

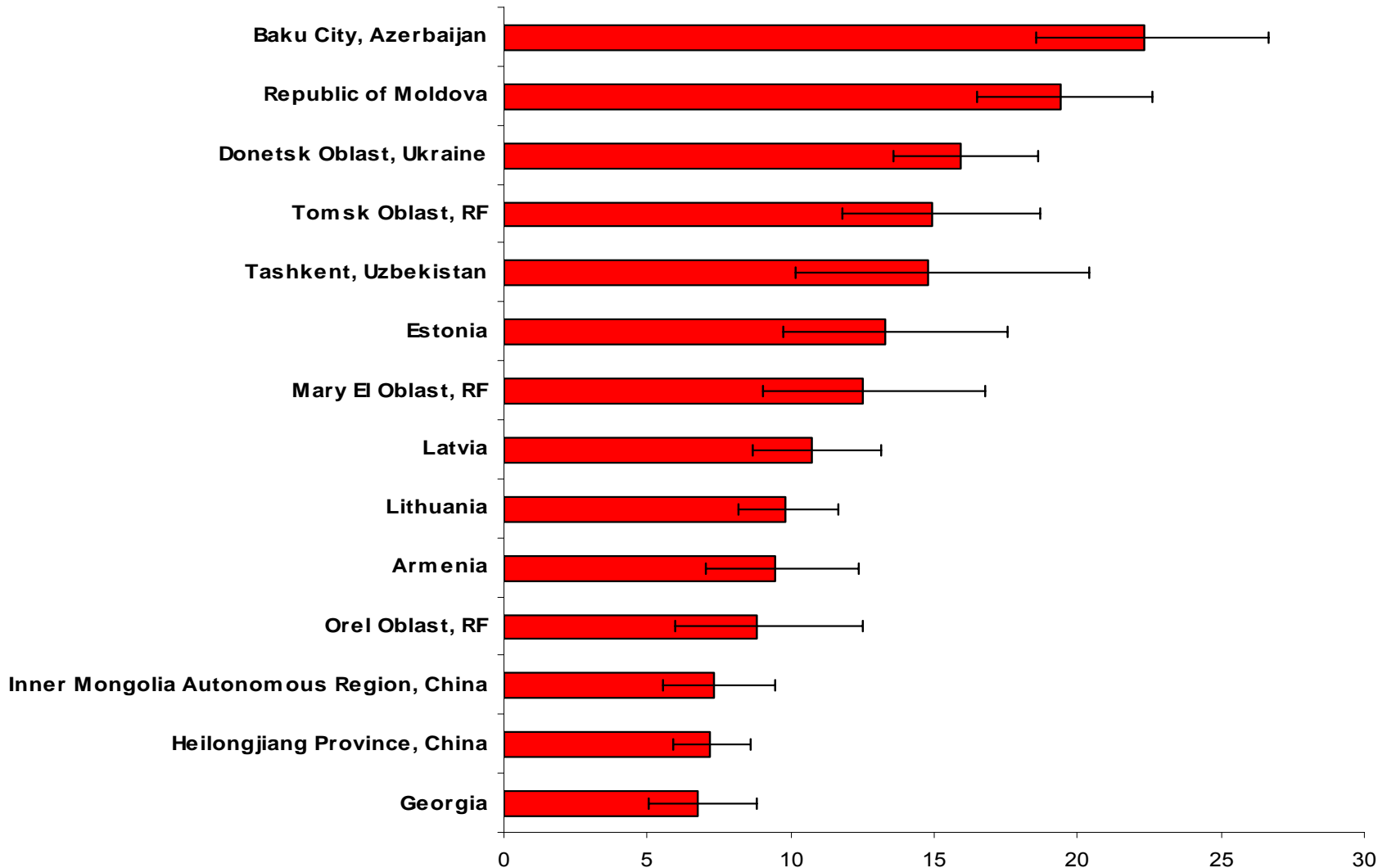
TB/HIV Policy Monitoring & Advocacy

Community Perspective

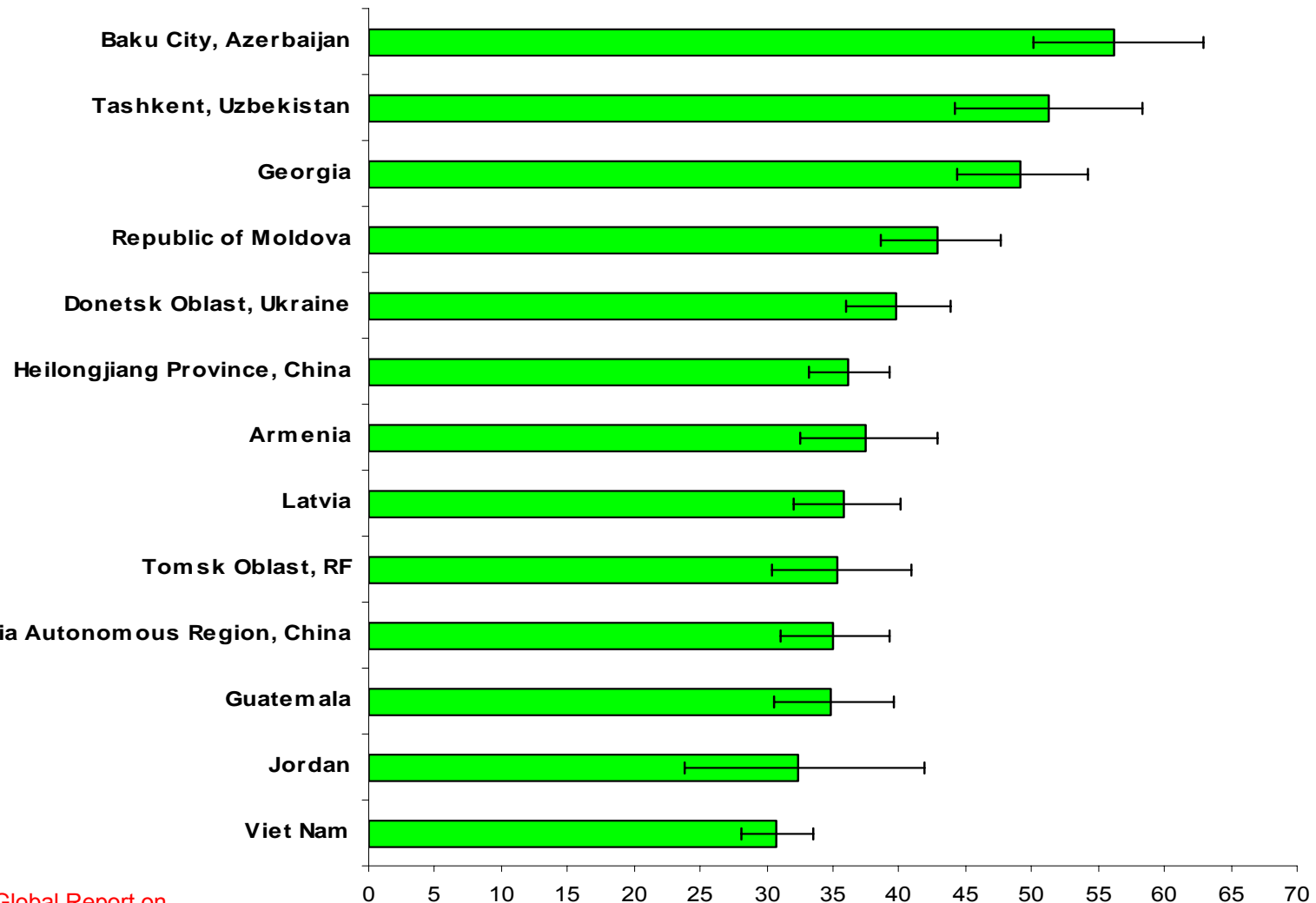
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- Georgia a country in Eastern Europe with a high prevalence of TB infection and relatively low prevalence of HIV/AIDS (with adult HIV prevalence 0.2%, WHO 2006)
- Tuberculosis is one of the leading causes of morbidity in Georgia. TB – previously considered as “disease that belongs to history”, has reached dramatic figures during the last two decades.

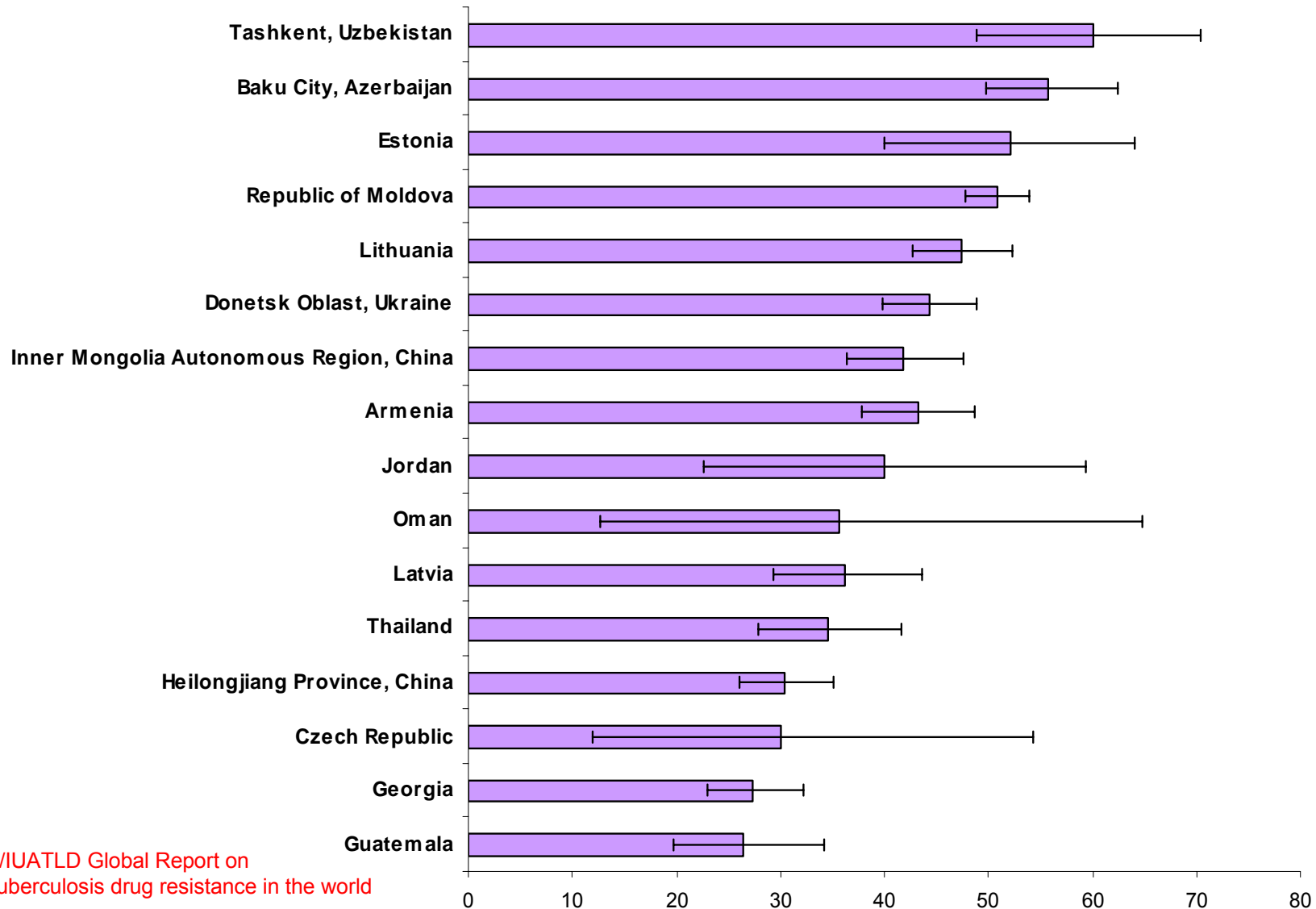
14 settings with $\geq 6\%$ MDR-TB among new cases 2002-2007



13 settings with >30% resistance to any TB drug among new cases 2002-2007



16 settings with $\geq 25\%$ MDR-TB among previously treated cases 2002-2007



TB Monitoring, Research, Advocacy – community perspective

Based on 2 projects of Welfare Foundation

- TB/HIV coinfection Monitoring and Advocacy
- Decreasing burden of Tuberculosis by contributing to building and empowerment of TB communities of women and other vulnerable groups in Adjara region of Georgia

TB/HIV coinfection Monitoring and Advocacy

In 2006, NGOs from 12 countries, including Georgia, were given funding and training from Public Health Watch/OSI and TAG to conduct a monitoring and advocacy project to assess the extent of TB/HIV collaborative activities in the respective countries.

Project mission

To increase civil society engagement in policymaking efforts around the adoption and implementation of WHO collaborative TB/HIV activities.

Two phases – Monitoring followed with Advocacy

Monitoring phase key-findings

- TB/HIV collaborative activities in Georgia are improving, however practical collaboration still very little;
- No meaningful involvement of people affected/infected with these two diseases
- No data submission to National TB and HIV bodies being requested from the private medical sector (labs, doctors);
- Lack of Government's accountability towards public in general, lack of transparency;
- Poor public awareness on TB/HIV
- **TB drugs (all 1-st line and some 2-nd) sold prescription-free in pharmacies; no effective regulations prohibiting selling TB (as well as other) antibiotics;**

Advocacy Target

To secure new policy guidelines against the availability of prescription free TB antibiotics in Georgia.

Three approaches to advocacy

Advocacy can be done...

For

With

By

those affected by the situation.

Objectives

- To raise awareness and secure support from civil society (NGOs, affected communities, CBOs, Media);
- To gain support from health care providers of TB and HIV/AIDS services to convince the authorities;
- To engage in dialogue with decision makers from the MoLHSA about the consequences of accessing prescription free TB antibiotics.

Target audience

- Primary target audience: Policy makers (decision makers) from the MoLHSA, Parliamentary health committee;
- Secondary target audiences: TB and HIV health care providers; affected communities with TB and HIV/AIDS; Civil society organizations.

Key Advocacy Interventions

- **Overall Problem Analysis**
- Development of strong, persuasive materials (reports, bulletins, advocacy documents);
- **Treatment literacy + Patient Charter on tuberculosis** (about patients' rights and responsibilities);
- Expert panel meetings with health care providers of TB and HIV/AIDS services;
- Roundtable working meetings with representatives of the MoLHSA and Parliamentary health committee.

Advocacy conference

Important tool to bringing together all stakeholders related to TB;

To create a platform for “TB support team” having TB champions as a role models, to reduce stigma related to TB;



Advocacy conference

- To present analytical paper describing “best-practices” of countries which once faced problem of prescription-free antibiotics;
- To increase political support for TB and TB/HIV on national level;
- Jointly discuss necessary steps for moving to adoption of the most appropriate way of restriction availability of TB antibiotics (letter prepared for the MoLHSA and follow up...)

Achievements

- TB/HIV issues included in national curriculum for general practitioners
- Parliamentary Health Committee initiative to work on the law introducing prohibition of prescription free practice of TB antibiotics

**Decreasing burden of Tuberculosis by
contributing to building and empowerment of
TB
communities of women and other vulnerable
groups in Adjara region of Georgia**

Barriers to TB control

- Project target area - remote isolated mountainous area; widespread rural poverty; limited financial and physical access to health care;
- place inhabited by Muslim ethnic Georgians; Differences in the household and community roles;
- Gender inequalities - females tend to be restricted to the community around the home, women's access to health care is often limited and differ;
- High prevalence and incidence rates of Tuberculosis and significant number of IDPs
- Health awareness among the local population is low.

ACSM approaches

- Meaningful engagement of community is vital for achieving long-term goals of decrease TB problem;
- *WF supports development of **local communities in regions**, engaging affected women (close collaboration with the local NGOs and community activists; recruitment of 10 women - community activists, building their capacity)*
- Building a TB community - not just about creating equal patient-clinician relationships, government authorities also need to change their attitudes to view NGOs as partners.

Lessons learned

- Direct experience has real value;
- Citizen monitors are independent – can say things that bureaucrats can't say
- Importance of establishing credibility through familiarizing ourselves with technical vocabulary/concepts;
- Importance of striking constructive tone (acknowledging progress/positive steps as well as weaknesses; development and follow up with recommendations)
- Constructive critique leads to better, more efficient and effective policies and services;
- Importance of convincing arguments and proposition of solution of the problem;
- Public engagement contributes to greater governmental accountability

LASTING CHANGE

=

credible arguments
sufficiently broad and intense support
convinced decision makers

+

an infrastructure/capacity that sustains change

+

mass attitudes and beliefs that also sustain
change (and sometimes
are the change)

Thank you!