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LETTER TO THE EDITOR

Progress towards TB control in East Kwaio, Solomon Islands

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Dear Editor

The recently published project report *TB questions, East Kwaio answers: community-based participatory research in a remote area of Solomon Islands*¹, reported that tuberculosis (TB) remains an important issue to communities and health providers. The island of Malaita has the highest rate of TB in Solomon Islands. Many complex issues are contributors to this concerning level of disease. Factors such as remoteness, socioeconomic and sociocultural issues have been described^{2,3}. Massey et al particularly highlighted how cultural differences based on different worldviews had

resulted in some TB patients being unable to access routine hospital based services¹.

Since the development of a research-capacity strengthening approach with the Atoifi Adventist Hospital (AAH) in 2009⁴, and the TB project of 2011¹, important initiatives and outcomes have been seen, including:

 Building a new TB Ward that is culturally safer: a site for the new ward, that meets both socio-cultural and health requirements, has been agreed with mountain area Chiefs and AAH. The area has been cleared, plans drawn up and builders engaged.

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- Food for TB inpatients: AAH now purchases food each week for TB inpatients to enhance treatment.
 Currently other hospital inpatients provide their own food.
- Active case finding and treatment: the AAH TB
 Team have conducted active case finding in distant
 TB 'hotspots' including the Kwaibaita Valley and
 remote mountain hamlets. Ten new cases were
 found during community visits and treated,
 including one person treated only in the community
 setting.
- Funded Project to develop TB resources: AAH was successful in applying for a grant from the Australian Respiratory Council to develop local TB resources. This project will work with the traditional oral story-telling model of education and communication, but with modern technology. Locally made videos in local language and Pijin are being developed for community based TB education, including taking DVD players and video clips into remote hamlets and villages to stimulate discussion.
- Stronger links with the National TB Program: the Provincial TB Coordinator is involved in the TB DVD project and has invited AAH to run researchtraining workshops in the provincial capital.
- Reported TB case numbers increased: Since the commencement of the research capacitystrengthening approach and concentration on TB, annual reported cases of TB at AAH have increased from four cases in 2009 to 34 cases in 2012, increasing the case detection rate.

As previously reported from AAH¹ and neighbouring Papua New Guinea⁵ understanding and working with culture is vital if TB is to be controlled. Community-based participatory local research is integral to developing understanding and appropriate ways to respond to factors that determine health-seeking behaviour.

Evaluating the process and the ongoing impact of initiatives will assist AAH and other areas of the Pacific to address local TB control.

The outcomes to date illustrate how an empowered local team of health professionals and chiefs, with some input from outside experts, can make a real difference to TB control. For example, a senior nurse at AAH said:

The research training and project has really lifted up TB, it is now even more important to us and the community. (HH)

And a Chief from the mountain areas said of the TB initiatives:

Tisfala aidia nao bae hemi waka gud bekos hem no kam from tingting blo man aotsaed but hem kam from man insaed long komuniti...but iumi mas go bak long olketa na doim staka moa visitesin an folowup...bikos folowup hem wanfala impoten sumting....iumi bae faendim sumfala niu keises. (EK)

[Translation: This idea will work because it does not come from outside people but it comes from people inside the community...but we must go back to everyone and do many more visits and follow ups... because follow up is most important [and] ...we will find some new cases.]

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