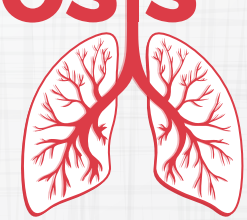
PRIMARY HEALTH CARE
A HEALTHY NATION
MINISTRY OF HEALTH & CHILD CARE
ZIMBABWE

A YOUTH FOCUSED RIGHTS & LITERACY MANUAL FOR TUBERCULOSIS



Stop TB Partnership hosted by UNOPS

SAYWHAT Students and Youth Working on reproductive Health Action Team

A YOUTH FOCUSED RIGHTS & LITERACY MANUAL FOR TUBERCULOSIS

Foreword

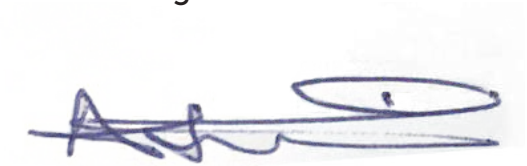
In the realm of healthcare, knowledge is power. Yet, many young individuals in Zimbabwe lack awareness and understanding of tuberculosis (TB), including its modes of transmission and the various treatment options available.

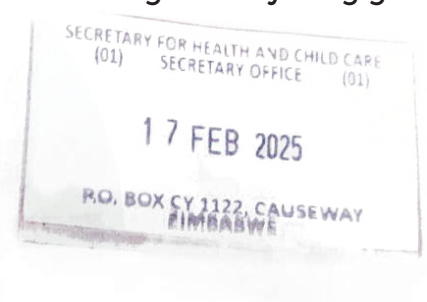
Misconceptions about TB often breed fear and stigmatization, which can prevent young people from seeking help, adhering to treatment, and coping with the emotional and psychological challenges that accompany the disease. These barriers pose serious risks, undermining timely and effective TB care and ultimately impacting health outcomes for our youth.

In response to this pressing need, we are proud to introduce a youth-centered rights and literacy manual on TB. This manual is not just a collection of information; it is a powerful tool aimed at empowering young people, enhancing their understanding of TB, and equipping them with the knowledge and confidence to assert their rights and access quality TB services.

Designed as a comprehensive resource, this manual will guide our youth through their rights, steps taken during TB diagnosis and treatment, strategies for improving adherence, and navigating the healthcare system. By focusing on the unique needs and aspirations of our young population, this manual aims to enhance TB awareness, dismantle stigma, and strengthen the foundations of well-being and treatment outcomes for young TB patients throughout Zimbabwe.

Let us embrace this manual as a beacon of hope, a catalyst for change, and a testament to our unwavering commitment to the health and well-being of our young generation.





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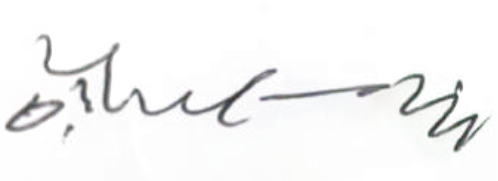
- Ministry of Health and Child Care
- Students And Youths Working on Reproductive Health Action Team
- National AIDS Council
- Jointed Hands Welfare Organization

The production of this manual was possible through funding support from the Stop TB Partnership's, **Y**oung people **O**rganized for **U**niversal access to **T**uberculosis and **H**IV **S**ervices (YOUTHS) project. The YOUTHS project being implemented by SAYWHAT is dedicated to contributing to ending tuberculosis (TB) as a public health threat by 2030 in Zimbabwe through empowering young people on TB rights. In addition, YOUTHS project aims to strengthen advocacy for promotion of youth centered integrated TB services. The manual will complement already existing national TB Control guidelines and policies.



Dr Owen Mugurungi
Director HIV / AIDS / STI / TB Programs

Abbreviations

ART	Anti-Retroviral Therapy
BCG	Bacille Calmette-Guérin
CTBC	Community Tuberculosis Care
DR-TB	Drug-resistant Tuberculosis
DST	Drug Susceptibility Testing
HIV	Human Immuno-deficiency Virus
HP	Isoniazid-Rifapentine
HR	Isoniazid-Rifampicin
IGRA	Interferon Gamma Release Assay
IPT	Isoniazid Preventive Therapy
JHWO	Jointed Hands Welfare Organization
LPA	Line Probe Assay
LTBI	Latent Tuberculosis Infection
MEAL	Monitoring Evaluation and Learning
MOHCC	Ministry of Health and Child Care
Mtb	Mycobacterium Tuberculosis
MTB/RIF	Mycobacterium Tuberculosis/ Rifampicin
MTB/XDR	Mycobacterium Tuberculosis/ Extensively Drug-resistant
NAC	National AIDS Council
NPO	National Professional Officer
PLHIV	People Living with Human Immunodeficiency Virus
PPO	Provincial Programs Officer
SAYWHAT	Students And Youth Working on reproductive Health Action Team
TB	Tuberculosis
tNGS	Targeted Next Generation Sequencing
TPT	Tuberculosis Preventive Therapy
TST	Tuberculin Skin Test
WHO	World Health Organization
XDR-TB	Extensively Drug-resistant Tuberculosis

CONTENTS

TB CONTROL EPIDEMIOLOGICAL CONTEXT

Tuberculosis (TB) is an infectious disease which is a major cause of ill health. Worldwide, TB is the second leading infectious killer after COVID-19 (above HIV and AIDS). About a quarter of the global population is estimated to have been infected with TB bacteria. About 5–10% of people infected with TB will eventually get symptoms and develop TB disease. Those who are infected but not (yet) ill with the disease cannot transmit it. TB disease is usually treated with antibiotics and can be fatal without treatment.

Globally, an estimated total of 10.6 million people fell ill with TB in 2022. TB is present in all countries and age groups. TB is curable and preventable. In 2023, 10% of 18,200 TB cases notified in Zimbabwe were among youths aged 15 to 24, with a concerning 36% of these cases co-infected with HIV. In Zimbabwe, the TB epidemic is fueled by the parallel HIV epidemic with TB/HIV co-infection as high as 50% among all notified TB cases.

The focus of TB prevention, care and control is to detect all TB cases early and provide them with effective treatment in a patient-centered manner to reduce associated illness and deaths as well as risk of developing drug resistance. In certain countries including Zimbabwe, the Bacille Calmette-Guérin (BCG) vaccine is given to babies or small children to prevent TB. The vaccine prevents TB outside of the lungs but not in the lungs.

BASIC FACTS ABOUT TUBERCULOSIS

What is Tuberculosis (TB)?

Tuberculosis (TB) is a disease caused by Mycobacterium tuberculosis (MTb) bacteria. While TB most commonly affects the lungs, it can also impact other parts of the body, including the kidneys, spine, brain, and abdomen.

Types of TB

TB can be categorized in several ways:

1. By Site Affected:

- Pulmonary TB: This type affects the lungs and is the most common form.
- Extra-Pulmonary TB: This type affects other organs, including the lymph nodes, bones and joints, genitourinary tract, brain, pleura, or intestines.

2. By Sensitivity to Medicines:

- Drug-Sensitive TB: This type responds to the standard first-line TB medications.
- Drug-Resistant TB: This type does not respond to the usual treatments, making it more challenging to treat.

TB Transmission

TB is spread through the air from one person to another. Bacteria are released in droplets into the air when a person with pulmonary TB disease coughs, sneezes, speaks, sings or laughs. People sharing the same space will breathe in these droplets and may become infected. The bacteria can settle in the lungs and begin to multiply and/or can move through the blood to other parts of the body, such as the kidney, spine, and brain.

TB bacteria can stay in the air for several hours, depending on the environment. They are more likely to spread in indoor areas or other places with poor air circulation (such as a closed vehicle) than in outdoor areas. Individuals with active TB disease are most likely to spread it to people whom they spend time with every day. This includes family members, friends, co-workers, and schoolmates.

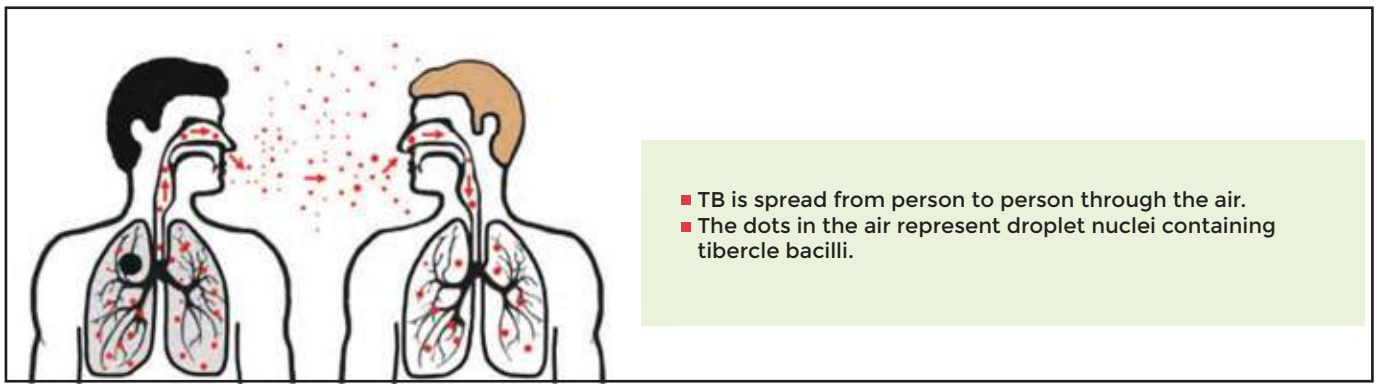


Figure 1: Mechanism of transmission of M. Tuberculosis (Adopted from the Zimbabwe National Tuberculosis and Leprosy Guidelines 6th Edition)

Tb cannot be spread by:

- Shaking hands
- Sharing food or drink
- Sharing utensils
- Touching Bed Linen or Toilet Seats
- Hereditary (does not run in the family).
- Sexually transmitted.
- Witchcraft or by breaking taboos.

Risk factors for TB

Generally, persons at high risk for developing TB disease fall into two categories:

1) Persons who have been recently infected with TB bacteria

a) Close contacts of a person with infectious TB disease

b) Persons who have immigrated from areas of the world with high rates of TB

c) People who work or live in facilities like hospitals, correctional facilities, nursing homes, or residential homes for individuals with HIV, including artisanal mining environments.

2) Persons with medical conditions that weaken the immune system
a) Children less than 5 years of age
b) HIV infection
c) Malnutrition
d) Substance abuse
e) Silicosis, Diabetes mellitus, Severe chronic kidney disease
f) Organ transplants, Head, and neck cancer
g) Other treatments that weaken the immune system e.g. chemotherapy
h) Specialized treatment for rheumatoid arthritis

Latent TB Infection

Not everyone infected with Mtb develops TB. Latent tuberculosis infection (LTBI) occurs when a person is infected with Mtb but does not have active TB disease. In LTBI, the bacteria are present in the body but are inactive, meaning they do not cause any symptoms or illness. The body can control and contain the bacteria, preventing them from multiplying. However, the bacteria remain alive and can become active later. While not everyone with latent TB infection will develop TB disease, without treatment about 5%–10% of infected people will develop TB disease over their lifetimes.

People with latent TB infection:

- Have a small number of TB bacteria in their body that are alive but inactive
- Do not feel sick, but may become sick if the bacteria in their bodies become active
- Can't spread TB bacteria to others
- Usually have positive Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) test
- Have typically normal chest radiographs
- Have negative sputum smears and cultures
- May develop TB disease later
- Should consider treatment for latent TB infection to prevent TB disease

TB Preventive Therapy (TPT)

TPT in Zimbabwe is currently recommended for those at high risk of developing active TB disease, after excluding it through tests. The benefits of TPT outweigh the risks of adverse events. The following treatments regimens are used in Zimbabwe:

1) 6 months daily of Isoniazid for both adults and children (IPT).
2) 3 months of weekly Rifapentine and Isoniazid (3HP)
3) 3 months of daily rifampicin and isoniazid for children (3HR)

Active TB disease

TB disease occurs when the immune system cannot stop TB bacteria from multiplying following an infection. Some people develop TB soon after becoming infected, often within weeks, before their immune system can effectively fight off the bacteria. While some people may not get sick until years later, when their immune system becomes weakened for various reasons.

Signs and symptoms of TB

Common signs and symptoms of TB include:

- A cough that lasts for more than a week (or of any duration among PLHIV)
- Chest pain
- Coughing up blood
- Body weakness or fatigue
- Unexplained weight loss
- Fever and night sweats
- Loss of appetite
- Other specific to the affected body part (e.g. headache and neck stiffness in meningitis)

Screening, Testing and diagnosis

Anyone exhibiting symptoms of TB disease or considered at high risk for developing TB should be evaluated by a healthcare worker. Early detection is key to effective treatment and preventing the spread of the disease.

Medical Evaluation and Diagnosis for TB disease

If someone has symptoms of TB disease and the health care worker finds evidence of active TB disease during the medical evaluation, they may be diagnosed with active TB disease.

A medical evaluation for TB disease includes:

- Medical history and physical examination – This include asking the presenting clients on the nature of the symptoms they are experiencing followed by a physical examination of the body systems.
- Chest x-ray – This is a radiographical picture of the lungs that is taken to confirm or rule out signs of active TB disease.
- Laboratory tests to see if TB bacteria are present (sputum for Xpert MTB/RIF Ultra and culture).
- Laboratory tests for drug resistance (Xpert MTB/XDR, DST, tNGS).

TB Treatment

In Zimbabwe, TB treatment is provided free of charge to patients. TB is a curable disease, and the treatment aims to:

- Cure the Patient - Achieving a full return to quality of life.
- Prevent Death - Reducing the risk of severe illness and mortality
- Prevent Relapse - Ensuring that TB does not return after treatment.
- Stop Transmission - Preventing the spread of TB to others.
- Prevent the Development and Transmission of MDR-TB - Reducing the risk of multi-drug-resistant TB.

If a person has active TB disease, they will need to take multiple TB medicines. This approach is essential because there are many TB bacteria that need to be eliminated. Using several medicines increases the effectiveness of treatment and helps prevent the bacteria from developing resistance.

Depending on the treatment regimen prescribed by the healthcare worker, TB treatment can last for six to 18 months.

Drug susceptible (sensitive) TB treatment

TB treatment consists of two phases.

1. Intensive Phase
The first phase lasts for 2 months and includes four medications: Rifampicin, Isoniazid, Pyrazinamide, and Ethambutol. This phase targets rapidly multiplying TB bacteria.

2. Continuation Phase
Following the intensive phase, the treatment continues with two medicines–Rifampicin and

Isoniazid—for an additional four to six months. The duration depends on the affected body part (e.g., brain, spine). This phase focuses on targeting any remaining TB bacteria, reducing the risk of treatment failure and relapse.

Like any medication, anti-TB medicines can cause side effects, which may range from mild to severe. Patients experiencing any side effects should report them to the health care facility. The common side effects include:

1. Mild
Tingling/ burning sensation
Joint pain
Skin rash
Abdominal pain

2. Severe
Hepatitis/ jaundice (yellowing of eyes)
Severe skin rash with peeling skin
Disabling peripheral neuropathy (numbness), convulsions (seizures)

NB: Rifampicin is excreted from the body through the urinary system, and this causes an orange discoloration of the urine.
It is crucial to complete the full course of treatment and take the medications exactly as prescribed:

- Stopping the medicines too soon can lead to illness recurrence.
- Incorrectly taking the medicines can allow surviving TB bacteria to become resistant, making future treatment more challenging.

Drug-Resistant TB (DR-TB)

Drug-Resistant TB (DR-TB) occurs when tuberculosis bacteria become resistant to one or more of the first-line anti-TB medications, which include Rifampicin, Isoniazid, Pyrazinamide, and Ethambutol. This resistance means that these medicines are no longer effective in killing the TB bacteria, making the disease more challenging to treat.

Drug-Resistant TB can develop in two main ways:

1. Primary Infection: This occurs when a person is infected with resistant strains of TB bacteria from someone who has Drug-Resistant TB.
2. Acquired Resistance: This can happen during the treatment of drug-susceptible TB if the treatment is not followed correctly or if the TB bacteria survive due to insufficient medication.

Drivers of acquired Drug-resistant TB

Secondary Drug-Resistant TB can develop due to various factors, which can be grouped into patient-related and health system-related issues:

Patient Factors

1. ***Poor adherence:*** Young people may struggle to stick to their treatment plans due to social challenges, negative experiences with side effects, or a lack of clear information about their treatment.
2. ***Malabsorption:*** Sometimes, medications are not effectively absorbed by the body, which can make them less effective.
3. ***Ongoing transmission:*** Continued exposure to TB bacteria increases the risk o developing drug resistance, highlighting the importance of prevention.

Health System Factors

1. ***Lack of Laboratory Reagents:*** Insufficient testing supplies can hinder the accurate diagnosis of TB and drug resistance.
2. ***Misdiagnosis:*** If TB is incorrectly identified, it can lead to inappropriate treatment, worsening the situation.
3. ***Delayed diagnosis and treatment:*** Slow identification and initiation of treatment can allow the disease to progress and lead to resistance.

4. ***Medication Stock Outs:*** When essential medicines are unavailable, it disrupts treatment and puts patients at risk
5. ***Poorly Trained Staff:*** Lack of adequate training for healthcare workers can lead to subpar care.
6. ***Poor Medication Quality:*** Substandard drugs may not effectively combat TB, putting patients in jeopardy.
7. ***Delayed Diagnosis and Treatment:*** Slow identification and initiation of treatment can allow the disease to progress and lead to resistance.

DR-TB Diagnosis

Drug-Resistant TB (DR-TB) is diagnosed through laboratory tests, which include:

- Xpert MTB/RIF Ultra: A rapid test that detects TB bacteria and checks for resistance to Rifampicin.
- Line Probe Assay (LPA): A test that identifies specific drug resistance mutations in the TB bacteria.
- Conventional Culture and Drug Susceptibility Testing (DST): This involves growing the bacteria in a lab to see which medications are effective.

Treatment Principles

The care and treatment principles for DR-TB are like those for drug-sensitive TB. However, the medications used for DR-TB can lead to more severe side effects compared to those for drug-sensitive TB.

Importance of Treatment Adherence

It's crucial to take DR-TB treatment exactly as instructed by your healthcare provider. If not, you risk developing an even more resistant form of TB called Extensively

Drug-Resistant TB (XDR-TB), which is much harder to treat.

Depending on the treatment regimen prescribed by your healthcare worker, DR-TB treatment may last from six to 18 months.
TB Prevention

In Zimbabwe, where there is a high burden of HIV, untreated TB cases can quickly spread within communities, leading to significant outbreaks. Here are the main strategies to prevent TB transmission:

1. **Intensive Case Finding and Proper Case Management:** This involves actively identifying individuals with active TB in the community and ensuring they receive effective treatment. Methods include community screenings and contact tracing to find and support those affected.

2. **TB Preventive Therapy:** People with latent TB infection (inactive TB) can take medication to prevent the progression to active TB disease. This is an important step in reducing overall TB cases.

3. **Infection Control:** There are three main levels of infection control measures, listed here in order of priority:
   (a) .Administrative: These include establishing and implementing infection control policies in institutions like health facilities, schools, and prisons to safeguard everyone.
   (b). Environmental: These strategies aim to reduce the concentration of TB bacteria in the air. Examples include improving ventilation and avoiding overcrowding in spaces where people gather.
   (c). Personal protective equipment: Using protective equipment, such as respirators (e.g., N95 masks), is essential. TB patients should wear surgical masks to minimize the risk of spreading bacteria into the air.

Understanding TB and HIV Co-infection

TB and HIV are two distinct diseases, but they impact each other in ways that can significantly worsen a person's health. In Zimbabwe, HIV is the leading risk factor for developing TB, with more than half of TB patients diagnosed in 2022 also being HIV positive.

People living with HIV (PLHIV) are 20 times more likely to develop TB compared to those without HIV. TB tends to progress more rapidly in individuals with HIV, making it a leading cause of death in this population. Therefore, early diagnosis and treatment are crucial.

TB/HIV Treatment Priorities

When individuals are newly diagnosed with both TB and HIV:

- TB Treatment Takes Precedence: The focus is on treating TB first.
- ART (Antiretroviral Therapy): ART can begin within two weeks of starting TB treatment.

Adherence to treatment is vital for those managing both TB and HIV.
Remember:
-TB is Curable: Completing your TB treatment can lead to a full recovery.
-ART for HIV is Lifelong: While TB can be cured, ART for HIV must be taken for life to maintain health.

Notes

QUIZ

1. How do you get TB?

A. Through the air B. Through sexual contact C. Through contaminated food D. Through blood E. A and C

2. Who is at risk of developing tuberculosis in this country?

A. People taking certain medicines B. Artisanal miners C. People with HIV D. All of the above

3. What makes TB hard to diagnose?

A. Symptoms aren't always obvious B. Symptoms come and go C. The disease may take years to become active D. A and B

4. What are the symptoms of active TB?

A. Weight loss B. Night sweats C. Loss of appetite D. All of the above

5. How is TB diagnosed?

A. Chest X-ray B. Sample of sputum C. Skin or blood test D. All of the above

6. How is TB treated?

A. Antiviral medicines B. Antibiotics C. Surgery D. Chemotherapy

7. What has caused TB to become a serious public health problem?

A. The rise in number of people with HIV infection

B. An increasing number of immigrants from areas of the world where TB is common

C. An increasing number of unhoused people

D. People who don't take their TB treatment correctly

E. All of the above

8. Who in the Zimbabwe should receive a vaccine for TB?

A. Infants B. Teens C. Adults under age 65 D. Adults over age 65 E. None of the above

TB Patient Rights

TB patient rights are fundamental human rights that ensure individuals with TB are treated with dignity and respect. These rights include:

1. Universal Entitlement: Every person with TB has these rights, and they cannot be taken away. Everyone deserves access to care and support, regardless of their circumstances.
2. Recognition and Protection: These rights should be clearly defined and recognized as entitlements. Service providers are responsible for respecting and protecting these rights to ensure appropriate and compassionate care for all TB patients.

The understanding of these rights by TB patients empowers them to advocate for themselves and others. By knowing their rights, patients can seek the care they deserve and help create an environment where they receive the support they need.

Why are TB Rights Important?

Understanding TB rights is crucial for empowering individuals with TB and their communities.

Here's why these rights matter:

1. Empowerment: Knowledge of your rights gives you the confidence to advocate for yourself and others. It helps you speak up when you need support or care.
2. Access to Care: These rights ensure that individuals affected by TB receive the proper treatment, support, and care they need without facing stigma or discrimination.
3. Protection Against Stigma: By promoting awareness of TB rights, we can combat the stigma often associated with the disease, fostering a more supportive environment.
4. Alignment with Health Policies: These rights are enshrined in the Ministry of Health and Child Care Patient's Charter, which underscores the commitment to providing respectful and equitable healthcare for all.
5. Act: By knowing and advocating for TB rights, you contribute to a healthier, more inclusive community where everyone can seek the care they deserve.

Human rights issues associated with TB

1) Preventing TB: Many economic, social and cultural rights are strongly interlinked (e.g. lack of education, poor nutrition, poor housing and sanitation, lack of access to quality health services and facilities, lack of employment and social security) and affect people's vulnerability to contract TB. Being ill with TB also increases vulnerability to poverty.

2) Access to care: Effective diagnosis is often hindered by costs, lack of social security or health services, and other barriers associated with seeking care, such as stigma and discrimination, or lack of information and specific public policies. Poor quality of care and lack of drug supplies hamper global TB control efforts. Inadequate diagnostic tests and limited resources inhibit early detection resulting in increased transmission and poor health outcomes.

3) Women: TB is among the top three causes of death among women aged 15-44. The 'feminization' of the HIV epidemic has meant an ever-greater burden of TB among women. Maternal TB/HIV is an important risk factor for pediatric TB and maternal and child mortality. TB can cause infertility if latent bacilli get reactivated and infect the genital tract. Genital TB is always hard to diagnose because of the absence of specific symptoms. TB-related stigma and discrimination affect women's access to health care, delaying seeking care.

4) Prisoners and detained people: Data suggest that TB is the leading cause of death among the world's prisoners. Poor prison conditions including overcrowding, poor ventilation, hygiene and nutrition- favor TB transmission and reactivation. Adequate care may be denied.

5) **Children:** The diagnosis of TB is difficult due to non-specific symptoms and problems in confirming the diagnosis. Treatment is challenging due to the lack of child-friendly formulations and difficulties in monitoring toxicity. In addition to suffering from TB directly, children are severely affected as well as orphaned due to TB among their parents. Children ill with TB are often taken out of school for a prolonged period of time, hence their right to education is often also at stake. Vulnerable children and youth, such as street kids face significant risk of contracting TB associated to poor housing, poor nutritional status, lack of access to care, education and information.

6) **Workplace:** Poor working conditions can greatly exacerbate TB transmission, such as in health care settings, prisons, mines and factories. TB diagnosis or a history of TB may lead to loss of work, or inability to get work. People ill with TB may face the tradeoff of pursuing treatment or maintaining their job.

7) **Migrants:** Migrants in irregular situations often fall to the lower end of the social structure where they may be at risk of TB through poor housing, inadequate nutrition or lack of access to health facilities, information and services., exploitative working conditions. Migrants may be denied access to diagnosis and treatment for TB because of their legal status. They may avoid accessing health services for fear of deportation and delay seeking treatment because of lack of education and information. Continuity of care is often unavailable to forcibly returned migrants.

8) **Refugees:** High risk of developing TB associated with poor nutritional status and sanitation, stigma, crowded living conditions, poor access to care, education and information and other coexistent illnesses. Lack of legal status can increase refugees' vulnerability to TB and may lead to denial of services, access to information and education. Ensuring appropriate TB treatment and control may be difficult due to changing emergency situations and labile refugee population.

9) **Internally displaced people:** TB Prevention, diagnostic and continuity of care is often neglected in the context of protracted humanitarian emergencies.

10) People who use drugs: TB risk is increased in people who use drugs regardless of HIV status. Drug use is often associated with poverty, discrimination, criminalization of drugs, unemployment, homelessness and lack of access to social services.

11) People who use alcohol: The harmful use of alcohol is a significant risk factor for TB. Treatment may be wrongly denied due to a perceived potential for individuals to drop out of care.

12) Patients involuntarily detained: Involuntary detention and/or treatment may be imposed for people being tested or treated for TB without due process or justification, inhibiting rights and carrying important social and economic impacts.

RIGHT	DESCRIPTION	EXPLANATION
CONFIDENTIALITY	A TB patient has the right for all details of their care, treatment outcomes, and related communications to be treated as confidential, unless: **-Authorized Release:** Information can be shared only if the patient provides written consent. **-Medical Grounds:** If obtaining consent is not possible for medical reasons but breaking confidentiality is in the patient's best interest, it may be done. **-Legal Requirements:** Information may be shared if required by law.	This right applies to all new screening and diagnostic technologies (e.g., Xpert, TrueNat, Computer-Aided Diagnosis, or sequencing). In some situations, patient information may need to be shared among healthcare providers even without patient consent. Maintaining confidentiality is essential for building trust between patients and healthcare providers. It ensures that individuals feel safe discussing their health concerns without fear of judgment or discrimination. By protecting patient information, there is the creation of a supportive environment that encourages individuals to seek care and treatment.
PRIVACY	TB patients have the right to be interviewed, examined, and treated in settings that ensure reasonable privacy. They also have the right to have someone accompany them during any physical examination or treatment if they wish.	Ensuring privacy is vital for creating a safe space where patients feel comfortable discussing their health concerns. This right is upheld not only in outpatient areas but also in outreach scenarios where care is provided in the community. Maintaining privacy helps build trust between patients and healthcare providers. It encourages open communication, which is essential for effective treatment. When patients know their information and experiences will be kept confidential, they are more likely to seek help and adhere to their treatment plans.

RIGHT	DESCRIPTION	EXPLANATION
CHOICE OF CARE	Right to a Second Opinion: TB patients have the right to seek a second opinion at any time while consulting within the same medical or healthcare system. This empowers the patient to make informed decisions about his/her treatment. Access to Medical Information: TB patients or their next of kin have the right to understand their case history and medical records. The patient can request explanations about his/her health information and authorize another health professional to obtain a copy of these records. Advocacy for patient Care: If a healthcare provider refuses to involve another professional the patient has the right to seek alternative services or report the issue to the Health Professions Council. Choice of Treatment: TB patients can choose to receive treatment from either private or public healthcare institutions. However, it's important to note that medications are primarily available through the public health sector.	Having the ability to choose care providers and seek second opinions is crucial for everyone's health journey. It ensures that patients feel empowered and supported in making decisions that are right for them. Always remember, the patient's health and comfort should come first!
SAFETY	If a TB patient is not incapacitated, they have the right to receive a clear and straightforward explanation—using everyday language—about any proposed procedures or treatments. This includes information on: -Available alternative procedures -Risks and potential side effects -Issues related to recovery -Likelihood of success	It's essential for healthcare providers to explain specific specimen collection procedures (such as gastric aspirations, joint aspirations, and lumbar punctures) to patients. This helps ensure that patients feel informed and comfortable with what to expect during their care. Understanding treatment options and the associated risks is vital for making informed

RIGHT	DESCRIPTION	EXPLANATION
SAFETY	-Risk of complications, including the possibility of death -Whether the proposed procedure is an investigation	decisions. When patients have clear information, they can advocate for and participate actively in their care, leading to better outcomes and greater peace of mind.
ADEQUATE INFORMATION AND CONSENT INCLUDING HEALTH EDUCATION	TB patients have the right to know the identity and professional status of the individuals providing their care. Patients should be informed about who is primarily responsible for their treatment. Right to Information: -Medicines: Patients have the right to receive clear and coherent information about any prescribed or purchased medicines. -Choice of Products: Patients can choose from different treatment options based on unbiased information provided to them. -Understanding One's Health: Patients have the right to know the outcomes of their treatment, and everything related to their medical condition. -Informed Consent for Research: If patients are invited to participate in any research or teaching program, their written consent is required. The patient should be fully informed about: -The aims and methods of the study -Anticipated benefits and potential risks -Any discomfort it may cause -Patients are free to choose whether to participate, and they can withdraw their consent at any time without any pressure.	TB patients have the right to access information about the basics of TB, including diagnostic tests, treatment options, and potential side effects. Having access to clear information about TB care and treatment empowers patients to make informed decisions about their health. It fosters a trusting relationship between the patient one and the healthcare provider, ensuring that a patient feels confident and supported throughout his/her treatment journey.

RIGHT	DESCRIPTION	EXPLANATION
REDRESS OF GRIEVANCES	-Right to Grievance Procedures: TB patients have the right to access appropriate grievance handling procedures. It's important to remember that healthcare professionals are not superhuman. -Claiming Damages: If a TB patient suffers an injury or illness due to a healthcare professional's failure to meet the required duty of care, they have the right to claim damages. This ensures accountability and encourages high standards of care. -Right to Legal Advice: TB patients also have the right to seek legal advice regarding any suspected malpractice by healthcare professionals. Understanding their rights in these situations is crucial for protecting patients' health and well-being.	TB patients are encouraged to express their concerns about care delivery through the available channels. Speaking up can lead to improvements in the healthcare system and help ensure better care for everyone. Having a clear process for addressing grievances empowers patients to advocate for themselves and others. It fosters a culture of accountability and continuous improvement within healthcare, ensuring that patients voices are heard and respected.
	-Right to Legal Advice: TB patients also have the right to seek legal advice regarding any suspected malpractice by healthcare professionals. Understanding their rights in these situations is crucial for protecting patients' health and well-being.	

RIGHT	DESCRIPTION	EXPLANATION
PARTICIPATION AND REPRESENTATION	TB patients have the right to be actively involved in decisions that affect their health. This includes: -Collaboration with Healthcare Professionals: Patients have the right to engage with health professionals and support staff who are directly involved in their care. -Consumer Representation: Patients can participate in planning and evaluating healthcare services. This includes having a say in the types and quality of services provided and the conditions under which they are delivered. -Feedback on Services: Patients have the right to assess and share their opinions about the quality of the services they receive.	Joining support groups allows for peer-to-peer counseling, which can significantly enhance medication adherence. When patients are treated as stakeholders in the TB program, they feel a sense of ownership and are more likely to participate meaningfully in their care. Being involved in health decisions empowers patients to take control of their treatment journey. It fosters a collaborative environment where patients' voices are valued.
A HEALTHY ENVIRONMENT	Every individual has the right to an environment that promotes good health. This right extends to all areas where care is provided, including: -Healthcare Facilities: The health professional's office, health center, and hospital rooms should be clean, safe, and welcoming. -Supportive Spaces: Any other facilities where care is delivered should also prioritize health and well-being.	

TB Patients' Responsibilities

While TB patients have the right to be heard, they also have important responsibilities to ensure effective treatment and care:

1. **Provide Accurate Information:** TB Patients and their families should give complete and accurate information, including physical addresses and household contacts. This helps healthcare professionals plan effective treatment and conduct contact investigations.

2. **Follow the Referral Chain:** To avoid inconvenience, the TB patients should stick to the referral chain and ensure they have the necessary documents for hospital access.

3. **Keep Hospital Notes Safe:** TB patients should maintain their hospital records in a clean and safe place, as they will need them for future visits or contact with health services.

4. **Ask Questions:** TB patients should not hesitate to ask for explanations until they fully understand their treatment options. They should consult with relevant individuals before making decisions about their care.

5. **Accept Consequences:** TB Patients and their families should accept the outcomes of their informed decisions regarding treatment.

6. **Build Good Relationships:** TB patients must establish positive relationships with their healthcare providers and follow the recommended treatment plans.

7. **Inform About Other Care:** TB patients must let their healthcare provider know if they are seeing or consulting with other professionals, including traditional healers, for the same or different health issues.

8. **Keep Appointments:** TB patients must attend scheduled appointments and inform their healthcare provider if they cannot make it.

9. **Maintain Personal and Community Health:** TB patients have the responsibility to look after their health and that of the community by:
   - Avoiding unhealthy eating
   - Avoiding substance abuse (alcohol and drugs)
   - Avoiding lifestyles that negatively impact health (e.g., risky behaviors, lack of physical activity)
   - Accepting preventive measures: seeking knowledge on all preventive health measures as required by law.
   - Understanding healthcare limits: Recognizing that healthcare providers have limitations.
   - Not every visit will result in a prescription, as many conditions are short-term and may not require medication.
   - Adhering to treatment: Taking medicines exactly as instructed and completing the full course of treatment. TB patients must NOT share their prescribed medications with others.

10. **Respect Others:** TB patients must conduct themselves in a way that does not interfere with the well-being or rights of other patients or healthcare providers.

Reference Materials

1. *Zimbabwe National Tuberculosis and Leprosy Management Guidelines, 6th edition; May 2023*
2. *https://www.cdc.gov/tb/education/corecurr/pdf/*
3. *Global Tuberculosis Report, World Health Organization, 2023*
4. *The End TB Strategy, World Health Organization, 2015*
5. *https://zdhr.uz.ac.zw/xmlui/bitstream/handle/123456789/1685/Patients%20Charter.pdf? sequence=1&isAllowed=y*
6. *https://www.who.int/news-room/fact-sheets/detail/tuberculosis*
7. *Stop TB Partnership TB Human Rights Task Force - WORKING DOCUMENT on TB and Human Rights*
8. *TB Human Right and the Law Case Copendium*

Annex 1

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Answers to the Quiz Questions

1. How do you get TB? **Answer A**

2. Who is at risk of developing tuberculosis in this country? **Answer D**

3. What makes TB hard to diagnose? **Answer C**

4. What are the symptoms of active TB? **Answer D**

5. How is TB diagnosed? **Answer D**

6. How is TB treated? **Answer B**

7. What has caused TB to become a serious public health problem? **Answer E**

8. Who in the Zimbabwe should receive a vaccine for TB? **Answer A**

Notes

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Notes

Notes

YES!

WE CAN END TB

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AND GET INFORMED ABOUT TB

PRIMARY HEALTH CARE • A HEALTHY NATION • MINISTRY OF HEALTH & CHILD CARE ZIMBABWE

Stop TB Partnership hosted by UNOPS

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