



PRESS RELEASE WORLD TB DAY 2005

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Contact: Communications@iuatld.org

NURSES AND ALLIED PROFESSIONALS TO BE CELEBRATED ON WORLD TB DAY

But crises threaten workers at the heart of tuberculosis control

International Union Against
Tuberculosis and Lung Disease

Union Internationale
Contre la Tuberculose
et les Maladies Respiratoires

Unión Internacional
Contra la Tuberculosis
y Enfermedades Respiratorias

Association reconnue d'utilité publique
Established in 1920

68, boulevard Saint-Michel
75006 Paris - France
Tel: (+33) 1 44 32 03 60
Fax: (+33) 1 43 29 90 87
union@iuatld.org
www.iuatld.org
www.uictmr.org
www.uicter.org

Healthcare providers at the front line of global efforts to control tuberculosis will be celebrated on this year's World TB Day on 24 March. But significant problems—from poor working conditions to the lure of jobs in richer countries—threaten the stability of this vital workforce in the countries where TB is the most prevalent.

As part of World TB Day, the International Union Against Tuberculosis and Lung Disease (The Union) is emphasising the critical role that patient care plays in controlling TB – an infectious disease that, although curable, continues to kill two million people each year. The Paris-based scientific organisation conducted the research in Tanzania that led to the tuberculosis control strategy adopted by the World Health Organization in 1993. Known as DOTS¹, this strategy has been adopted by 155 countries and used to treat more than 17 million people.

A key element of DOTS is directly observed treatment, which requires that a trained person observe patients taking their medications throughout their treatment.

Maintaining a trained workforce to carry out DOTS is a formidable challenge. In the 22 high-burden countries where 80% of TB cases are concentrated, health workers struggle to provide quality care in the face of dilapidated facilities, inadequate supplies and resources, high patient care workloads and constant staff turnover. A further drain is caused by epidemics like HIV/AIDS which also affect health care personnel.

The situation is particularly frustrating for nurses who hold responsible positions that involve patient care, administration, training and other duties. Often they are poorly paid and offered few opportunities for advancement.

Many nurses from low-income countries have given up their jobs, where they are desperately needed, to take up positions in industrialised countries that offer better



career opportunities. In a study commissioned by the Royal College of Nursing, for example, the number of annual new entrants to the UK nursing register from non-UK sources rose from 1 in 10 in the early to mid-1990s to 4 in 10 by 2000–01.

To address these critical issues, The Union has established a Nursing Division that provides technical assistance, education, research and advocacy for TB nurses and allied health care workers.

“Our goal is not only to provide up-to-date training, but also to build awareness of the fact that nurses’ patient care expertise is an underutilised resource in TB control. We want to help them find a louder voice, to bring them to the table in terms of innovation and policymaking,” says Gini Williams, RN, head of The Union’s Nursing Division.

Three years ago, The Union began offering workshops for nurses at its regional and world conferences. With funding obtained from the Tuberculosis Coalition for Technical Assistance of the American aid agency, USAID, 300 nurses from low-income countries have been able to participate in the workshops, and the results have been excellent.

“The workshops started a dialogue among nurses that had never occurred before,” says Williams.

This led to the creation of a Union-sponsored international network of nurses who share expertise and advice with each other. As a result more nurses are now conducting operational research. “However,” says Williams, “there is still a long way to go before we have the conditions that TB nurses need and deserve.”

“The global recognition offered this World TB Day is an important step. These people are the backbone of the TB treatment and control, and it’s wonderful to see them acknowledged around the world, but their professional needs must be addressed for global tuberculosis control to succeed.”

1: The DOTS strategy comprises five essential components: government commitment to sustain TB control activities, case-detection by sputum smear microscopy, standardised regimens of 6–8 months’ treatment with proper case management and directly observed therapy (DOT) for at least the initial two months, regular uninterrupted supplies of essential TB drugs and standardised recording and reporting.