the intermediate results of the communication efforts. Measuring the effect of different communication approaches on knowledge, attitudes, and behavior should be part of all future programs.

CONCLUSIONS

Without an effective communication strategy, neither Peru nor Vietnam would have reached their goals of detecting at least 70 percent of pulmonary TB cases and successfully treating 85 percent of them. In fact, their experiences demonstrate that ensuring adequate drugs, diagnostic services, and treatment is essential but not sufficient to reach those targets. Both national programs struggled for years to show an impact, but making TB a national health priority and adding a comprehensive communication strategy to the improved clinical services enabled both countries to succeed.

Table 1 (page 8) summarizes the specific contribution of health communication to both national efforts.

Table 1.
How Communiction Efforts Helped in Vietnam's and Peru's Fight Against TB

AREA OF IMPACT	ROLE OF COMMUNICATION	TOOLS	IMPACT
Gaining political commitment to TB control	• Educate national policymakers and political leaders about the health and economic benefits of TB control to have TB declared a national health priority • Educate local and community level authorities to encourage them to contribute to TB control efforts • Solicit support of international and national partners	• Seminars and meetings • Print information—letters, fact sheets • TB Control Committees at all levels of government • Events around World TB Day and other occasions	TB was designated a national health priority. It was given a line in the MOH budget and increased support from international donors.
Increasing case detection	• Raise public awareness about TB • Reduce stigma against TB patients and correct misconceptions about TB infection • Help health workers, communities, and individuals identify TB cases • Encourage individuals to seek care from appropriate sources • Reach the hard-to-reach populations (prisoners, urban poor, homeless)	• Formative research to determine best messages and approaches • Mass media including radio and television • Extensive distribution of print materials • Interpersonal communication and counseling training for health workers • Community mobilization activities	Both Vietnam and Peru reached the WHO target of detecting 70 percent of estimated cases.
Raising treatment success and discouraging the spread of MDR TB	• Give patients hope of complete cure (TB is curable) • Encourage patients to seek treatment from appropriate sources • Provide counseling before and during treatment • Encourage patients to complete treatment even if they improve before the end of treatment • Make patients aware of possible side effects and where to seek care if present • Encourage health workers, family members, and community members to directly observe patients while taking medicine • Engage fully recovered patients in encouraging current patients to complete treatment	• Interpersonal communication and counseling training for health workers • Mass media including radio and television • Extensive distribution of print materials • Community mobilization activities • Peer education	Both Vietnam and Peru reached and surpassed the target of 85 percent successful treatment rate. The treatment abandonment rate also decreased.

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