FIGHTING TUBERCULOSIS TOGETHER

Towards safe and healthy living

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Saving lives, changing minds.

International Federation of Red Cross and Red Crescent Societies
Tuberculosis
Addressing health inequities and strengthening resilience

ISSUE
It is a disease that, despite being curable, killed 1.4 million people and infected another 8.7 million in 2011. One-third are women, making tuberculosis (TB) one of the top killers of women worldwide.

8.7 million people fell ill with tuberculosis

1/3 are women

Source: WHO, Global tuberculosis report 2012

HOW WE HELP

Our comparative advantage is the ability to bring TB treatment to those who need it most and those who cannot access the formal health system.

IMPACT

200,000 most vulnerable TB patients receiving daily care
10,000 were patients with multidrug-resistant TB (MDR-TB)
40,000 were co-infected with HIV
80,000 Red Cross Red Crescent staff and volunteers

5 million community members

90% Percentage of TB patients who complete treatment when supported by National Societies

Source: WHO, Global tuberculosis report 2012
Tuberculosis (TB) remains a major global health problem. It is a disease that, despite being curable, killed 1.4 million and infected another 8.7 million in 2011. It ranks as the second most important cause of death from an infectious disease worldwide, after HIV. TB is a leading killer of people who are HIV infected, accounting for one in every four AIDS deaths. While the overall rate of TB cases has dropped in recent years, multidrug-resistant TB (MDR-TB) continues to thrive, particularly in impoverished areas of Eastern Europe and Central Asia. Diagnosis and appropriate treatment of MDR-TB remain a major challenge.

Growing consensus indicates that progress in TB control in low- and middle-income countries will require not only investment to strengthen TB control programmes, diagnostics and treatment, but also action on the social determinants of TB. It necessitates a comprehensive public health response, focusing on strengthening community systems and integrated community-based activities.

The International Federation of Red Cross and Red Crescent Societies (IFRC) uses community-based approaches to deliver health activities that contribute to building community resilience and reducing health inequities. Our comparative advantage is the ability to bring TB treatment to those who need it most and those who cannot access the formal health system.

At the global level
The IFRC plays a key role in advocating for greater attention towards TB and MDR-TB interventions globally so that more weight is brought to bear on those decision-makers who have the power to influence change and to foster a more holistic response. We are an active member of the Stop TB Partnership and served on its coordinating board as a representative of civil society organizations from 2004 to 2009. Convinced that no single organization can tackle TB alone, the IFRC has entered into partnerships with several organizations and has engaged in innovative public–private sector agreements (such as with Eli Lilly and AstraZeneca).

At the national and community levels
National Red Cross and Red Crescent Societies and their community-based volunteers provide a unique bridge between government, civil society and vulnerable people.
With their skills, compassion and unparalleled local knowledge, Red Cross Red Crescent volunteers provide access to treatment to people living in the most underprivileged areas, especially those facing discrimination and living on the margins of society.

Key cornerstones of Red Cross Red Crescent TB programmes are:

- supporting national planning and coordination of TB programmes
- identifying TB patients in time and controlling infection
- paying special attention to the link with HIV
- accessing hard-to-reach populations
- supporting patients to adhere to treatment and
- empowering, educating and training communities and patients.

Our activities range from communication, social mobilization and advocacy campaigns for TB and HIV prevention, to care, support and access to treatment initiatives, including psychosocial, nutritional and legal assistance, and community-level interventions to reduce stigma and discrimination, encompassing community support groups and peer-to-peer activities.

In 2011, the Red Cross Red Crescent provided daily care worldwide to 200,000 most vulnerable TB patients, of whom 10,000 were patients with MDR-TB and 40,000 were co-infected with HIV. Furthermore, 80,000 Red Cross Red Crescent staff and volunteers mobilized 5 million community members.

We are unrivalled in our ability to bridge the gap where one in three people fails to obtain an accurate diagnosis and follow appropriate treatment. Results from Red Cross Red Crescent pilot MDR-TB projects highlight a very high percentage of adherence to treatment (e.g., India with a 90 per cent adherence rate compared to a national average of 70 per cent, according to an internal Indian Red Cross study).

Our MDR-TB activities in Kazakhstan, India and South Africa emphasize the close link between communities and formal health systems by:

- adapting health services to a patient-centred approach
- improving the quality of interpersonal communication between care providers and patients
- increasing access to diagnostic services, and
- empowering patients, communities and civil society organizations through supportive communication methodologies and active involvement.

“We want to banish TB to the history books, but this can only be achieved with a massive wake-up call to those with the power to invest in measures that will stop TB.”

Bekele Geleta, Secretary General, IFRC

"IMPACT"

Saving lives, changing minds.
Case study
The South African Red Cross Society raises awareness of TB and MDR-TB

The South African Red Cross Society (SARC) runs an integrated programme of community education and participation to achieve improved case detection. Building on its experience with HIV and in partnership with the National TB Programme, the SARC decided to expand and address specific barriers to MDR-TB care-seeking by focusing on vulnerable populations, such as the most affected urban poor and people living with HIV.

The programme promotes the participation of traditional healers, home-care providers and community leaders, and seeks to use their links in the community to encourage referral of suspects and to promote better awareness of TB within their networks. The training sessions range from tackling technical aspects of TB to strengthening the communication for social and behaviour change aspects and promoting effective techniques for collaborating with health-care workers in the delivery of community-based TB services.

Among the most successful interventions was a series of TB sensitization activities that, while applicable to the entire population, was particularly targeted to people living with HIV and the urban poor.

The SARC focuses on two types of TB and MDR-TB community-level communication interventions. The first is through door-to-door and public awareness campaigns where care workers visit homes in teams, talk to family members and hold open-door campaigns at clinics or in public places. They also provide voluntary counselling and testing for the community, facilitating the referral of suspected cases to TB clinics. The second intervention is through community training involving community leaders, such as traditional healers, teachers, religious leaders, councillors and street committees.

A combination of all these activities is contributing to an increase in the number of MDR-TB suspects referred to diagnostic centres for sputum testing.
THE FUNDAMENTAL PRINCIPLES OF
THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.