Evaluation of intersectoral work in the management of tuberculosis in the SJL district / Balance, eight year challenge

ABSTRACT. In 2008, after the 2007 annual evaluation of the Local Health Strategy for the Prevention and Control of Tuberculosis, next to the World Day for the Fight Against Tuberculosis, the San Juan de Lurigancho Health Network began an ambitious task with the High Committee on TB-SJL that placed the district as the only one, in intra and intersectoral work for tuberculosis management, with the objective of contributing to the progressive and sustained reduction of the incidence of sensitive and resistant tuberculosis in the District, strengthening the services component and addressing the social determinants of health.

With the measures implemented and the rigor with which they were applied, the patients affected with tuberculosis, family and community were the beneficiaries. In this evaluation, the activities and commitments made by the public and private institutions and organizations that formed the High Committee to the TB-SJL are presented, where aspects are evaluated eight years after the implementation. In particular, this work highlights the impact that the Intersectorial action had on the increase in the search for SRI, adequate and timely treatment, reduction of waiting time for initiation of treatment in patients with resistant tuberculosis and decrease in abandonment in sensitive patients.

What identifies and makes this High Committee different from the TB-SJL are the monthly meetings, allowing monitoring and evaluation of the established commitments of its members that serve as a proposal and improvement.

Keywords: Stop tuberculosis, intra and intersectoral articulated work.

RESUMEN. En el 2008, después de la evaluación anual 2007 de la Estrategia Sanitaria Local de Prevención y Control de la Tuberculosis, próximo a celebrarse el día mundial de la Lucha Contra la Tuberculosis, la Red de Salud San Juan de Lurigancho comenzó una ambiciosa tarea con el Comité Alto a la TB-SJL que ubicó al distrito como el único en el trabajo intra e intersectorial para el manejo de la tuberculosis, con el objetivo de contribuir en la reducción progresiva y sostenida de la incidencia de la tuberculosis sensible y resistente en el Distrito, fortaleciendo el componente de servicios y abordando las determinantes sociales de salud.

Con las medidas implementadas y la rigurosidad con que se aplicaron hizo que los pacientes afectados con tuberculosis, familia y comunidad sean los beneficiados. En esta evaluación, se presenta las actividades y compromisos realizados por las instituciones y organizaciones públicas y privadas que conformaban el Comité Alto a la TB-SJL, donde se evalúan aspectos a ocho años de la implementación. En particular, este trabajo resalta el impacto que tuvo la acción Intersectorial en el incremento de la búsqueda de SRI, tratamiento adecuado y oportuno, disminución de tiempo de espera para inicio de tratamiento en pacientes con tuberculosis resistentes y disminución de abandonos en pacientes sensibles.

Lo que identifica y hace diferente este comité Alto a la TB-SJL son las reuniones mensuales, permitiendo el monitoreo y evaluación sobre los compromisos establecidos de sus integrantes que sirvan de propuesta y mejora.

Palabras clave: Alto a la tuberculosis, trabajo articulado intra e intersectorial.
INTRODUCTION

Tuberculosis remains a public health problem, and one of the districts with the most cases is the district of San Juan de Lurigancho, with a positive Tuberculosis smear incidence rate for 2008 and 2013 with 130 and 39 cases per 100,000 inhabitants respectively, and given the complexity of the health problems, it assumes that intersectoral actions constitute a fundamental resource for the solution of health problems and for the well-being of the community.

The objective was to reduce tuberculosis in the district of San Juan de Lurigancho by forming Integrated Health Networks and in order to face the problems affecting the health of tuberculosis patients, it was necessary that intersectoral action be perfected and move from a relationship between sectors, coordinated and induced, to an integrated, conscious and interactive relationship for the health, well-being and quality of life of patients, their families and the environment.

IMPLEMENTATION PROCESS

In 2008, the San Juan de Lurigancho Health Network, through the Sanitary Strategy for the Prevention and Control of Tuberculosis, began an Articulated Work with four Public and Private Organizations and Institutions giving rise to the Committee called Stop Tuberculosis in SJL, with the initial objective of carrying out an intersectoral campaign for the world day of the fight against tuberculosis. For 2009, the organization and execution were a success, the Stop TB Committee -SJL began to grow in relation to its members, joined the Universidad Cayetano Heredia (University Cayetano Heredia), NGO Partners in Health, Association of Health Promoters, worked under this same dynamic and purpose until 2011.

By 2012, UGEL (Local Education Management Unit) N° 05, USAID and the Municipality of San Juan de Lurigancho were incorporated, the work table grew. For December of this year, a micro-forum in the UGEL 05 of SJL is carried out gathering more than 200 people, giving place to carry out another one for 2013 for the World day of the Fight against Tuberculosis in the Theater of the Municipality gathering more than 500 people where the Director of the Network San Juan de Lurigancho attended, Director of the San Juan de Lurigancho Hospital, representatives of the Municipality of SJL, Municipality of Lima, National Strategy for Prevention and Control of Tuberculosis, DISA East Lima, Cayetano Heredia University, UGEL No. 5, among others, where at the end of the activity signed the Pact of Commitment and Articulated Work to Control Tuberculosis in the District. Figure 1 shows the timeline that summarizes the increase in membership of the Stop TB Committee in SJL.

From 2012, a new stage of the Work Table begins, giving rise to the incorporation of new institutions such as the Municipality of Lima, the ESNPC-TB, INPE (National Penitentiary Institute of Peru), Lurigancho and Castro Castro Prison, ESSALUD (National Health Insurance Service) of the SJL District, Solidarity Hospital, Ombudsman’s Office, where we set out our vision of being a tuberculosis-free district with the mission of articulated, organized and committed work so that all people affected by tuberculosis have access to detection, diagnosis, free and timely treatment and monitoring of their disease.

The Work Plan is elaborated based on four components of intervention where each member of the Committee had responsibility and commitment to fulfill during the year: Implement advocacy, communication, and social mobilization activities in TB prevention activities, Ensure that Educational Institutions actively participate in the activities programmed by the ESPC-TB of the SJL Network inside and outside their institution, Promote healthy practices (balanced nutrition, ventilated environments, protection when coughing and sneezing) in the population for the prevention of Tuberculosis and Decrease of abandonment in patients under treatment with TB, active search and referral of respiratory symptoms to health services through innovative interventions and multisectoral participation.

Figure 1. Timeline summarizing the increase in the number of members of the Stop TB Committee in SJL from 2008 to 2012.
These components of the Work Plan were monitored monthly on the third Wednesday of each month in the Oval Auditorium of the Municipality of San Juan de Lurigancho, under the direction and guidance of the person in charge of the Sanitary Strategy of Prevention and Control of Tuberculosis of the San Juan de Lurigancho Health Network and the technical assistance of the Executive Director of the same Health Network.

In December 2012, the evaluation of the Work Plan of the Stop TB Committee in SJL was carried out and presented by every institution of the TABLE, crossing these activities with the main indicators of the TB Strategy, tracer indicator, abandonment rate, waiting time to start treatment, universalization of rapid sensitivity tests, as shown in figure 2.

Figure 2.
Shows the increase in participants from 2008 to 2013.

After a year of meetings and activities carried out, the conclusion was reached that a more specific, structured plan with measurable goals in the short term (3 years) with four lines of intervention should be carried out: 1) Improving the efficiency and effectiveness of processes in addressing TB, 2) Improving the community environment, 3) Improvement of the housing and family environment and 4) Protection of the Tuberculosis patient in High Risk Tuberculosis Health Facilities such as the Health Centers of Huáscar XV, Cruz de Motupe, Jaime Zubieta and the prisons.

1. With regard to improving the efficiency and effectiveness of processes to address TB in the health centers of Huáscar XV, Cruz de Motupe, Jaime Zubieta and the prisons, we began by increasing the collection of respiratory symptoms, promotion and prevention activities, Universalization of fast sensitivity tests, Reduction of waiting time to start treatment in MDR-TB patients, activities to reduce abandonment, Implementation of the Stop TB Work Plan in SJL district prisons, Articulation mechanisms for the prevention and control of tuberculosis, active participation of civil society and institutions with an interprogrammatic approach. All the members of the Stop TB Committee participated in SJL.
Figure 3.
Shows the activities carried out to comply with the first line of intervention

**INCREASE THE SEARCH FOR CASES OF RESPIRATORY SYMPTOM (RS)**
- Implement strategies to increase the search for RS: In hospitals, Essalud SISOL, SJL Hospital, San Miguel Clinic, Parishes of the Diocese of Chosica, means of transportation, municipality and establishments of the San Juan de Lurigancho Health Network.
- Intervention through Private Pharmaceutical Establishments.

**PROMOTION AND PREVENTION ACTIVITIES**
- Sensitization: SJL Hospital, Cayetano Heredia University, Association of Health Promoters, Diocese of Chosica, Educational Management Unit N° 5
- Municipality of Lima: “Adopta un árbol (Adopt a tree)”
- Tuberculosis diffusion in local media with printed media in: private pharmacies and shops
- ESSALUD: Intervention in supermarkets and cinema
- District forum in charge of the committee.

**UNIVERSALIZATION OF THE RAPID SENSITIVITY TESTS**
- Support the universalization of Genotype Testing to 100% of health care facilities (EE.SS.) and prisons of the district.
- The transfer of the samples for the Sensitivity Tests of the Microrredes, Hospital San Juan de Lurigancho and Penales to the National Institute of Health was in charge of the Municipality of Lima and ASPAT (Association for People Affected by Tuberculosis) for one year. Subsequently, it is assumed by the Health Network of SJL to provide sustainability.
- Close coordination with San Juan de Lurigancho Hospital, Essalud Aurelio Díaz Ufano and Tropical Medicine of Cayetano Heredia Hospital for GeneXpert in case of emergency.
- Essalud Aurelio Díaz Ufano achieves Rapid Sensitivity Tests for its patients.

**DECREASED WAITING TIME TO START TREATMENT IN PATIENTS WITH RESISTANT TUBERCULOSIS**
- Universal insurance for TB patients.
- Universalization of Genotype Testing to 100% of health care facilities (EE.SS.) and prisons of the district, include EsSalud.
- Solidarity Hospital and San Juan de Lurigancho Hospital and Municipal Hospital provides care to patients in different specialties at no cost.
- Transfer of specialists to the micro-networks for their attention with annual programming.

**IMPLEMENTATION OF THE STOP TB WORK PLAN IN SJL DISTRICT PRISONS**
- Technical assistance and training
- Search for Respiratory Symptom in visitors to Lurigancho Prison
- Health campaigns
- Access to SIS (Integrated Health insurance)
- Implementation of healthy halls in Lurigancho prisons
- Training of TB Promoters in persons deprived of liberty (PDL)
- Delivery of certification to the PDL promoters network.
- Training of 60 health promoters in Lurigancho prison.
- Promoters in Castro Castro prison
- Elaboration of a Training Flipchart by the promoters of the Lurigancho Prison.
- Flipcharts prepared and delivered to the health promoters of the prison.
- Delivery of clothing promoters of the prison for identification, by the Health Network of SJL.
- Improvements to the treatment area at Castro Castro Prison
- Stop TB Implementation at Castro Castro Prison.
ARTICULATION MECHANISMS FOR TUBERCULOSIS PREVENTION AND CONTROL

- Signing of the Multisectoral Alliance Pact “San Juan de Lurigancho Respira Vida, Alto a la Tuberculosis” (San Juan de Lurigancho Breaths Life, Stops Tuberculosis)
- Elaboration of Municipal Ordinance in favor of TB prevention as the first priority in the San Juan de Lurigancho District.
- Approval of Law No. 30287 Law for the Prevention and Control of Tuberculosis in Peru (11-21-2014)
- District forum in charge of the committee.

ACTIVE PARTICIPATION OF CIVIL SOCIETY

- Participation of Health Promoters in home visits, information campaigns in Canto Rey market, schools, churches, street parades
- Home visit to PAT to ensure treatment
- Elaboration of a video with the support of PAHO
- Strategic implementation of community DOTS with an integral and integrative (multisectorial) approach in the health center of Cruz de Motupe, 30 promoters of Vaso de Leche are trained, participate: Municipality of SJL, Health Network of SJL, Municipality of Lima.
- Implementation of a Healthy Family in TB with an integral and multisectorial approach: 136 professionals (multidisciplinary team) are trained with the participation of the SJL Network and Cayetano Heredia University, ESN-PCTB.
- School watches committed in the fight against tuberculosis with the work of healthy eating with the participation of the UGEL N° 5
- Incorporation of knowledge about TB in the Educational Content

2.- As for the improvement of the community environment, the Local and Provincial Government intervened with the construction of tracks, sidewalks, retaining walls, tree planting among others.

Figure 4.
Shows the activities carried out by the Local and Provincial Government to accomplish the second line of action.

- Construction of tracks, sidewalks, retaining wall, elimination of landfills.
- Construction of a tourist park and tree planting in health establishments, patients’ houses and main streets of the community.
- Bicycle lane called “Construyendo una familia con espacios públicos recreativos” (Building a family with recreational public spaces)
3) Improvement of the living and family environment, socioeconomic support for patients and families from the NGO Partners in Health, Cayetano Heredia University.

- Donation of housing modules for XDR patients with the aim of protecting the family and its environment.
- Economic support to patients with drug-resistant TB, to start a business or company thus improving their self-esteem and ensuring their adherence to treatment.

4) Protection of the Tuberculosis patient. Finally, with regard to the protection of patients with tuberculosis, work was done on the rights and duties of the person affected by tuberculosis, transparency and access to public information, with the participation of all members of the Stop TB Committee-SJL.

Figure N° 5.
Shows the activities carried out on the protection of patients affected by tuberculosis in order to comply with the fourth line of intervention.

<table>
<thead>
<tr>
<th>COMPREHENSIVE CARE</th>
<th>NO DISCRIMINATION AND CHANNELLING OF COMPLAINTS</th>
<th>RIGHTS DURING TREATMENT</th>
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<tr>
<td><strong>Comprehensive Family and Community-Based Care with Healthy TB Families with Cayetano Heredia University and SJL Health Network.</strong> Access to Universal Insurance for patients in health facilities and prisons. <strong>Political Commitment</strong> 1.- Municipal Ordinance N° 240 Tuberculosis Sanitary Priority in SJL (September 2012) was obtained. 2.- Plan for the reduction of tuberculosis in the District of San Juan De Lurigancho, Lima 2013 - 2017.</td>
<td><strong>Participation of the Ombudsman’s Office in the Stop TB table</strong> Book of Complaints in Health Facilities SJL NETWORK promotes the implementation of Healthy Families in TB in the 34 health facilities (training and implementation by Cayetano Heredia University.) Mutual Aid Groups (MAGs) by NGO Partners in Health. Visit and supervisions of the Ombudsman’s Office to 7 Health Establishments of the SJL Network, Aurelio Diaz Ufano Hospital of Essalud and Solidarity Hospital (SISOL), Attention of Complaints users in SJL, and intervention in front of problems with the Basket for TB patients.</td>
<td>- Access to timely detection, diagnosis and treatment: - Improvement of infrastructure, equipment, human resources, inputs. - Three new Modules are built for TB, two new X-Ray services. - The laboratories are equipped with 14 binocular microscopes. - Training and provision of human resources by the San Juan de Lurigancho Health Network. - Universalization of sensitivity tests. San Juan de Lurigancho Network and Lurigancho and Castro Castro prisons. - XDR TB cases in Alternative Treatment with NGO Health Partners - Patients of the prison with support of analysis battery tests, audiometrics by NGO Partners in Health..</td>
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RESULTS

- Increase in absolute numbers the Tracer Indicator of Respiratory Symptom Identified (RSI) in 2011 (30,780) with 5%, 2012 (31,758) with 5.2%, 2013 (39,310) with 4.7%, 2014 (38,400) with 4.2% coincidentally has relation with the joint work of the Stop TB Committee – SJL. In relation to health facilities considered a risk area for 2014, the health centers of Huáscar XV obtained 5.65%, Jaime Zubieta with 3.5%, Cruz de Motupe with 7% and John Paul II with 8%.

- Contribution of Respiratory Symptoms Identified by other institutions, except MINSA (Ministry of Health), for 2013 with 3,095 of RSI and 2014 with 5,040 of RSI.

- Involve other health institutions, except MINSA, in the search for respiratory symptoms and treatment of patients, such as San Miguel Clinic, Solidarity Hospital (SISOL), San Benito Parish Center, Lurigancho Prison, Castro Castro Prison and pharmacies in areas at risk for TB.

- Increase Rapid Sensitivity Tests from 59% by 2012 to 98% by 2014 in order to provide adequate treatment and ensure patient healing.

- Reduce the waiting time for the start of second-line drug treatment by 48 days in 2012, 30 days by 2013, and 19 days by 2014.

- 70% of drug resistant patients have received specialist consultation at the Solidarity Hospital, 28% at the San Juan de Lurigancho Hospital and 2% at the Municipal Hospital.

- Aurelio Díaz Ufano EsSALUD has a new renovated module of care for patients with tuberculosis and sensitivity tests for their patients as a result of the advocacy done by the head of the ESPCT of the SJL Network and the Ombudsman’s Office of Eastern Lima.

- Aurelio Díaz Ufano EsSALUD reduces waiting time to start treatment in resistant drug patients from 69 days 2013 to 4.5 days 2014.

- It provides 32 patients with Resistant Drug that represents 100% Microcredit and Reinsertion with advice and economic facilities to start their business.

- Implementation of 6 housing modules for XDR patients representing 40%.

- UGEL N° 05 diversifies the issue of tuberculosis in curricular areas to 100% at primary and secondary level through the subject of Science, Technology and Environment.

- Religious organization Diocese of Chosica sensitized, organized and committed, broadcasts TB messages at the end of Mass, provides treatment through the San Benito Parish Center and provides specialist services to TB patients.

- There is a commitment from organizations, public and private institutions to work for TB patients of the San Juan de Lurigancho Health Network to improve accessibility in the process of treatment, healing and rehabilitation, reduce fragmentation of care, improve treatment efficiency, lower production costs, and better respond to the needs and expectations of people affected by TB.

CHALLENGES, OBSTACLES AND RESTRICTIONS

1. Form the committee.
2. Get to know and incorporate participants into the organization.
3. Involve the main authorities.
4. Initially detecting, analyzing and defining problems was not easy.
5. Maintaining the Committee’s sustained growth.
6. Information processing of every organization
7. Apply the methodologies to address, understand and resolve the doubts and problems of the members.
8. Evaluate the results and make decisions in cost-benefit relation.
9. Have enough information about the problem to analyze and evaluate it.
10. Permanent communication facilitated organized work.
11. The decisions were taken from the perspective of the interests of the organization.
12. Weak convocation, especially to executives.
13. Political and technical support from the San Juan de Lurigancho Network.
CONCLUSIONS

1.- The Stop TB Committee of SJL works under a strategic plan, which made it possible to monitor and evaluate the incorporation of variables and indicators at each stage of the work.

2.- The meetings once a month in the same place, at the same time and with different actors allows a better analysis of the information and introduce new initiatives to reach the planned target.

3.- Intra- and intersectoral work in an articulated manner achieves results in the shortest time, with less effort and of better quality.

4.- To make known the results, operational and epidemiological achievements through quarterly, half-yearly and annual evaluation in a very special meeting with the presence of the directors, guarantees the sustainability of the activities and also guarantees the permanence and involvement of other sectors, organizations and institutions.

5.- The commitment of organizations, public and private institutions to articulated work improves accessibility in the process of diagnosis, treatment, healing and rehabilitation of tuberculosis patients of the San Juan de Lurigancho Health Network, also improves treatment efficiency, decreasing production costs, and better responding to the needs and expectations of people affected by TB.

6.- Processes in the approach to Tuberculosis are improved in the prioritized health facilities of MINSA, Essalud and Prisons of the SJL district, providing the patient with the corresponding treatment according to their sensitivity test, identifying cases of tuberculosis in time through the search for intramural and extramural RS, decreasing cases of abandonment in patients with TB and drug-resistant TB, and decreasing waiting times for the start of treatment in drug-resistant patients.

7.- With the intervention of the Local and Provincial Government of Lima, the community environment of the jurisdiction of the High Risk Health Establishments in Tuberculosis is improved: such as the Health Centers of Huáscar XV, Cruz de Motupe and Jaime Zubieta with the construction of runways, sidewalks, retaining walls, trees, recreation areas, among others.

8.- The living and family environment in the jurisdiction of High-Risk Tuberculosis Health Establishments is improved: such as the Health Centers of Huáscar XV, Cruz de Motupe and Jaime Zubieta with the socioeconomic support provided to TB patients and families, thus ensuring adherence to treatment.

9.- Working on the rights and duties of the person affected by Tuberculosis, with transparency and access to public information provides protection to the Tuberculosis patient, from diagnosis, treatment, healing and rehabilitation.

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