

Case 1: Country of long rivers:

Country with high prevalence of tuberculosis (80 – 85 per 100 000 inhabitants per year during last 5 years). Besides, cases of multidrug resistant tuberculosis are growing. Most frequent are cases of rifampicin resistance.

During the past 8 years the country has changed its approaches to treatment according to international standards, drug procurement takes place in timely manner.

All provinces have access to modern diagnostic methods.

In 2017 a survey among doctors (primary healthcare and TB specialists) on methods, that are most commonly applied in clinical practice for tuberculosis diagnostics, has been implemented. The survey revealed that, irrespective on access to molecular genetic analysis methods (Expert MTB/RIF), doctors in an old-fashioned way are still using sputum smear microscopy.

The results of a national Drug Resistance Survey have showed a high level of resistance to rifampicin among people who have been in prison or remand units.

We have implemented a survey among clients of public organizations who work in prison context and we found out that in prisons patients have free access to rifampicin and are using it to treat all their problems (acute respiratory infections, headache, diarrhoea, fever)

Tasks:

Which advocacy directions do you consider a priority in this country?

Towards which groups will you direct your actions?

Whom do you consider key partners (organizations, groups, possibly even persons)?

Please describe your next steps with regards to the mentioned groups