


Addressing tuberculosis through complex community-based socioeconomic interventions: A realist scoping review

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INTRODUCTION

Tuberculosis is disproportionately experienced in low-income populations (1,2). Poverty is a major risk factor for tuberculosis and creates barriers in accessing and adhering to care (3,4). The END TB Strategy has emphasized the importance of universal health coverage and social protection strategies to address the social determinants of tuberculosis (5,6).

Previous research has shown the potential of socioeconomic interventions to improve tuberculosis cure rates and decrease treatment failures (7,8,9). There is limited research exploring poverty as a multidimensional barrier, and existing reviews do not explain the reasons behind intervention outcomes.



The two objectives of this review are:

- 1 To assess the research and publication trends in the peer-reviewed literature and;
- 2 To conduct a realist analysis to understand how, why, and under what contexts interventions succeed or fail (10,11).

METHODS

We searched for peer-reviewed literature using PubMed, Scopus, PsychINFO, and Sociological Abstracts, and used the Google Search Engine to search for grey literature.

Inclusion criteria

- set in low- and middle-income countries and community-based settings
- primary research peer-reviewed articles and relevant grey literature reports
- consists of two or more poverty alleviation or social protection components

We extracted data relating to publication year, geographical information, study design, and intervention components from the peer-reviewed literature.

Using relevant guidelines(6,12,13,14,15), we identified key principles for successful interventions which were used as a framework to conduct the realist analysis.

We conducted thematic analysis of the interventions in the peer-reviewed and grey literature to elucidate the contextual factors that influenced the mechanisms used in implementing interventions.

DISCUSSION

The increase in articles over the last ten years coincides with the growing emphasis on the social determinants of tuberculosis in global strategies and recommendations (5,6).

Existing National Tuberculosis Programs are well situated to champion the integration of socioeconomic interventions and create partnerships for program sustainability and scalability (7).

Community engagement in program development and implementation is essential for a rights-based and patient-centered approach to care (16,17).

The selection and delivery of intervention components must be aligned with the prevalence of comorbidities and social risk factors in specific contexts (2).

Process and operational research can unpack causal factors in resource constrained settings where interventions may be more vulnerable to contextual challenges and limitations (14,15).

Our findings are meant to provide a starting point in conceptualizing how varying contexts can be considered when determining the components and mechanisms to be used in implementing socioeconomic interventions for tuberculosis.

FINDINGS

We found 36 peer-reviewed articles spanning across 27 projects. Most projects were published from 2011 to 2019 (28;77.8%) and were set in South Africa (4; 14.8%), China (3; 11.1%), Peru (3; 11.1%), and India (3; 11.1%). Most projects were led by non-governmental organizations (13; 48.2%) and delivered directly by community health workers (17; 63.0%).

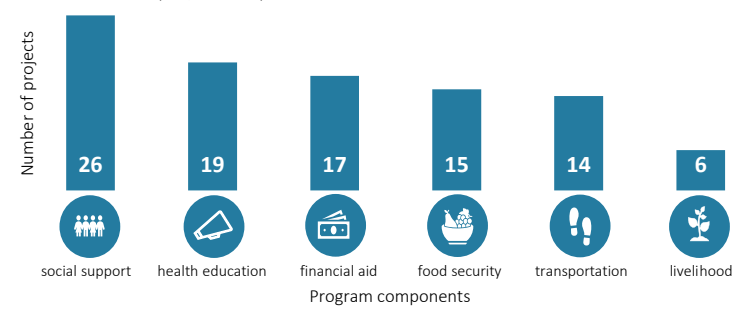


Fig 1. Frequency of socioeconomic components included in complex socioeconomic interventions to address tuberculosis

Most study designs were quantitative (17; 47.2%) and mixed-methods (14; 38.9%), and the most commonly measured outcomes included treatment success (19; 52.8%) and social support (12; 33.3%).

The realist analysis was complemented by 17 grey literature reports. Our analysis of the grey literature provided insight into key considerations related to context-specific mechanisms and processes.

Sustainability, scalability, and collaboration in interventions were linked with the sociopolitical context, while equitable, empowering, and acceptable programs were associated with the relational and interpersonal context. The operational context was observed to influence program feasibility, effectiveness, accessibility, and relevance.

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