Training for the FIGHT AGAINST TB

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As we approach World TB Day there are many accomplishments to celebrate in the fight against tuberculosis (TB), yet we still face many challenges.

Since 1990 the global TB mortality rate has declined by nearly 50% and the World Health Organization (WHO) estimates that 37 million lives have been saved due to improved TB case detection and treatment over the last 13 years.\[1\]

While these are positive developments, we still face nine million new cases of TB each year, one million of whom are also living with HIV. Moreover, nearly half a million will be diagnosed with multidrug-resistant (MDR) TB, which is more difficult and more expensive to diagnose and treat. While mortality has decreased over the past 24 years, more than 1.5 million patients succumb to the disease each year. TB is the second-leading cause of death due to a communicable disease and remains the leading cause of mortality in South Africa. While TB can affect anyone, it remains a disease of poverty and more than 80% of TB cases are in 22 high-burden, mostly less-developed countries; nine of which are in Africa and are lacking resources to effectively fight the disease. All of these factors combined place a tremendous stress on already overburdened health systems that are struggling to meet demands.

While more than seven million nurses are registered in these 22 high-burden countries, there are only half a million in the nine high-burden countries in Africa, where they are often the only source of care.\[2\] These nurses are crucial in the prevention, detection and treatment of TB and MDR-TB, even though they frequently work in deficient systems, with poor access to adequate training, supplies and resources.

Nurses play a critical role in improving case detection, initiating patients on appropriate treatment, providing ongoing support to patients and improving treatment outcomes. But in order to do so, nurses – who carry the burden of meeting a huge number of demands from both employers and patients – need to be involved in local and national planning and decision-making for coherent and effective service delivery. Nurses – who live in the communities they serve, who know what is needed to improve care, and who put themselves at risk every day that they go to work – need to have access to training in the prevention, detection and treatment of TB and MDR-TB and to play a role in developing the protocols and guidelines that they will ultimately put into practice.

The International Council of Nurses-Lilly TB/MDR-TB Project is working to strengthen the global nursing capacity in the prevention, detection, care and treatment of TB and M/XDR-TB through a Training for Transformation (TFT) initiative. The initiative trains experienced nurses working mainly in the TB and HIV fields, who then cascade information to their colleagues.
in local health care facilities as well as in the communities they serve. The TFT courses are run in countries with a high burden of TB and MDR-TB where the International Council of Nurses (ICN) has a strong working relationship with the national nurses association (NNA). Using this approach, ICN has prepared more than 1,900 nurses in 14 countries. These nurses have in turn rolled out the training to over 96,000 nurses and allied health workers. The ICN TB Project is currently running in four countries greatly affected by MDR-TB (Russian Federation, China, India and South Africa) as well as six other countries in sub-Saharan Africa (Ethiopia, Uganda, Malawi, Zambia, Swaziland and Lesotho).

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The training provides much-needed knowledge on all aspects of TB/MDR-TB, but just as importantly, it empowers and gives the nurses the confidence to improve their practice, to negotiate with superiors and colleagues to make improvements such as changing infection control practices through the procurement of N95 respirators for staff or the construction of outdoor sputum booths. The nurses are encouraged to assess their current practices and environment against best practices in TB care and develop plans to address the identified gaps.

One participant from South Africa* commented: “I did not realise I was a TB nurse before I attended the training. Our outcomes were very poor. I saw it as a need to take part in the training so I could develop a strategy to address our problems. The training was so useful.” Another nurse from South Africa said this about the training: “I got so capacitated that I became confident to run the TB programme in a smarter manner and more efficiently than what I did previously. I now also teach my colleagues the information I acquired from the course. Now I also challenge doctors prescribing treatment which is not based on the regimen which is on the national protocol. I also managed to change some of the staff members’ attitudes towards TB ... All those patients who would have been left to die, are now being diagnosed, by increasing the number of people who are screened and by improving the quality of specimen collected. The positive patients are now called for commencement of treatment and they are followed up. The defaulter rate has gone down.”

All too often we meet nurses working as TB focal nurses who have not received any training on TB, except a brief explanation from the nurse assigned to TB before them and furnishment of a copy of the guidelines which may or may not be out of date. This is unacceptable: nurses need the knowledge and tools to do the job they are tasked to do. Without this, we will not win the fight against TB. It is not too late. By supporting and strengthening the capacity of nurses – the key health care providers in the fight against TB – we can make significant progress in controlling TB and winning the fight.

ICN, working within the Lilly MDR-TB Partnership** is committed to mobilising and strengthening nursing as the key, practical, on-the-ground response to address the challenges, the suffering and the spread of TB.

* In South Africa, the ICN TB Project partners with DENOSA (Democratic Nursing Organisation of South Africa)

** The ICN TB Project is supported by a United Way Worldwide grant made possible by the Lilly Foundation on behalf of the Lilly MDR-TB Partnership.

References