Chronic lung diseases in Kenya, Sudan and Tanzania: Findings of IMPALA consortium on Health systems readiness and socioeconomic impacts on patients and families

2021 NETWORK OF AFRICAN PARLIAMENTARY COMMITTEES OF HEALTH

IMPALA Pre-NEAPACOH Meeting on TB/Lung Health
Wednesday, 27th October
10:00-11:30 EAT

The NIHR Global Health Research programme supports high-quality applied health research for the direct and primary benefit of people in low and middle-income countries, using UK Aid from the UK Government.

BACKGROUND & RATIONALE/ISSUE

- Health systems face increasing burden of CLD in SSA – morbidity, socioeconomic and mortality
- Adequately prepared health system is required to deliver quality CLD care and address socioeconomic impacts
- We assessed
  - preparedness of health systems to provide quality care for CLD in the SSA context in Kenya, Sudan and Tanzania from health systems and community perspectives.
  - Socioeconomic impacts of CLD on patients and their families

KEY FINDINGS

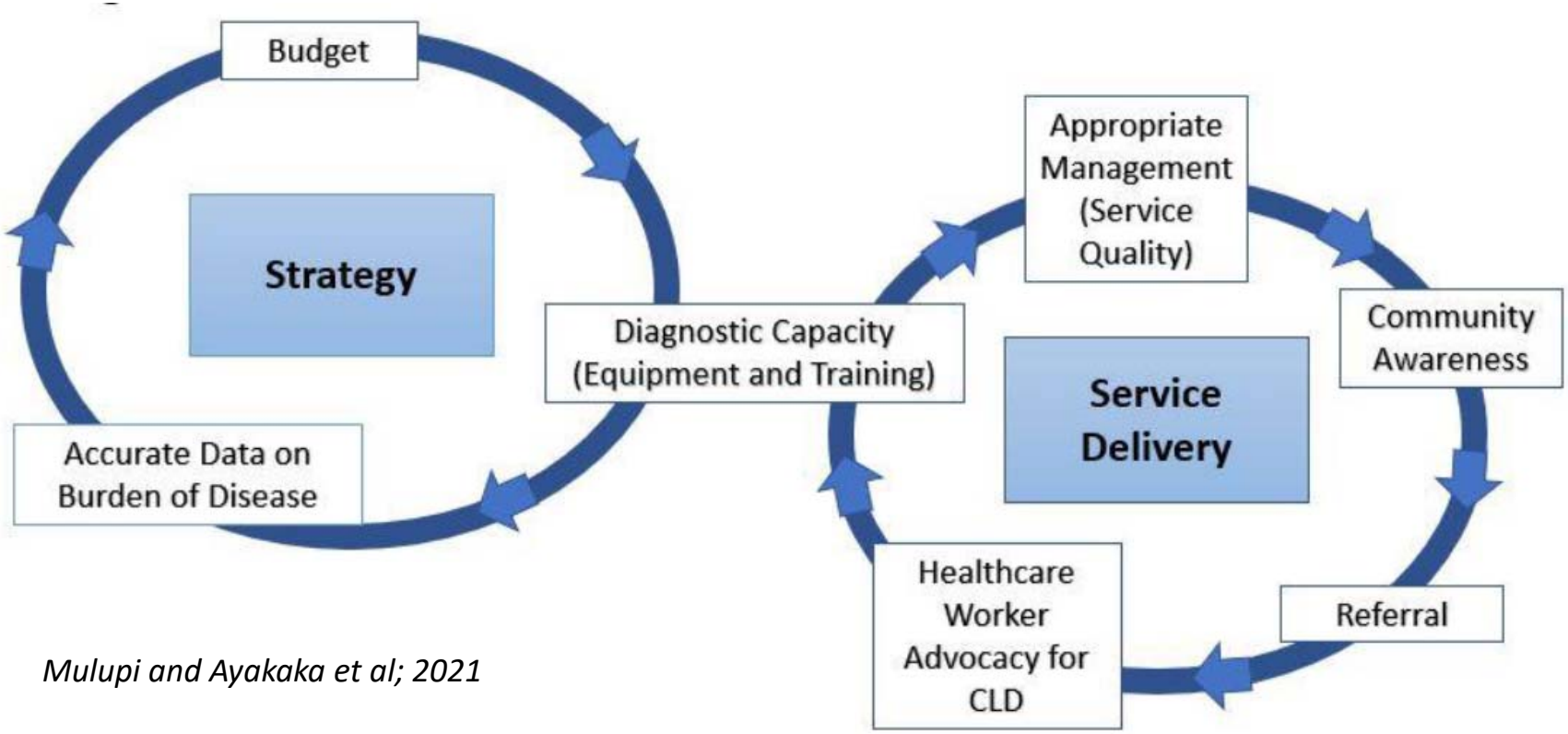
Health systems readiness

- Low prioritization of CLD
- Trained human resources and guidelines, and peak flow meters – least available tracer items
- CLD essential medicines, esp inhaled steroids, rarely available.
- COPD guidelines rarely available.
- Significant gaps in clinicians' capacity to manage CLD

Socioeconomic impacts

- Patients with chronic cough are stigmatized - TB and HIV dominate the topic
  - Enacted and internalized
- Direct and indirect economic impacts
  - Diminished capacity for work
  - Healthcare seeking costs
- Traditional medicine /drug stores central
- Psychological stress – impaired community participation, restrictions on social activity

Summary of findings



Mulupi and Ayakaka et al; 2021

POLICY AND PROGRAM IMPLICATIONS

- CLDs need recognition, visibility and to be included in the development of patient-centred NCD programming for chronic care, to tackle multi-morbidities, mental - and psycho-social ill health
- The development of effective strategies to counter CLD-related stigma requires sustained engagement throughout the health-seeking pathway, including communities, PHC, secondary and tertiary levels.
- Equitable, effective and sustainable diagnosis and treatment of CLDs requires wider health systems support and integration, across community, primary and secondary care, and standardization.
- Investments in all health systems building blocks and attention to health systems 'software' (communication, support and trusting relationships) will be important to sustain an integrated approach and ensure it contributes towards health system strengthening.