

Active tuberculosis case-finding in Vietnam

May 28 2021



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Studying the implementation of public health interventions typically involves the identification of "facilitators" and "barriers." In the case of active tuberculosis case-finding (also referred to as community-based tuberculosis screening), many studies have documented facilitators and barriers, but only few have explored the "how-to" of capitalizing on

facilitators and overcoming barriers to put active case-finding into practice. This new study contributes to filling this gap.

Previously undetected tuberculosis

This study was part of the IMPACT TB project. IMPACT TB was implemented in six districts in Ho Chi Minh City, Vietnam, generating a [high yield](#) of previously undetected [tuberculosis](#) (TB). Based on interviews with local leaders (e.g., District TB Unit managers), employees, volunteers and people with TB, the research team uncovered the facilitators, barriers and "how-to" strategies linked to the implementation of active case-finding within IMPACT TB. Most importantly, the IMPACT TB project was said to help the implementation of active case-finding, while implementation still depended on the individual employees and volunteers who could "make or break" the process.

Three main themes on implementing active tuberculosis case-finding

"We generated three main themes: (1) the studied active case-finding model used in Vietnam provided a conducive social and organizational context for active case-finding implementation with areas for improvement, including communication and awareness-raising, preparation and logistics, data systems and processes, and incentives; (2) employees and volunteers capitalized on their strengths to facilitate active case-finding implementation, e.g., experience, skills, and communication; and (3) employees and volunteers were in a position to address patient-level barriers to active case-finding implementation, e.g., stigma, discrimination, and mistrust. These themes covered a variety of facilitators, barriers and "how-to" strategies," says Olivia Biermann, first author of the publication.

Implementation research and next steps

"Our results were also very much in line with a study we conducted in Nepal as well as other available evidence in the field. I believe there are many possibilities for cross-learning with regards to facilitators, barriers and "how-to" strategies for implementing active case-finding.

Meanwhile, the next step in this type of research should involve digging deeper to understand the magnitude of these factors in more depth to see how they play out in different contexts. To improve health, these findings can help improve the planning and implementation active case-finding in Vietnam and similar contexts in low- and middle-income countries worldwide."

More information: Capitalizing on facilitators and addressing barriers when implementing active tuberculosis case-finding in six districts of Ho Chi Minh City, Vietnam: a qualitative study with key stakeholders. pubmed.ncbi.nlm.nih.gov/34011353

Olivia Biermann et al, Capitalizing on facilitators and addressing barriers when implementing active tuberculosis case-finding in six districts of Ho Chi Minh City, Vietnam: a qualitative study with key stakeholders, *Implementation Science* (2021). [DOI: 10.1186/s13012-021-01124-0](https://doi.org/10.1186/s13012-021-01124-0)

Provided by Karolinska Institutet

Citation: Active tuberculosis case-finding in Vietnam (2021, May 28) retrieved 5 May 2024 from <https://medicalxpress.com/news/2021-05-tuberculosis-case-finding-vietnam.html>

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