

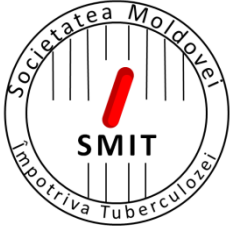
**Asociația Națională a Bolnavilor de TB din RM SMIT (Societatea Moldovei împotriva tuberculozei), Coordonatoare
Platforma TB**



Psychological and social support on the example of the Republic of Moldova

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Bălți, 02.02.2024



ABOUT US

- Moldova National Association of Tuberculosis Patients “SMIT” is a non-governmental and non-profit organization, registered officially in 2010 in the Republic of Moldova that supports people affected by tuberculosis and their families.
- We advocate for an inclusive and equitable public health system, protect the rights of people with tuberculosis and promote people-centered care.
- Since 2011, we have promoted the interests of patients in front of numberless stakeholders including heads of local health centers, clinicians, healthcare workers, Local Public Authorities, Ministry officials, Parliament members and WHO officials and partner donors.

AREAS OF ENGAGEMENT

- ✓ TB rights
- ✓ Advocacy and Policy Change
- ✓ Active case finding and Psychosocial support
- ✓ Community Engagement in research and development
- ✓ Collaborative partnerships

STRUCTURE OF THE PRESENTATION



DEFINING PSYCHOSOCIAL SUPPORT

THE PROVISION OF PSYCHOSOCIAL SUPPORT

ASPECTS FOR CONSIDERATION

- Settings of PS provision
- Interventions for PS support
- Providers of PS support
- Multidisciplinarity and PCC

Distinguishing and defining psychological and social support



- **Psychological** - psychological, emotional and spiritual support to address the social, emotional and economic determinants of psychological health (including common issues such as fear of death, depression, anxiety, behavioural problems, difficulty dealing with side effects of treatment, helplessness; hypochondria, problems and responsibilities in the family and marriage, the likelihood of stigmatization by the community, restriction in the choices of profession, guilt, losing sense of life and positive perspectives as for treatment outcomes and life after treatment etc.)
- **Social** – support in solving socially significant problems, including job loss and financial problems, childcare arrangements, poor social security, nutrition, lack of housing or money, violation of individual rights, stigma, discrimination and legal problems.
- **Mixed services (PS support)** – address social and psychological issues simultaneously and implies any form of support that is aimed at helping people to overcome the arising or ongoing psychological and emotional problems and rebuild social structure.
 - While **psychological** and **social assistance** is generally expected to be provided by a qualified specialist, providing psychosocial support only via certified/qualified healthcare and social workers may not be feasible in all settings.
 - Many organizations providing psychosocial support **without clear distinction**;
 - In this way, CSOs, through their flexibility, can adapt the psychosocial support to respond simultaneously to the psychological and social needs of their beneficiaries.

HOW TO ACHIEVE A QUALITY STANDARD OF TB CARE IN THE PROVISION OF PSYCHOSOCIAL SUPPORT



PEOPLE CENTERED CARE

1. PCC sees the person as a whole, with many different needs and goals coming from the social determinants of health, paying particular attention to the overall wellbeing, choices, convenience and safety of the person, not just the immediate requirement of medical treatment,
2. Strong primary health care system
3. Clinical approaches together with psychological and social support
4. Adapting care delivery according to patient needs
5. Coordination and partnerships between health and psychosocial providers
6. Engagement of NGOs/NCOs and communities
7. Engagement of family members, relatives, friends and neighbors

MULTIDISCIPLINARY APPROACH

1. A broad, interdisciplinary and multidisciplinary approach leads to improved quality of health and social services.
2. The key to success is coordination between primary care specialists, TB specialists, specialized institutions, as well as social services (including services provided by NGOs), local authorities and other stakeholders in providing flexible and quality services to affected groups, based on a team work.
3. Ultimately this allows a broader view of the patient's problems and perspectives and help design a variety of problem solving options. This approach also promotes and empowers the people-centred care that ensures the rights of people with TB are respected along with improving the country's TB response outcomes.

TYPES OF PSYCHOSOCIAL SUPPORT



Type	Description
Health literacy, awareness raising and advocacy	<ul style="list-style-type: none">- Educational and informational sessions aimed to improve adherence to treatment through acquisition of knowledge and skills to cope with the challenges of treatment;- Stigma reduction (work with healthcare providers, media, general population)
Social support	<ul style="list-style-type: none">- Material and nutritional support: food kits /vouchers; shelter; transportation; clothing and shoes;- Strengthening social networking by organizing recreational excursions,- Programmatic provision of vocational activities to increase economic opportunities;- Child care
Financial support based on general provision for vulnerable or people with special health conditions	Transportation subsidies, monthly benefits, housing incentives or living allowances
Emotional, psychological	<ul style="list-style-type: none">- Counselling sessions on behavioural activation; home visits; peer counselling;- Compassionate communication;- Mental health services;- Emotional support and protection from PS consequences from the disease (depression, lost self-esteem, guilt, social isolation, disclosure, prejudice, stigma and discrimination)
Legal support	Assistance with legal status and identity documents (I.D.)



PREMISES AND PROVIDERS OF PSYCHOSOCIAL SUPPORT

PS SUPPORT in INPATIENT SETTINGS

- Hospitals and Health Centers
- PS provided as part of the overall care
- Generally organized and structured
- Mostly focused on side effects and status acceptance in the initiation phase of treatment

PS in OUTPATIENT SETTINGS

- Available at community level;
- Based on multidisciplinary approaches
- Address socio-economic problems, stigma, interpersonal challenges and gender differences/inequalities;
- Provided by NGOs or public services and driven by patient and family' needs.

INSTITUTIONS	PROVIDERS of PSYCHOSOCIAL SUPPORT
Teams of specialists or individual specialists	Patient Support Groups; Psychologist; Paediatrician; Case manager; Trained volunteer; Social worker, Educator; Peer consultant; Outreach worker; Community health worker
NGOs /NCOs	Public organizations, Community Health Workers
Governmental agencies and civil servants	Centers/services for HIV, TB, Narcology, Centers for Healthy Life Style (full-time social workers and psychologists); Mental Health centers, State juridical and para-judicial assistance; Centers of Social Services for children and youth

People with TB face many challenges that influence their motivation and adherence to treatment. Non-adherence to treatment is a an issue in many areas of medicine. That is why psychosocial support is an important part of the continuum of care which enables people to have a better response to the disease. Although the psychosocial support has its own measurable impact indicators and scope to improve the overall quality of life, when related to TB this scope - is to enhance treatment adherence; resulting in higher treatment success.

TB STRATEGIES AND POLICIES VERSUS IMPLEMENTATION



GUVERNUL
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TB STRATEGIES AND POLICIES

- ❖ Law on Health No. 411 of March 28, 1995 and Law on TB Control and Prevention No. 153 of April 8, 2008 describe social protection measures for TB patients, as well as the patient's rights to medical and social rehabilitation. During the period of TB treatment, benefits are provided in accordance with the general provisions of the legislation on disability and other social security benefits;
- ❖ People who have temporarily lost their ability to work due to TB are retained at work (position) for the period established by current legislation
- ❖ Two comprehensive distinct guidelines regulate the provision of TB standard of care in the country - "TB in adults" and "TB in children".
- ❖ Both TB guidelines include provisions for psychosocial support (boxes 62-66, version 2020) and boxes 77-81, version 2023 respectively.

IMPLEMENTATION 2021-2022

- ✓ In accordance with the Order of the MoH and NHIC No. 99/52A of February 15, 2017, the nutritional support and transport costs coverage to all TB patients irrespective of TB profile in outpatient is available. Provision of the incentives for food and transport to be distributed via social debit card (December 2023). During 2021-2022, 22,681,048.65 MDL (apx 1,171,541.76 EUR) were allocated from domestic recourses.
- ✓ Since 2020 the MoH has introduced a formal approach to sustain the cooperation between civil society, state institutions and local authorities by developing annually Dispositions, that regulate the engagement of CSOs in providing TB care (ACF and TB treatment initiation and support) based on clear working algorithms and partnership with state providers.
- ✓ Therefore 2,340,900 MDL (120,914.25 EUR) were allocated from domestic recourses for TB NGOs in 2021-2022.
- ✓ Development and approval of cost for TB active screening provided by CSOs (domestic funding) (December 2023)

CONCLUSIONS AND ACTIONS FOR CONSIDERATION



CONCLUSIONS

1. Provision of PS support to people affected by TB is an integral part of the national disease response strategy and plan, being included in national guidelines for TB management;
2. PS services is implemented in partnership with multiple stakeholders, including NGOs and local authorities; Thus the most effective models of support services are improved and sustained. Annually developed MoH orders set up the basis for sustainable community support systems which link and coordinate existing PS services with each other and to health services;
3. Multidisciplinary approaches for PS service allows the development of different models of care along with defining the role of each member of multidisciplinary team;
4. Capacity building for provision of quality PS support for different providers is part of the Training curriculum for 2024-2026 supported by the GF recourses.
5. Funding for psychosocial support, including restoration of IDs, provision of hygienic packages for 30% of TB patients (most vulnerable) is secured in the country global fund program for 2024-2026.

However:

- PS support provided by NGOs both in inpatient and outpatient settings are financed from external sources;
- Therefore it is necessary to identify the potential domestic funding sources for psychosocial support, develop and approve a cost for this type of service (similarly as it was done for TB active screening). This will allow to ensure sustainability in a long term, so that the services could be planned for and delivered consistently from domestic funding.



ACTIONS FOR CONSIDERATION TO ENSURE SUSTAINABILITY OF THE SERVICES FOR AFFECTED PEOPLE AND FAMILY MEMBERS

CSOs – members of the TB Platform, 2023

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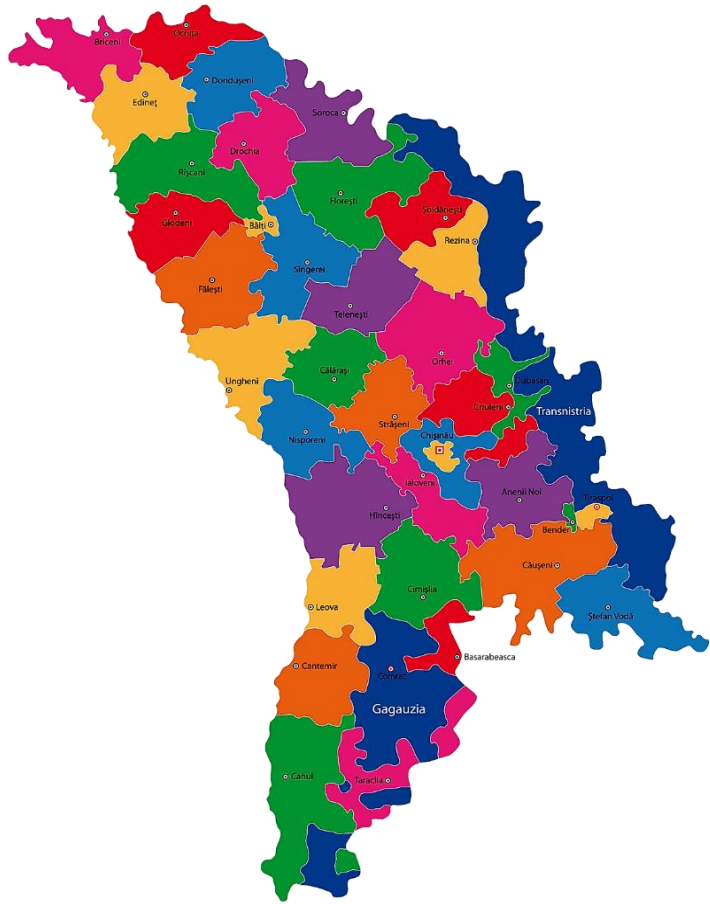
SPERANȚA TERREI
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ASOCIAȚIA PSIHOLOGILOR TIGHINA
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Uniunea pentru
Echitate și Sănătate



A WAY FORWARD



Acknowledgements

TB Platform and KAP committee, National TB Response Program team, PHC, LPAs, Ministry of Health, National Health Insurance Company, TB Caucus, PAS, UCIMP, donors and development partners

Thank you for attention!

