



# COMDIS example: TB control in China

- The 2<sup>nd</sup> largest TB population in the world with 2.7 million active TB cases in 2006.
- Achieved the WHO targets on treatment success (94%) and case detection (79%) by 2006.
- Specific problems in TB control:
  - lack of human resources,
  - Patients in remote rural areas
  - Internal rural-to-urban migrants in big cities.



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# TB control in migrant population



- Shanghai is the largest city in China
- 14 million local residents and 5 million internal migrants.
- Most migrants come from rural areas, have a low education (80% middle school or below) and work for manual or unstable jobs.
- Most of them live in a crowded place where it is easy for TB transmission.
- TB is more prevalent in rural areas than urban ones.

# Problems for migrant TB control

- Migrant TB cases increased by 10% annually since 1993.
- In 2006, migrant has accounted for 50% of TB cases in Shanghai but they are only 26% of the population.
- Treatment success was 55% for migrants compared with 89% for locals. Nearly half migrant defaulted during the treatment.
- Migrants do not have social insurance for medical care, sick leave and pension. They often lost their jobs during TB treatment.
- The cost of living in the city is high and many migrants can not afford living in Shanghai for treatment.





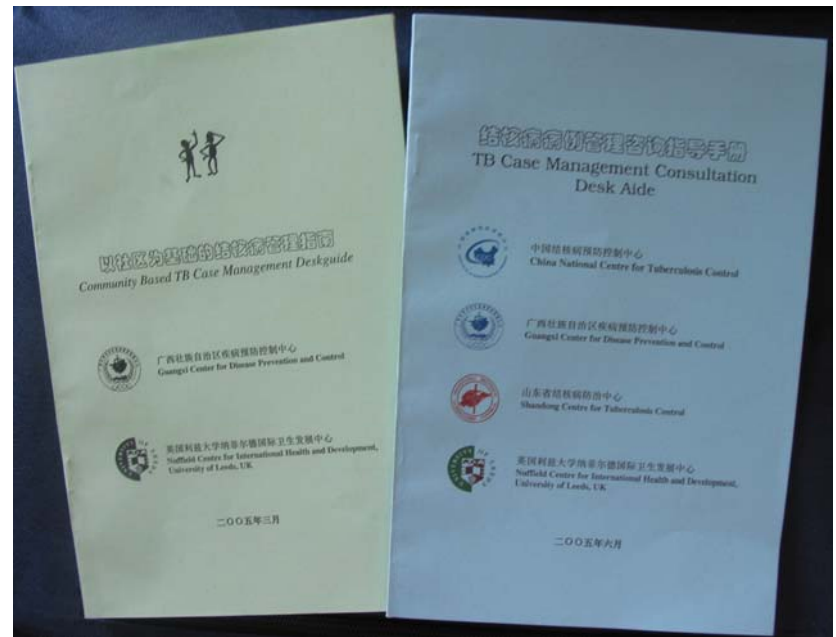


# What does COMDIS do?

- Intervention in one district of Shanghai
- Develop a poverty assessment tool for migrants
- Provide RMB1000 (£75) to a poor migrant as living subsidy during the 6- month treatment period.
- Less defaults observed in the intervention.
- Policy implications:
  - China government has put equity as a development priority, with efforts to include migrants into the social insurance system.
  - Shanghai government is providing medical insurance for migrants.
  - The living subsidy scheme to be used in Shanghai if proved successful.

# Promoting use of the Deskguide across China

- Improve the quality of TB care.
- Deskguide: an operational guideline for frontline doctors at the county levels.
- National policy guide is in place, however without “how to do” operational details.
- The Deskguide contains details on how to identify a TB suspect, educate patient, prescribe, help patient select a patient supporter, follow-up the treatment for 6 months, declare the results and report.





# Educating Patient

## 1. TB coordinator at county CDC/TB dispensary educates the patient with the following key messages:

- ✓Tuberculosis is an infectious disease. TB can infect any parts of the body (lung, lymph nodes, bones, kidneys and etc). Lung is the most common part of infection. Your TB is in the\_\_\_\_\_ (explain the part affected).
- ✓Cough spreads the TB germs. TB is not spread through plates or clothes (etc.)
- ✓Cover your mouth when you cough, but no need to cover your mouth at all times. Bury any sputum you've coughed out (with quicklime, plant ash, or earth).
- ✓Treatment cures TB. You must take TB tablets for 6 (re-treatment 8) months. Your treatment will last until..... (say which month it finishes)
- ✓TB medicines are free. You may come to county CDC/TB dispensary to fetch your free drugs every month.
- ✓There is no reason to feel ashamed for having TB.
- ✓Tuberculosis is not inherited. It is a disease anyone could get. However some people are more likely to get it, such as a weak or malnourished person, and people who are alcoholic or infected with the HIV.
- ✓You should eat well and not drink alcohol.
- ✓**You should not smoke. Smoking may damage your lung further.**
- ✓Treatment cures tuberculosis. You will soon feel better after treatment starts. However, it is very important to take the pills for the full 6 (8) months. If you stop treatment early the TB will come back and be much harder to treat.

## 2. Reassure patient

- ✓**You may feel sick now, but you will be most likely cured if you complete 6/8 months of tablets.**
- ✓You may not work or look after your family at the moment, but if you stick to your treatment, you will feel better in several weeks, and then you can live normal life. However, your tuberculosis is not fully cured at that time, so don't stop medication until completing 6/8 months.

## 3. Explain the treatment to the patient:

- ✓**Show the tablets and explain how many tablets to take each time**
- ✓Explain that treatment supporter will remind he/she to take tablets
- ✓Do not worry if the urine goes orange, it is normal after taking rifampicin
- ✓If any side-effects of anti-TB drugs present (see page 12), report to county CDC or TB dispensary

## 4. Ask if he/she has any queries/concerns? If yes, respond.

# Comdis: pilot and then scale-up



# The working group process



- A national steering committee was set up including the China NTP directors.
- A working group was formed in each province led by the provincial TB director.
- The deskguide was edited according to China national policy and TB organisation.
- Designed the training module of the deskguide for the routine one-day in-service training workshop.

# Pilot the deskguide and its training module



# Scale-up nationally

- How to ensure the quality of training in the cascade training system (province-prefecture-county)

## The Training Toolkit:

- The facilitator's guide: facilitator's skills, procedures of training, time tables
- The facilitator's module: major taught contents, interactive training
- The trainee's module: materials to read, practice and role-play
- The feedback sheet
- The supervision list: areas to be checked and recorded during the follow-up supervision.

# Final consensus meeting

- China NTP agrees on the national use of the deskguide and its training module.
- The deskguide and its training module will be accompanied with the new China National Policy Guide for national scale-up in July 2008.
- In total, more than 100,000 TB doctors in China are to be trained.
- Quality of TB care in China will be strengthened through using the deskguide by all frontline doctors.



# What we have achieved through DFID-COMDIS?

- Research leading to scale-up
  - Deskguide use in Pakistan, Uganda, Swaziland and China
  - Benefited millions of patients in the high burden countries.
  - In compliment with other DFID investments, e.g. the China Health Project 10 on TB
  - Without operational research, substantial UK investment in health may be used to scale up suboptimal strategies.

# What have we achieved through DFID-COMDIS?

- Cross-cutting issues: TB-HIV
  - Treatment supporter for a TB patient during the 6/8 months treatment
  - Patient support strategies developed for HIV: peer support, community based HIV programme in Swaziland and Uganda
  - Convenient to patients and effective in terms of infection control







- A **DFID** Funded Programme: Communicable Research Consortium (COMDIS) <http://www.leeds.ac.uk/lihs/nuffield/research/COMDIS.htm>