

	Steps involved	Factors/categories to consider	Actions to consider
Chapter 1	Identification of the poor and vulnerable groups in the country/region served by the national TB control programme	Groups and situations including: <ul style="list-style-type: none"> • unemployed • homeless people • gender-related discrimination • marginalized ethnic groups • people in remote locations • urban poor • special groups (see Chapter 4) 	Establish the profile of poor and vulnerable groups in the country/region using: <ul style="list-style-type: none"> • government (or other) data on the prevalence and distribution of poverty and social vulnerability and on poverty-reduction plans • information on which types of health care providers are used by poor and vulnerable groups • locally conducted surveys on the socio-economic status of TB patients and poverty related disparities • information on any adaptations already made in DOTS delivery to serve poor and vulnerable groups in the country
Chapter 2	Identification of the barriers to accessing TB services faced by the poor and vulnerable groups in the country/region	<p>Economic barriers:</p> <ul style="list-style-type: none"> • complexity of pathway to access care • costs of care-seeking <p>Geographical barriers:</p> <ul style="list-style-type: none"> • distance from TB services <p>Social and cultural barriers:</p> <ul style="list-style-type: none"> • stigma • fear of losing work • lack of knowledge of TB and services • gender-related factors • lack of health system responsiveness <p>Health system barriers:</p> <ul style="list-style-type: none"> • staff attitudes to poor patients • lack of effective peripheral services 	<p>Assess economic barriers by examining:</p> <ul style="list-style-type: none"> • whether the organization of the TB services simplifies the health care pathway; whether diagnostic and treatment services for TB are well integrated in general primary care facilities; • whether treatment observation requires patients to make multiple visits; • which services provided by the national TB control programme patients are required to pay for <p>Assess geographical barriers by identifying areas where patients have to travel long distances or over difficult terrain to reach TB services</p> <p>Assess social and cultural barriers by:</p> <ul style="list-style-type: none"> • Identifying areas and population groups in which TB services are underutilized; • identifying and analysing the principal barriers to accessing TB services which affect poor and vulnerable groups <p>Assess health system barriers by:</p> <ul style="list-style-type: none"> • investigating staff attitudes towards poor patients; • assessing whether decentralization leads to strengthening of TB services at primary care level

Chapter 3

Identification of potential actions to overcome the barriers to access

- Adapting the national TB control programme plan to address the needs of poor and vulnerable groups, including specific measures to address economic, geographical, social/cultural and health system barriers.
- Deciding country-specific priorities for pro-poor interventions, taking account of needs, resources, feasibility, and effectiveness of the measures envisaged

Address economic barriers by:

- integrating TB services within primary care provision; encouraging pro-poor PPM DOTS; promoting TB control in workplaces; improving the coverage of smear microscopy networks; avoiding user-fees; provision of free smear microscopy and treatment; providing food; arranging social security

Address geographical barriers by:

- extending diagnostic and treatment services to remote regions; bringing poor patients from remote areas to TB services; providing free transport; developing appropriate community-based TB care models

Address social and cultural barriers by:

- engaging former TB patients and TB support groups to advocate for TB services and encourage community mobilization; ensuring that health staff attitudes and behaviour do not reinforce stigma; advocating for legal frameworks to protect against loss of employment because of TB; ensuring that the TB health promotion plan takes account of the specific needs of poor and vulnerable groups; ensuring that gender-related needs are addressed in TB control activities; providing psychological support in the community; considering cooperation with traditional health providers

Address health system barriers by:

- adapting health care facility schedules; developing communication skills among health care staff and discouraging discrimination against poor patients; using total quality management to ensure that services remain responsive to the needs of the poor; encouraging community mobilization and demand for TB services among the poor; engaging in health service decentralization to ensure capacity strengthening in less well served areas and TB control as a district-level priority
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Chapter 4	Situations and population groups requiring special consideration	<p>Migrant populations:</p> <ul style="list-style-type: none"> • refugee communities, asylum seekers, economic migrants and displaced populations, cross-border populations • Pockets of deprivation in wealthier countries: • ethnic minorities, homeless people, injecting drug users, prison populations, any other deprived population groups in the country 	<ul style="list-style-type: none"> • Define the special situations and vulnerable groups in the country/region • Identify these groups and their locations • Assess the problems they face in accessing TB services • Establish priorities for action based on needs, feasibility, available resources, and effectiveness of the interventions • Examine current services available to the priority groups and identify current health care providers • Define strategies and measures to improve access to TB services by the poor and vulnerable groups • Build partnerships with current providers of services for the vulnerable groups • Plan a phased implementation of the measures selected
Chapter 5	Harnessing resources for pro-poor TB services	<ul style="list-style-type: none"> • Available strategies to engage in broad initiatives to improve access to health services • Sources of funding for improvement of health outcomes • Institutions offering additional financial and other resources • Human resources to expand the public and private sector involvement in TB services • Technologies to enhance efficiency and effectiveness of TB services 	<ul style="list-style-type: none"> • Identify any new partnerships, financing mechanisms, human resources and tools or technologies that might be available • Assess the feasibility of mobilizing and maintaining these resources • Prioritize which existing mechanisms might offer the greatest benefits in the short and medium term • Identify new resources to target for mobilization within the next six months, and within the next two years • Identify the three most influential external and local stakeholders who could help to address priority needs

Chapter 6	Assessment of the pro-poor performance of the national TB control programme and the impact of pro-poor measures	<ul style="list-style-type: none"> • Targets for TB control in the poor • Distribution of TB in the population • Beneficiaries of DOTS services • Poverty-related disparities • Assessment of impact of pro-poor measures 	Facilitate monitoring of poverty-related inequalities and the impact of pro-poor interventions by: <ul style="list-style-type: none"> • Harnessing the human and other resources required for equity monitoring through alliances with partners • Considering the inclusion of socio-economic variables in routine data collection and analysis; • Ensuring that TB-related questions are included in DHS, LSMS and other household surveys • Ensuring that socio-economic questions are included in TB prevalence surveys • Conducting periodic studies of care-seeking, diagnostic delay and use of DOTS in health facilities, with linked socioeconomic data • Conducting qualitative assessments among community members and TB patients about who benefits from TB services and who does not
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