

INTERNATIONAL STANDARDS FOR

Tuberculosis Care

DIAGNOSIS

TREATMENT

PUBLIC HEALTH



NAR-IUATLD
Vancouver
Feb 23, 2007

Organizations Responsible for ISTC

Developed by the Tuberculosis Coalition for Technical Assistance (TBCTA)



TBCTA Partners:



Funded by the United States Agency for International Development (USAID)



ISTC: Development Process

- Funded (Oct 1, 2004) by USAID via TBCTA
- Steering Committee: 28 members / 14 countries
- Cochairs: Mario Raviglione (WHO) and Phil Hopewell (ATS)
- Process coordinated by ATS
- Evidence-based with six systematic reviews.
- Ten drafts prior to final
- Final document December 2005
- *Patients' Charter for Tuberculosis Care* developed in tandem with ISTC
- Launch on World TB Day (Mar 24) 2006

J.W. Lee, Director General, World Health Organization: March 24, 2006



Why do we need a new document ?

There are many guidelines, recommendations, and manuals, **but**

- few, if any, focus on TB *care* rather than *control*;
- none are supported by a broad international consensus;
- most present the “how” of TB control rather than the “why” (evidence base is lacking);
- most are viewed as “government documents” and, therefore not relevant to the private sector;
- none can serve as the focus of a global campaign to improve TB care and control globally through effective private sector involvement

ISTC; Focus of a Global Campaign

- Intended to unite public and private sectors in providing a uniformly accepted level of care for all patients with, or suspected of having, TB;
- Describes the essential elements of TB care that should be available everywhere;
- Provides a vehicle for mobilizing professional societies globally in support of TB programs
- Serves as a powerful advocacy tool to ensure that the essential elements are available;
- Serves as support for “The Patients’ Charter for Tuberculosis Care” that defines patients’ rights and responsibilities globally

The New Global Strategy to Stop TB

1 PURSUE HIGH-QUALITY DOTS EXPANSION AND ENHANCEMENT

- a. Political commitment with increased and sustained financing
- b. Case detection through quality-assured bacteriology
- c. Standardized treatment with supervision and patient support
- d. An effective drug supply and management system
- e. Monitoring and evaluation system, and impact measurement

2 ADDRESS TB/HIV, MDR-TB AND OTHER CHALLENGES

- Implement collaborative TB/HIV activities
- Prevent and control multidrug-resistant TB
- Address prisoners, refugees and other high-risk groups and special situations

3 CONTRIBUTE TO HEALTH SYSTEM STRENGTHENING

- Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
- Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
- Adapt innovations from other fields

4 ENGAGE ALL CARE PROVIDERS

- Public-Public, and Public-Private Mix (PPM) approaches
- International Standards for TB Care (ISTC)

5 EMPOWER PEOPLE WITH TB, AND COMMUNITIES

- Advocacy, communication and social mobilization
- Community participation in TB care
- Patients' Charter for Tuberculosis Care

6 ENABLE AND PROMOTE RESEARCH

- Programme-based operational research
- Research to develop new diagnostics, drugs and vaccines

Introduction



All providers who undertake evaluation and treatment of patients with TB must recognize that, not only are they delivering care to an individual, they are assuming an important public health function.

Standards for Diagnosis



Not all patients with respiratory symptoms receive an adequate evaluation for tuberculosis. These failures lead to increased disease severity for the patients and a greater likelihood of transmission of *M. tuberculosis* to family members and others in the community.

Standards for Treatment



Treatment for tuberculosis is not only a matter of individual health; it is also a matter of public health. All providers must have the knowledge to prescribe a standard treatment regimen and the means to assess adherence to ensure that treatment is completed.

Standards for Public Health



The inability to conduct targeted contact investigations results in missed opportunities to prevent additional cases of TB, especially among children. Thus, more energetic efforts are necessary to overcome barriers to optimum TB control practices.

Research Needs



Research in operational and clinical areas serves to complement ongoing efforts focused on developing new tools for tuberculosis control—new diagnostic tests, drugs, and vaccines.

How ISTC will be used?

Providing a focus for a global campaign to improve TB Care and control

- As a tool to apply peer pressure via professional societies
- As a core for medical and nursing school curricula
- As a focus of continuing medical education programs
- As a guide for funders
- As a focus for advocacy

ISTC: Current Activities

- In-country consultations and “pilot testing”
- Developing information for an “Implementation Guide”
- Seeking endorsements
- Translating the document
- Exploring/exploiting all opportunities

ISTC: Test Sites

- Indonesia
- Kenya
- Tanzania
- Mexico
- India

ISTC: Pilot Sites

- Indonesia
 - Situation Analysis of the constraints to full implementation at provincial level in collaboration with PDPI
 - Coordinated professional society campaign with Indonesian Med. Soc.
 - Dissemination & Education Activities
 - Patients Charter Activities

ISTC: Indonesia

Standard International Penanganan Tuberkulosis

(International Standard of TB Care)



Copyright: WHO-TB/Gary Hampton/2005

Diterjemahkan Oleh :
Pengurus Pusat
Perhimpunan Dokter Paru Indonesia



Didukung Oleh :



Professional Society Endorsements: Indonesia



JAKARTA, 24 MARET 2006

DUKUNGAN
PENGURUS PUSAT PERHIMPUNAN AHLI MIKROBIOLOGI KLINIK
INDONESIA
DALAM PELAKSANAAN
INTERNATIONAL STANDARDS FOR TUBERCULOSIS CARE

Kami Pengurus Pusat Perhimpunan Ahli Mikrobiologi Klinik Indonesia selama ini selalu konsisten dalam Penanggulangan Tuberculosis baik yang bersubstansi dengan konsistensi (endorsement) International Standards for Tuberculosis Care (ISTC) di Indonesia sebagai upaya peningkatan profesionalisme dan peningkatan kualitas pelayanan kepada masyarakat.

Pengurus Pusat
Perhimpunan Ahli Mikrobiologi Klinik Indonesia

Prof. Dr. Usman Ch. Ket



JAKARTA, 24 MARET 2006

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Pengurus Pusat
Ikatan Dokter Anak Indonesia

Dr. Sukman Tulus P. Ke



JAKARTA, 24 MARET 2006

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Pengurus Pusat
Perhimpunan Ahli Penyakit Dalam Indonesia

Prof. Dr. H. A. J. Ke



JAKARTA, 24 MARET 2006

DUKUNGAN
PENGURUS PUSAT PERKUMPULAN OBSTETRI DAN GINEKOLOGI
INDONESIA
DALAM PELAKSANAAN
INTERNATIONAL STANDARDS FOR TUBERCULOSIS CARE

Kami Pengurus Pusat Perkumpulan Obstetri dan Ginekologi Indonesia (POGI) selama ini selalu konsisten dalam Penanggulangan Tuberculosis baik yang bersubstansi dengan konsistensi (endorsement) International Standards for Tuberculosis Care (ISTC) di Indonesia sebagai upaya peningkatan profesionalisme dan peningkatan kualitas pelayanan kepada masyarakat.

Pengurus Pusat
Perkumpulan Obstetri dan Ginekologi Indonesia

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Ketua Umum



JAKARTA, 24 MARET 2006

DUKUNGAN
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INTERNATIONAL STANDARDS FOR TUBERCULOSIS CARE

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Pengurus Pusat
Perhimpunan Dokter Paru Indonesia

Dr. Faisal Yunus, Ph.D. Sp.P(K)
Ketua Umum

JAKARTA, 24 MARET 2006

DUKUNGAN
PENGURUS BESAR IKATAN DOKTER INDONESIA
DALAM PELAKSANAAN
INTERNATIONAL STANDARDS FOR TUBERCULOSIS CARE

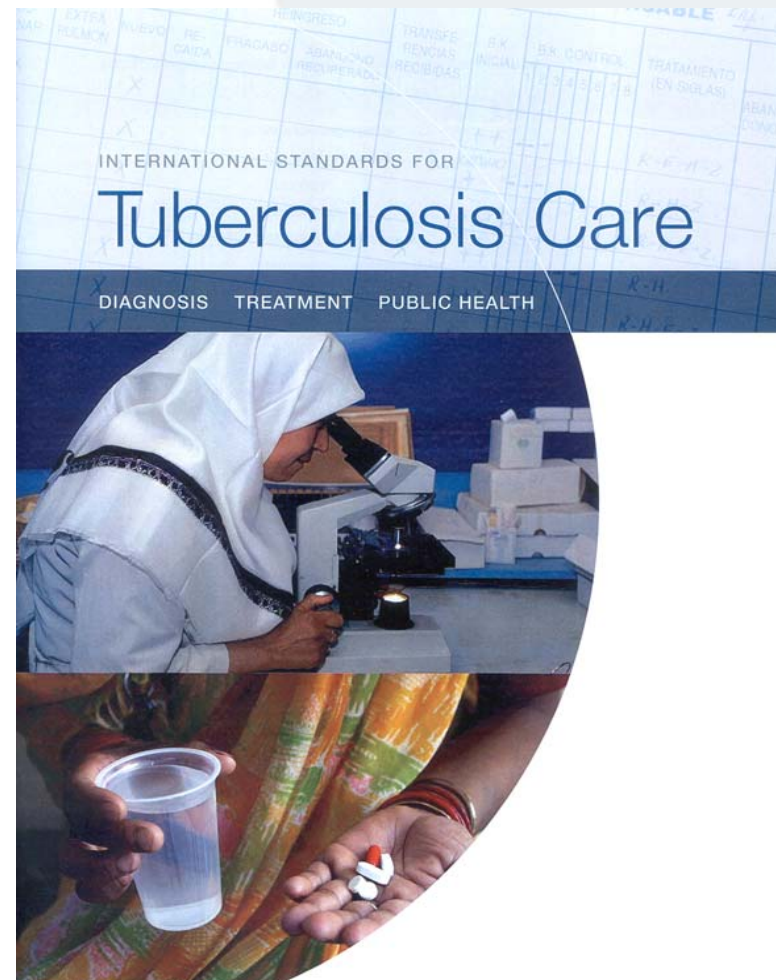
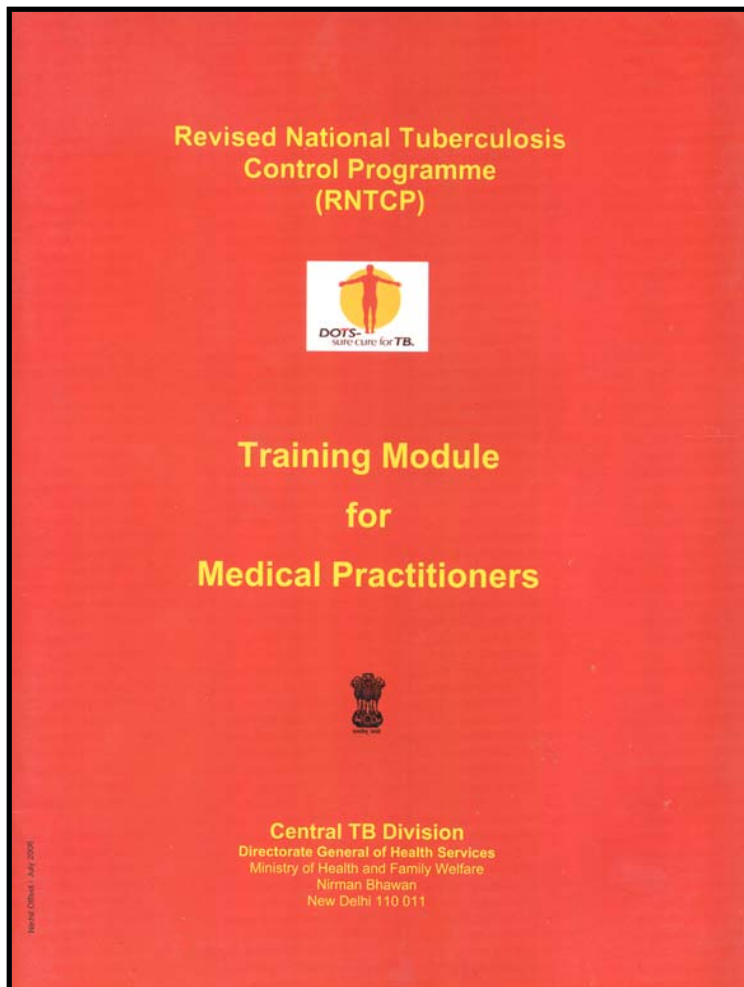
Pengurus Besar Ikatan Dokter Indonesia (PB-IDI).
Mendukung sepenuhnya implementasi International Standards for Tuberculosis Care (ISTC) di Indonesia sebagai upaya peningkatan profesionalisme dan peningkatan kualitas pelayanan Tuberculosis pada masyarakat.
Pelaksanaannya lebih lanjut diatur dalam Nota Kesepahaman (MOU) yang dibuat oleh Ikatan Dokter Indonesia dan Departemen Kesehatan

Pengurus Besar
Ikatan Dokter Indonesia

Prof. Dr. Farid Anfasa Moeleok, Sp. OG(K)
Ketua Umum

ISTC: Pilot Sites, India

- Used for PPM training by RNTCP/IMA



ISTC Pilot Sites

Kenya

- Coordinated professional society campaign with KAPTLD
- Dissemination & Education Activities

Tanzania

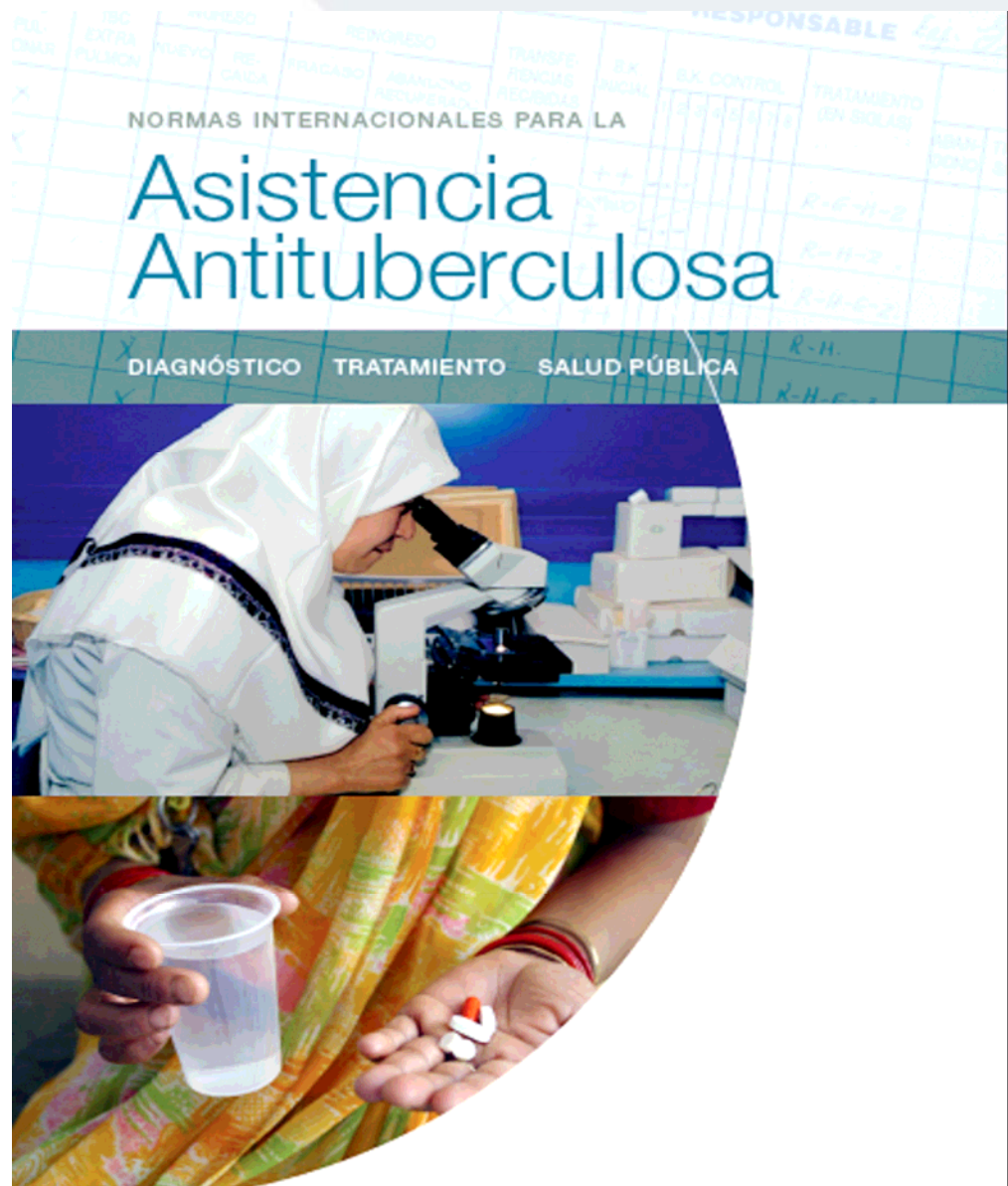
- Developing coordinated curriculum for medical students at all schools in the country

Mexico

- Adaptation at state level via professional societies and national/local control programs

ISTC: Languages

- English
- French
- Spanish
- Russian
- Chinese
- Indonesian
- Vietnamese
- Japanese



ISTC: Lessons Learned

- Value of broad input
- Obtain input in the form of perspectives, not organizations
- Don't shrink from controversy (but manage it).
- Keep up momentum
- Think about dissemination, marketing, uses, impact, evaluation, modification.
- There is no substitute for in-country experience