



EPIDEMIOLOGICAL



POLITICAL



FINANCIAL



STRUCTURAL



PROGRAMMATIC



HUMAN RIGHTS



MINISTERIO
DE SALUD

Sustainability Roadmap for Multisectoral Action to Address Tuberculosis in El Salvador

September 30, 2019

Introduction

As part of a broader platform to build more sustainable, long-term responses for HIV and tuberculosis (TB) in nine countries, the Health Policy Plus (HP+) project—funded by the U.S. Agency for International Development and U.S. President’s Emergency Plan for AIDS Relief—undertook work in El Salvador on a Global Fund to Fight AIDS, Tuberculosis, and Malaria technical assistance activity. To this end, HP+ conducted a sustainability analysis that focused on building a more sustainable TB response—looking beyond financial concerns to include epidemiological, political, structural, programmatic, and human rights implications. By analyzing the sustainability of El Salvador’s TB response through multiple lenses, a clearer picture has formed of the challenges and opportunities that the country faces moving forward. Based on these findings, this sustainability roadmap identifies threats to the sustainability of El Salvador’s TB response—categorized as “risks”—and recommends mitigation actions that should be taken to address these threats.

Validation

This document was endorsed by multiple stakeholders at a two-day validation workshop held in El Salvador on September 19 and 20, 2019. Workshop participants included members of El Salvador’s Ministry of Health (MINSAL), General Directorate of Penal Centers (DGCP), Country Coordinating Mechanism (MCP-El Salvador), civil society, and others. Risks were prioritized as low-, medium-, or high-severity, based on how much of a threat the identified risk is to the sustainability of the TB response moving forward.

Identified Risks to the Sustainability of El Salvador's TB Response and Mitigation Actions

| | RISK | SEVERITY | MITIGATION ACTION | RESPONSIBLE ENTITY/ FUNDING SOURCE* | INDICATOR |
|------------------------|--|----------|---|---|--|
| EPIDEMIOLOGICAL | Insufficient screening (currently El Salvador does not detect 15 to 20 percent of the total estimated number of TB cases) ¹ | LOW | Increase detection of TB Ensure better diagnosis of LTBI Expand the provision of TB preventive therapy (TPT) to vulnerable groups Promote community health workers in active case-finding initiatives Engaging directly with civil society organizations (CSOs) to increase case finding Improve the acquisition of diagnostic equipment such as GeneXpert | MINSAL, FOSALUD, ISSS, CSOs, ISNA, MJSP, ISBM | Notification rates in high-risk municipalities and among key populations Number of cases detected by community health workers |
| | Absence of an Epidemiological Unit in the Medical Ontology Department (DMO) in the DGCP | HIGH | Creation of the Epidemiology Unit in Dental Medical Department (BMD) of the DGCP | DGCP and MJSP | Epidemiology Unit in Medical Ontology Department (DMO) of the DGCP |
| | Presumed high rates of transmission and activation within the prison system, where the majority of notified TB cases now occur | HIGH | 100% screening of inmates entering the prison system and temporary detention centers (bartolinas) Increase and maintain the search for respiratory symptoms in newly admitted PPL Implement TB preventive therapy for 100% of eligible inmates in the prison system Treatment of Latent TB Infection, to prevent the progression to active TB disease cases | DGCP, MINSAL, MJSP, Ministry of Finance | Number of new PDL entrants screened for LTBI Number of PDL with LTBI on IPT Number of clinical health workers employed by DGCP per 1,000 PPL |
| | High susceptibility of patients with chronic diseases and the immunosuppressed | MEDIUM | Special care for patients with chronic diseases and immunosuppressed | DGCP, MINSAL, MJSP, Ministry of Finance | Number of people with chronic illness or immunosuppressed which are screened for TB |

¹ Ministerio de Salud, Programa Nacional de Tuberculosis y Enfermedades Respiratorias (MINSAL). 2017. Plan Estratégico Nacional Multisectorial para el Control de la Tuberculosis en El Salvador 2017-2021. San Salvador: MINSAL.

| | RISK | SEVERITY | MITIGATION ACTION | RESPONSIBLE ENTITY/ FUNDING SOURCE* | INDICATOR |
|-----------|--|----------|---|---|--|
| FINANCIAL | Insufficient financial and human resources within the prison system to address high burden of TB | HIGH | <p>Allocate more financial resources to DGCP to increase health personnel and include tests for TB screening</p> <p>Conduct an analysis of estimating human resources and administrative health in general prisons</p> <p>Finish the diagnostic of the health needs of DGCP</p> <p>Generate salary incentives, similar to MINSAL in order to reduce turnover within the prison system</p> | MJSP, DGCP, DMO, Ministry of Finance | <p>Percentage of budget assigned to the DGCP for TB interventions increased over the previous year</p> <p>Budget execution for TB intervention</p> <p>Percentage increase in salary/compensation of health workers in prisons</p> <p>Generate a diagnostic for costing needs for comprehensive care for TB (active TB cases and latent TB infection)</p> |
| | Reliance on external sources for funding for procurement and maintenance of laboratory/diagnostic equipment (especially GeneXpert machines) and technological updates and training | MEDIUM | <p>Mobilizing additional domestic resources from multiple sources and relevant institutions involved in the identification and diagnosis of TB cases for preventive and corrective maintenance of diagnostic equipment and upgrades to technology and training</p> <p>Timely management of funds for the purchase or renewal of obsolete or damaged equipment</p> | MINSAL, DGCP, and ISSS | <p>Percentage or absolute annual increase in domestic resources for tuberculosis</p> <p>Percentage increase in the amount of internal resources allocated to provide preventive and corrective maintenance of laboratory equipment and capacity</p> <p>Percentage of budget increase for the renewal of equipment where this is required</p> |
| | Insufficient financial protection of TB patients | LOW | <p>Social support to avoid catastrophic household costs</p> <p>Increase coverage to uncovered populations</p> <p>Regulatory and legal framework or law to avoid layoffs or violations of rights of TB patients</p> | ISSS, MINSAL, ISBM, FOSALUD, COSAM, ANEP, AARHES, private providers and health networks | Percentage of TB-affected families facing catastrophic costs due to TB |

| | RISK | SEVERITY | MITIGATION ACTION | RESPONSIBLE ENTITY/ FUNDING SOURCE* | INDICATOR |
|--------------|---|----------|---|---|--|
| PROGRAMMATIC | Lack of awareness surrounding tuberculosis including around transmission, symptoms, risks and treatment | HIGH | <p>Increasing advocacy, communication, and social mobilization activities/increasing knowledge and awareness through creation of promotional materials (manuals, forms, leaflets, brochures, educational posters, etc.) and training</p> <p>Organization and social mobilization to create social framework and structure for the dissemination of knowledge</p> <p>Conduct community education and media campaigns</p> <p>Commercials in written, visual and auditory media.</p> <p>Increase TB advertising through social media</p> <p>Incorporate the issue of TB in primary, primary and secondary curricula</p> <p>Promotion and prevention activities by higher education institutions by students of health sciences and other disciplines not related to health</p> | MINED, MINSAL, ISSS, FOSALUD, OSCs, DGCP, universities/higher education, ANEP, COMURES, AARHES, IES | <p>Annual knowledge, attitude, and practice surveys held to gauge community awareness²</p> <p>Number of promotional materials created³</p> <p>Number of community awareness campaigns held</p> |
| | Need for strengthening of health promotion and primary prevention activities | MEDIUM | <p>Evaluation of the implementation of the TB community awareness plan</p> <p>Maintain or increase immunization coverage, promoting health, educate patients and manage latent tuberculosis infection. (BCG Coverage is at 81% in 2019)</p> <p>Strengthen implementation of screening and educational activities in communities</p> | MINED, MINSAL, NGOs, CSOs, DIGESTYC | <p>Percentage of BCG coverage</p> <p>Number of TB immunizations among-high risk groups</p> <p>Number of people in contact with TB patients who began preventive therapy</p> |

² World Health Organization. 2018. *Advocacy, Communication and Social Mobilization for TB Control: A Guide to Developing Knowledge, Attitude and Practice Surveys*. Geneva: WHO.

³ Challenge TB. 2018. *TB Stigma Measurement Guidance*. Challenge TB.

| | RISK | SEVERITY | MITIGATION ACTION | RESPONSIBLE ENTITY/ FUNDING SOURCE* | INDICATOR |
|--------------|--|----------|--|---|---|
| PROGRAMMATIC | Stigma and discrimination of TB patients at clinics | MEDIUM | <p>Increasing privacy by introducing greater confidentiality measures</p> <p>Adequate space to provide medical consultations</p> <p>Complying with professional ethics, privacy, and confidentiality standards</p> <p>Supporting health worker sensitization, ensuring trusting relationships between the health workforce, patients, and families by creating friendly services</p> <p>Reducing the stigma surrounding TB treatment and contributing to improved patient adherence</p> | MINSAL, FOSALUD, DGCP, OSC | <p>Percentage change in levels of stigma at facilities²</p> <p>Percentage of clinics that implement surveys on patient satisfaction</p> <p>Number of certified clinics with friendly services free of stigma and discrimination services for the care of TB patients</p> <p>Number of healthcare worker sensitization workshops held</p> <p>Percentage change in adherence due to reduced stigma</p> <p>Number of people with TB who experienced stigma in healthcare settings due to their disease status that inhibited them from seeking and/or accessing TB services in the last 12 months</p> |
| | Need to increase adherence and limit loss-to-follow-up | LOW | <p>Providing psychosocial support to TB patients and their households, including psychological support, counselling, and health education</p> <p>Train health personnel in counselling for increasing adherence</p> <p>Establish better coordination of clinics in support to improve adherence to treatment</p> <p>Continuing to use directly observed treatment, short-course or video observed treatment, short-course facilitators such as home visits, and digital health communications (e.g., text messages, telephone calls)</p> | MINSAL, ISSS, ISBM, DGCP, municipalities, NGOs, churches, civil society | <p>Percentage decrease in number of patients lost-to-follow-up</p> <p>Percentage of the baseline to reduce the percentage of loss tracking</p> <p>Linking with the national information system on TB and referrals</p> |

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| PROGRAMMATIC | Need to ensure adherence to treatment once PDL are released | MEDIUM | <p>Establish measures with judges to provide mandatory instructions for PPL adherence to treatment</p> <p>Developing specific actions for soon-to-be-released persons deprived of liberty (PDL) to ensure continuity of TB care at the community level</p> <p>Coordinating follow-up of released prisoners by prison health staff with the health system (i.e., district TB coordinators) regarding where PDL live following release, social support, and post-release assistance, considering factors such as housing, employment, continuation of treatment, and psychological support</p> <p>Increasing awareness of the effects of high-risk behaviors such as alcoholism, drug addiction, and violence, and their impact on adherence</p> <p>Linking judges with prison supervision to ensure adherence among inmates who are released</p> <p>Strengthen internal communication between management at the prison (wardens) and prison health clinics</p> | CSJ, MJSP court judges through surveillance, PNC | Treatment success rates among PDL once released |
| | Need for better monitoring systems—transitioning from paper-based records to electronic management systems (especially due to move towards results-based financing) | MEDIUM | <p>Assessing the ability to switch to digital records</p> <p>Increasing digital literacy of health workers, health administrators, and those facilitating DOTS or VOTS</p> <p>Creating an electronic monitoring system that feeds into a national database for easy access to data at municipal levels</p> | MINSAL, DGCP, ISSS | <p>Expansion of the pilot TB registration system online</p> <p>Percentage of service providers reporting electronically</p> |

| | RISK | SEVERITY | MITIGATION ACTION | RESPONSIBLE ENTITY/ FUNDING SOURCE* | INDICATOR |
|------------|--|----------|--|---|--|
| POLITICAL | Lack of prioritization of funds for the TB program | MEDIUM | Advocating for greater prioritization of funds due to higher prevalence | MINSAL | Annual budget allocation to TB programming |
| | Delays in passing the TB law | HIGH | Advocating for passage of the TB law Encourage and create spaces for civil society mobilization, to support the adoption of the law and enforcement Generating evidence for effective policy advocacy Developing advocacy tools and materials for the passage of the TB law | MINSAL, Legislative Assembly, Country Coordinating Mechanism, CSOs | Passage of TB law |
| STRUCTURAL | Insecurity preventing access and adherence to TB treatment | HIGH | Community mapping of services and alternate clinics in cases of inaccessibility Creating protective measures and support for health workers Strengthening referral pathways through a directory of facilities | MINSAL, municipalities, MJSP, PNC, community leaders (gang leaders), Armed Forces | Community map of alternate clinics and directory of services created Number of DOTS visits accompanied by members of security |

| | RISK | SEVERITY | MITIGATION ACTION | RESPONSIBLE ENTITY/ FUNDING SOURCE* | INDICATOR |
|--------------|--|----------|--|-------------------------------------|---|
| HUMAN RIGHTS | Overcrowding in prisons (average rate of 382% in 2016 and 223% by June 2019) ⁴ | HIGH | Reduce overcrowding in the prison system Invest in prison infrastructure and building new prisons that meet the standards for infection control Ensure that prisoners have proper ventilation, exposure to open air, and nutrition | MJSP, DGCP | Rate of overcrowding in prisons Number of new prisons built Number of prisons that meet infection control |
| | Need to ensure that PDL receive compassionate care and treatment in line with human rights | HIGH | Creation and implementation of a protocol of action for contingency situations that hinder or delay comprehensive health care | MJSP, DGCP | Protocol developed and implemented in each prison Treatment success rate among prisoners with confirmed TB Number of prison healthcare workers sensitized |
| | Insufficient safety measures for health personnel to ensure adherence to TB treatment in prisons and temporary detention centers or bartolinas | HIGH | Security resource allocation for health support staff to provide DOTS; Follow existing protocols in prisons | MSJP, DGCP, PNC | Percentage increase in security resources Number of DOTS visits accompanied by security personnel |

*Entities: AARHES: Association of Human Resource Managers; ANEP: National Association of Private Enterprise; COMURES: Corporation of Municipalities of the Republic of El Salvador; COSAM: Command Military Health; DGCP: Directorate General of Prisons; DIGESTYC: Department of Statistics and Census; DMO: Medical Ontology Department; IES: Specialized Institute of Higher Education; ISBM: Salvadoran Institute for Teachers' Welfare; ISNA: Salvadoran Institute for the Integral Development of Children and Adolescents; ISSS: Salvadoran Social Security Institute; MINED: Ministry of Education; MINSAL: Ministry of Health; MJSP: Ministry of Justice and Public Security; PNC: National Civil Police

⁴ Ministerio de Salud y Ministerio de Justicia y Seguridad Pública (MINSAL and MJSP). 2016. Plan Conjunto para el Fortalecimiento de la Atención Integral en Salud Dirigido a las Personas Privadas de Libertad en los Centros Penitenciarios de El Salvador en el Marco del Cumplimiento del Convenio de Cooperación Interinstitucional entre MINSAL y MJSP. San Salvador: MINSAL. 2019 data provided by the General Directorate of Penal Centers.

Conclusion

El Salvador has made substantial progress in the fight against TB toward achieving END TB and Sustainable Development Goals over the past decade. However, clear threats to this progress exist should be mitigated in order to continue this positive trajectory. There is an urgent need to finance the containment of the emerging epidemic of TB in prisons and prevent the spread of TB in this population, as suggested by the investment case conducted by HP+.⁵ This sustainability roadmap provides a framework of mitigation actions and implementation steps, which, if implemented, will improve the sustainability of the TB response and facilitate a smooth transition to a fully funded domestic response to TB in El Salvador. It is recommended that the Ministry of Health (MINSAL), in conjunction with the partners listed above, drive the prioritization of resources to address each risk. Next steps include assigning a timeline for each mitigating action after the lead organization responsible for the action is identified. The roadmap should be updated as necessary to reflect progress in the strategic areas outlined in the country's *Multisectoral National Strategic Plan for Tuberculosis* and ensure alignment with the goals that have already been identified. If El Salvador successfully implements these recommendations in 2020, a platform will be established for a smooth transition from external donor funding and a more sustainable tuberculosis response.



POLITICAL WILL IS ESSENTIAL
AT ALL STAGES



MULTISECTORAL
ENGAGEMENT BUILDS TRUST
AND WILLINGNESS



CONTINUOUS ADVOCACY IS
NEEDED TO ENSURE
FUNDING IS ALLOCATED AND
SPENT ON TUBERCULOSIS
PROGRAMMING



IDENTIFYING EFFICIENCY
GAINS IS ESSENTIAL TO
CREATE FISCAL SPACE FOR
THESE ESSENTIAL SERVICES

⁵ Majumdar, P. and T. Fagan. 2019. *El Salvador's Response for Tuberculosis Control: A Sustainability Analysis*. Washington, DC: Palladium, Health Policy Plus.