



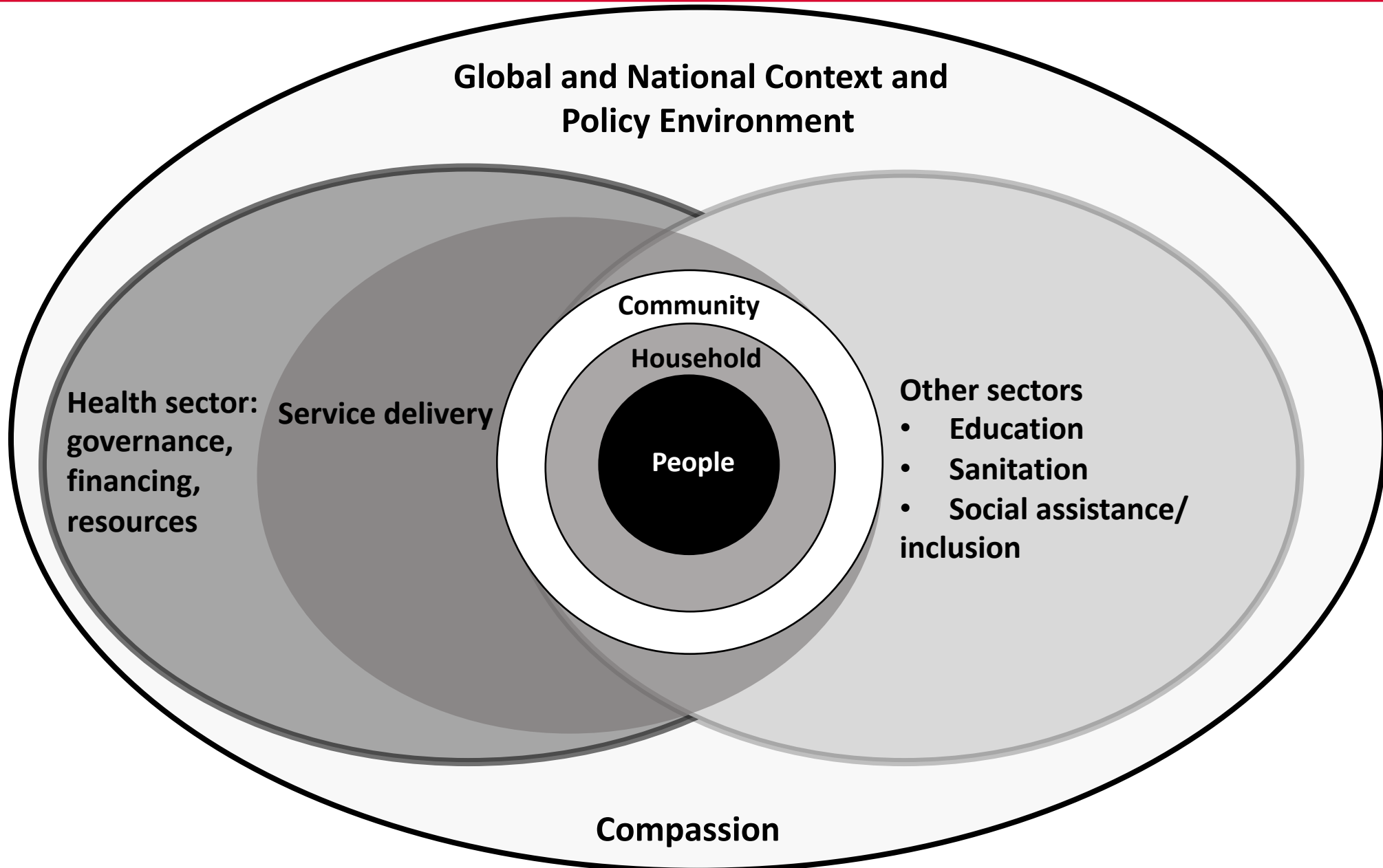
Disability Inclusion and NTDs: Working Toward Person Centred Continuums of Care

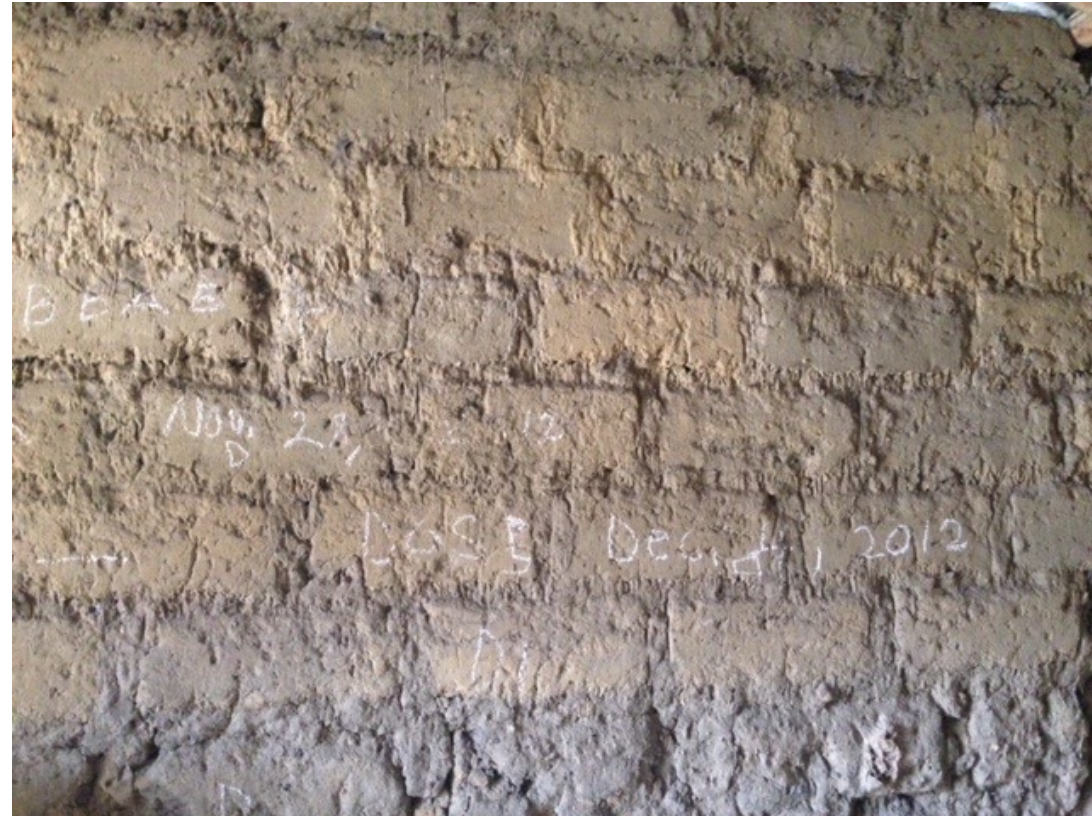
Dr Laura Dean



‘an approach to care that **consciously adopts the perspectives of individuals, families and communities** and sees them as **participants as well as beneficiaries of trusted health systems** that respond to their needs and preferences in humane and holistic ways’ (World Health Organisation, 2015p11).

What is Person Centred Care?

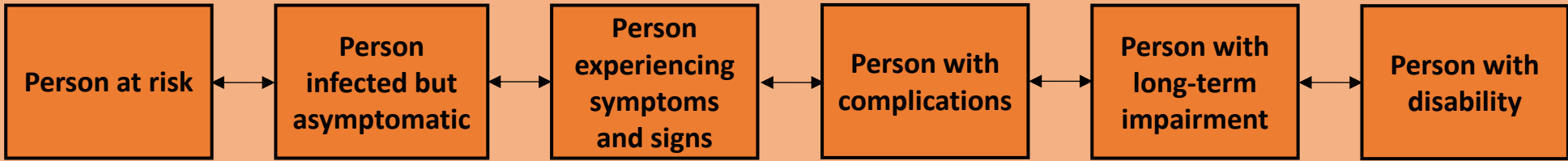




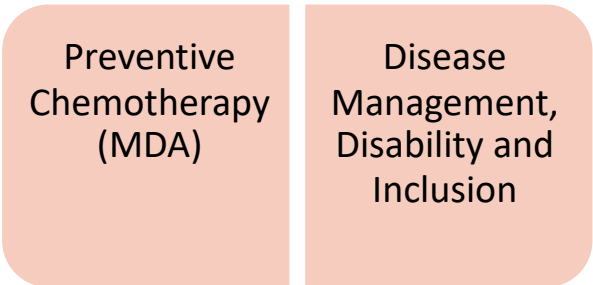
'A Diary of Healthcare Access'

'...I can't see clear...I don't write, when I write I don't see the writing on the chalk board. The news now spread in the town oh is getting blind.... I suffering I am hurt.'

Continuum of Care for NTDs



Reduction of preventable impairment

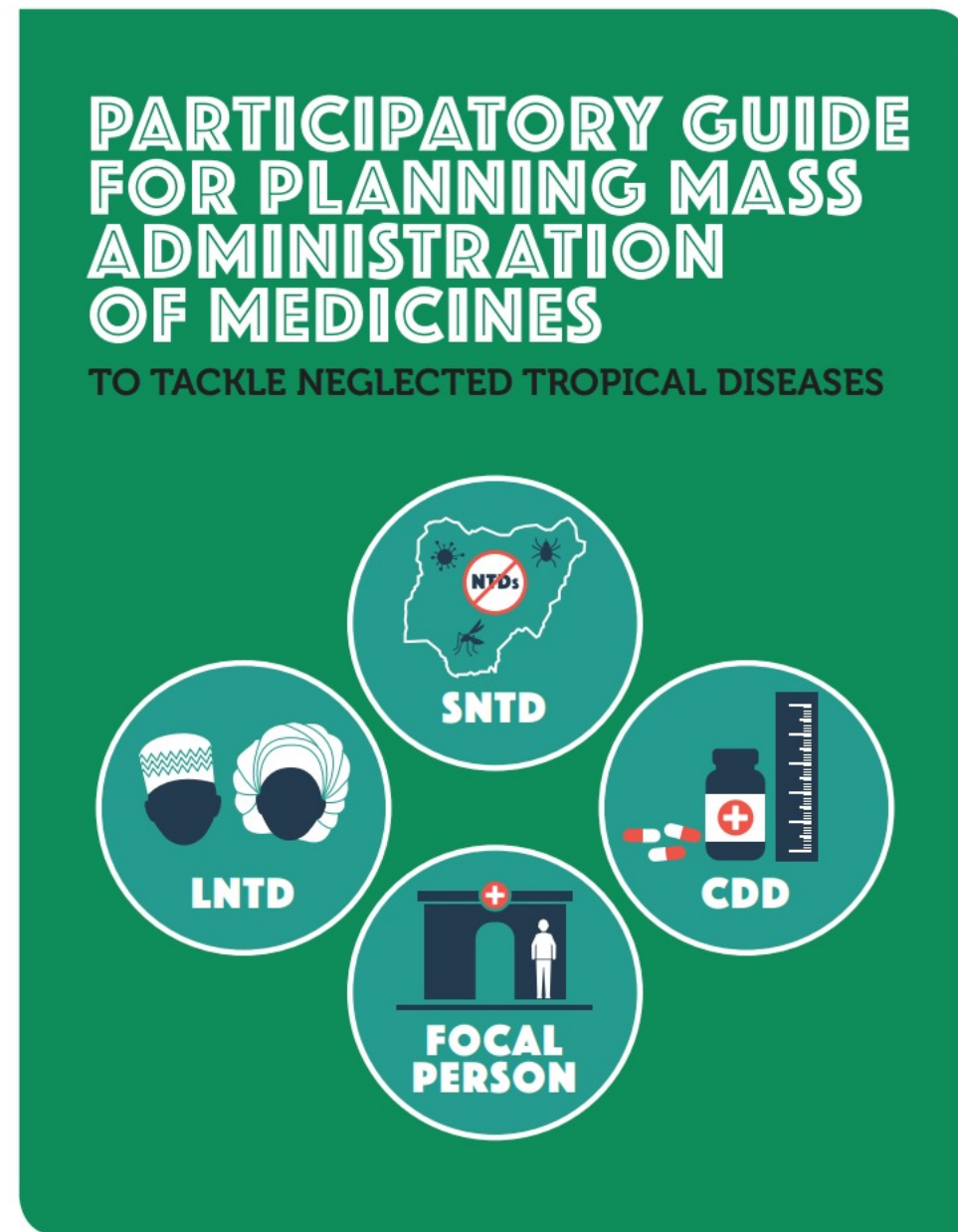
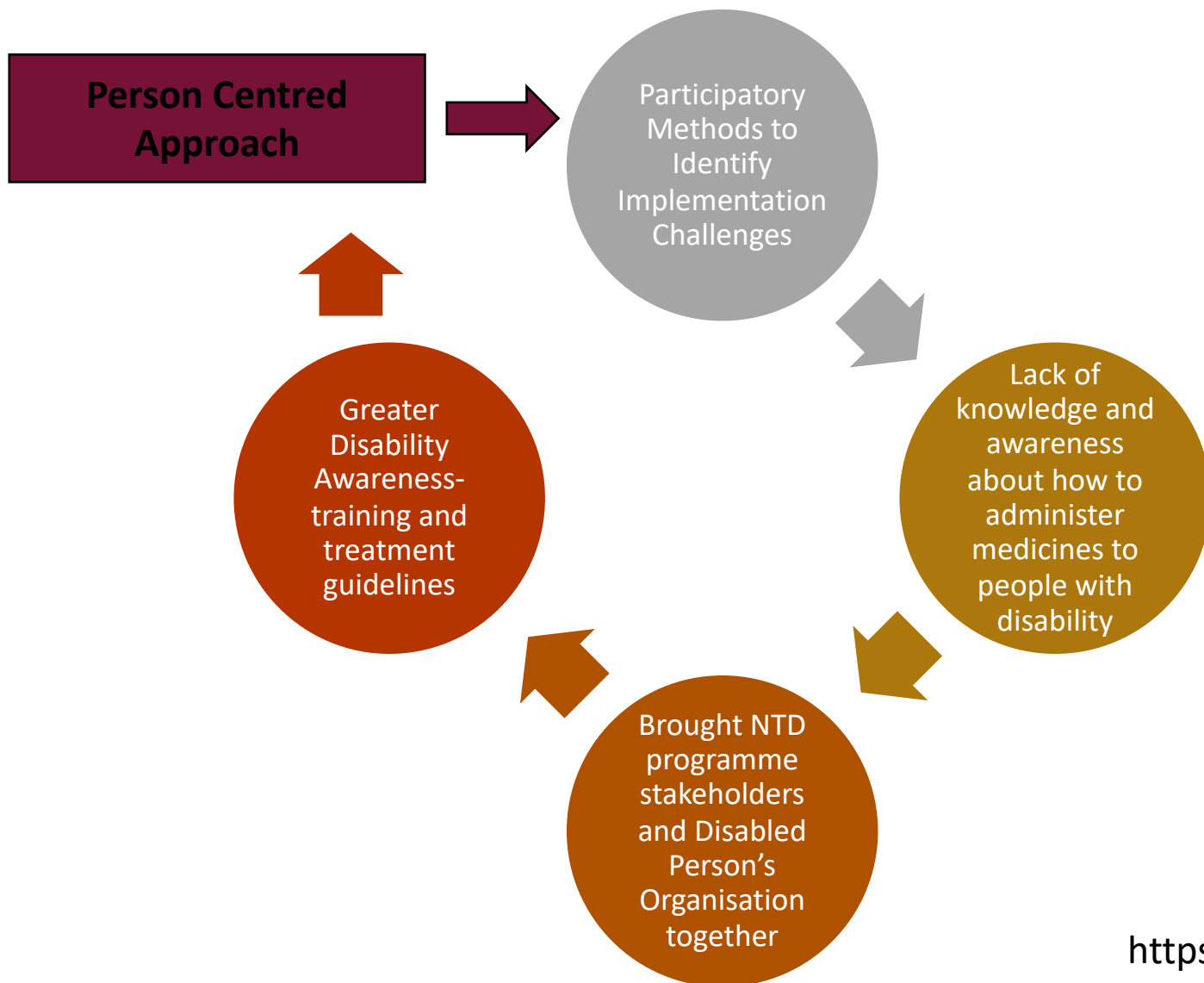


Inclusion of people with disabilities and stigma reduction



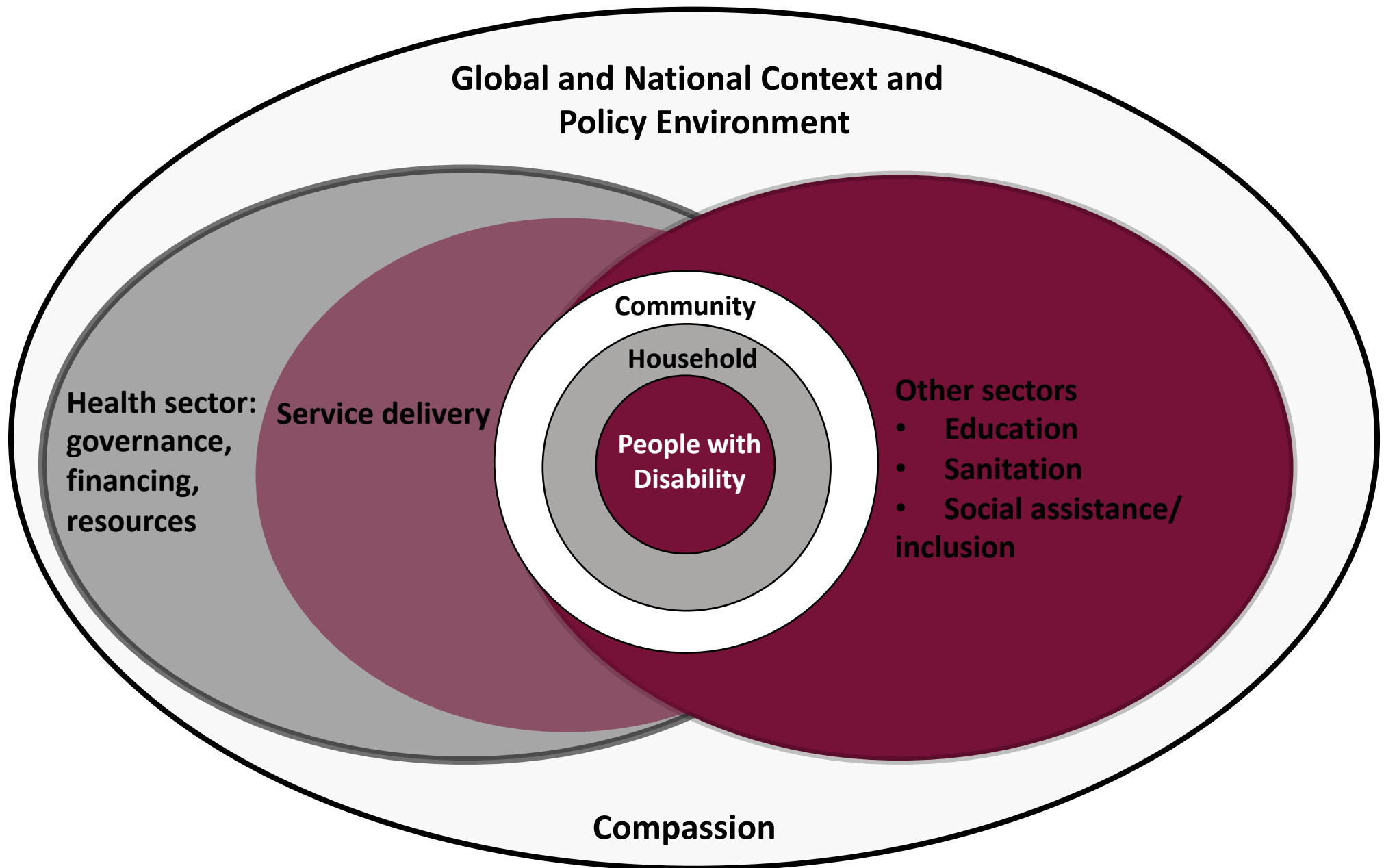
Person-Centred High Quality Care

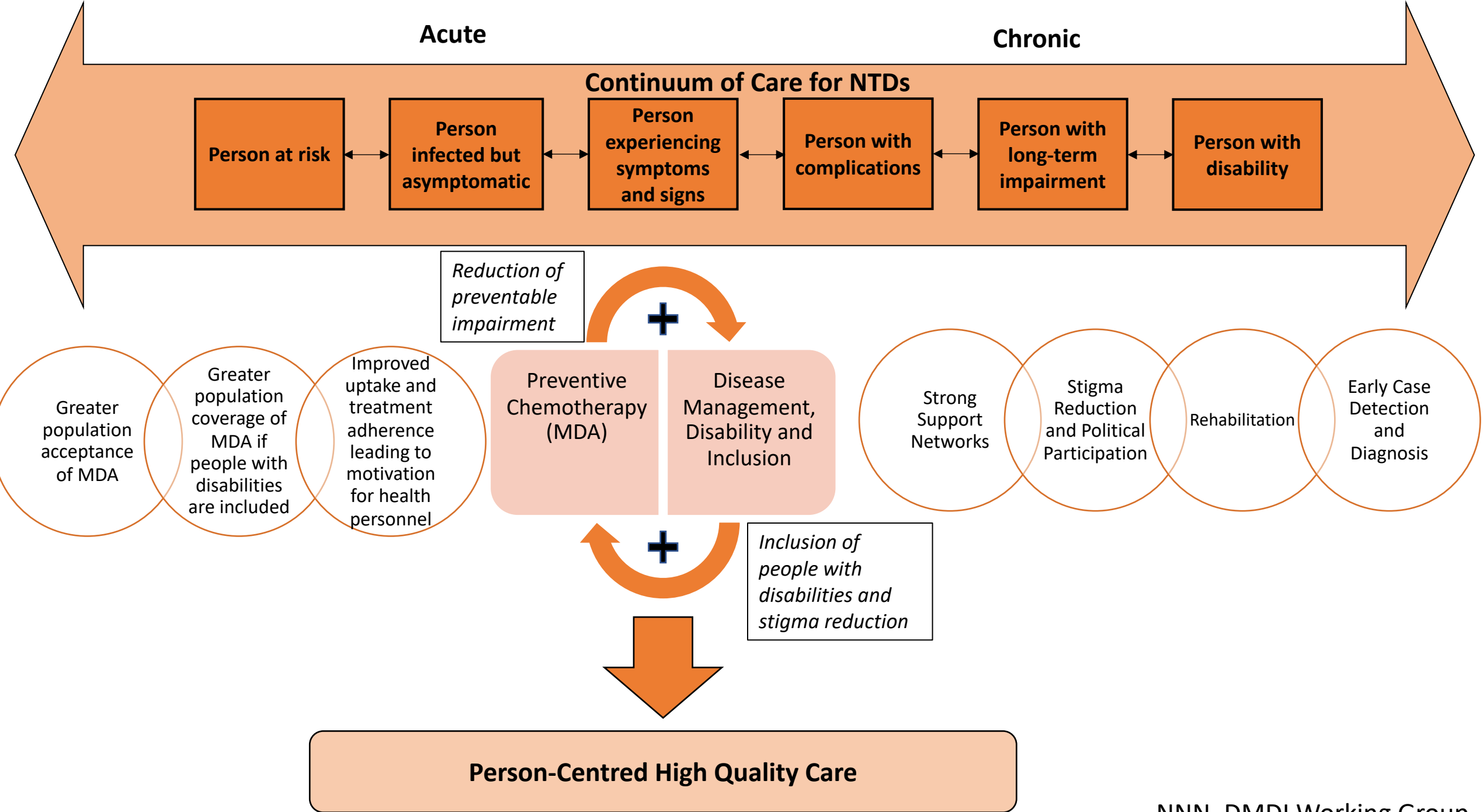
Designing Disability Inclusive Treatment Guidelines for Mass Drug Administration

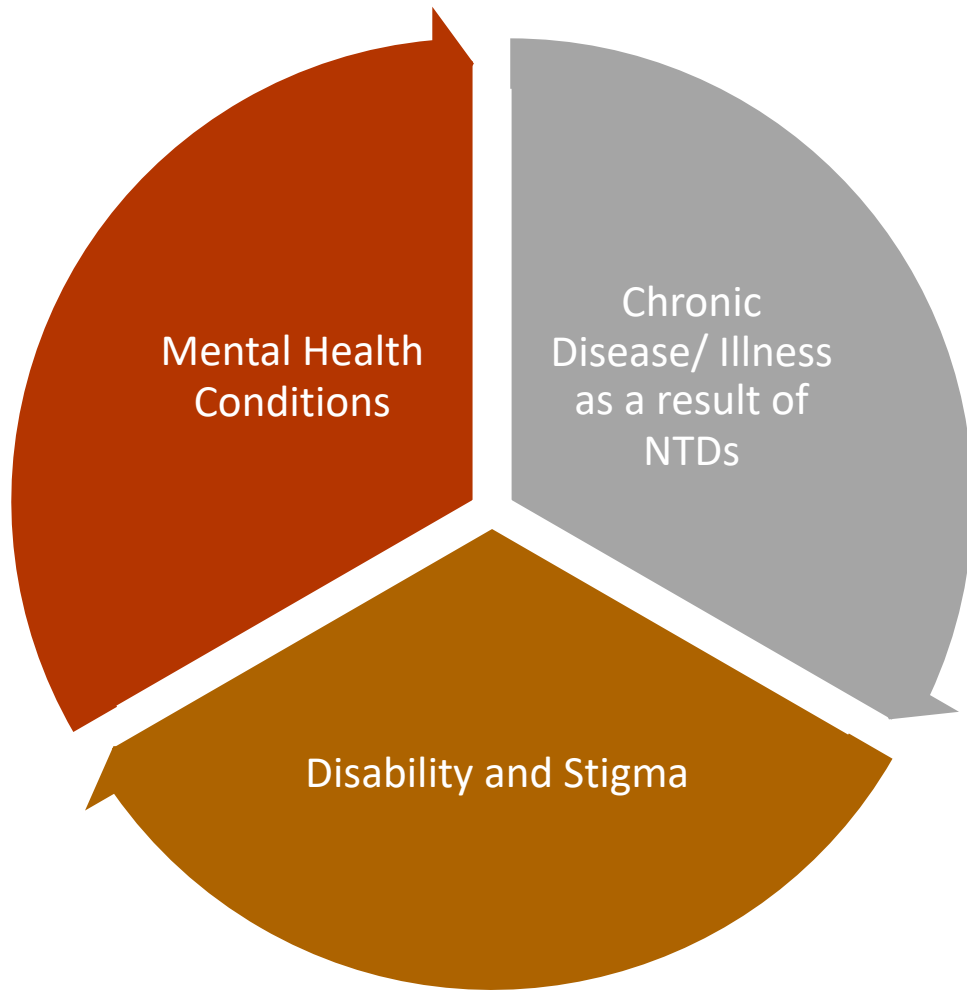




What is Person Centred Care?







How can we address social and structural mechanisms?

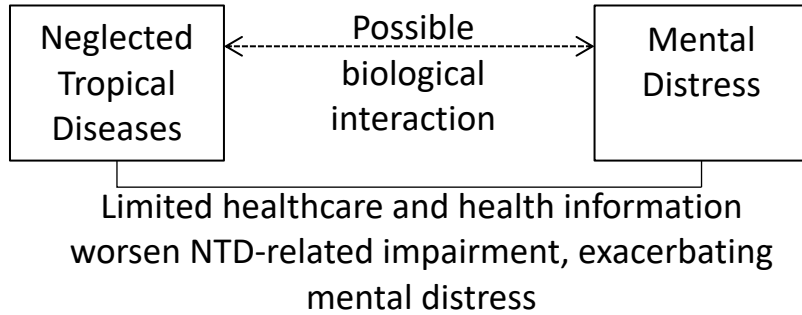


People Centred & Socially Just Health Systems

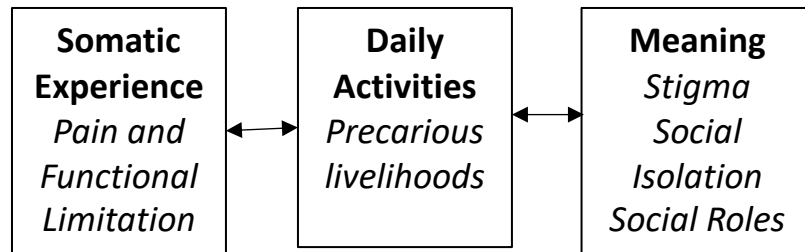
Working in partnership with people with lived experience and their communities through co-production approaches

Adapted from Medenhall et al (2017). The Mechanisms Shaping Interactions between NTDs, Mental Distress and Disability

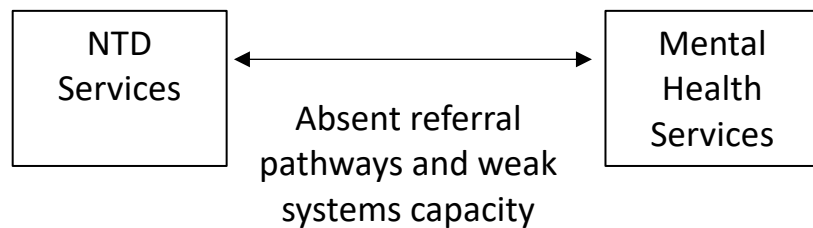
A- How do biological processes and pathophysiology of co-occurring conditions interact?



B- How are conditions experienced by patients and their social networks?

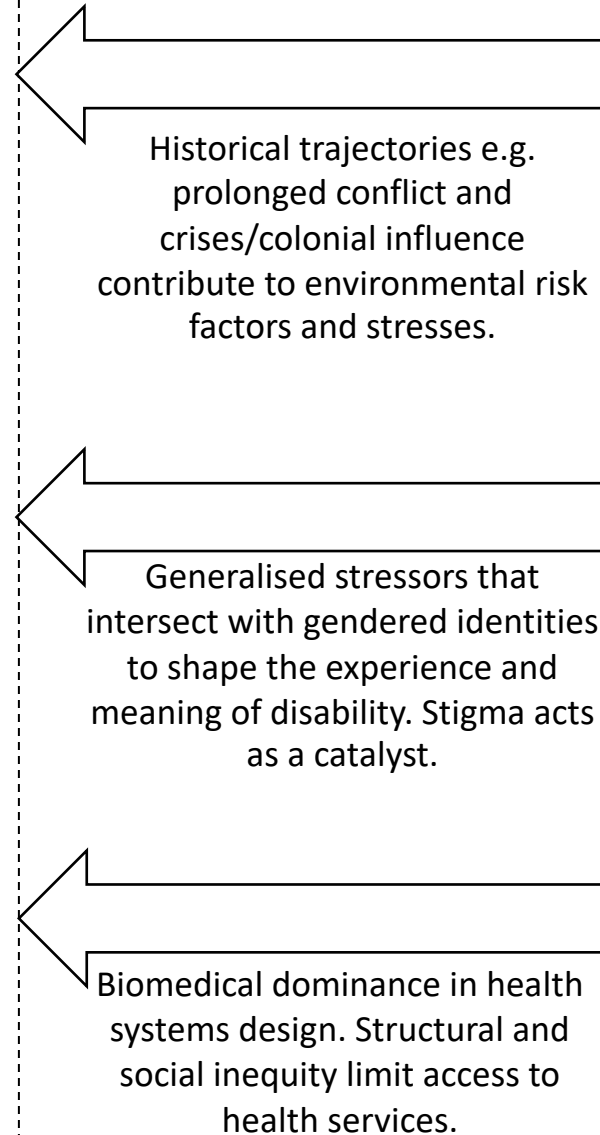


C- How do medical institutions address co-occurring conditions?



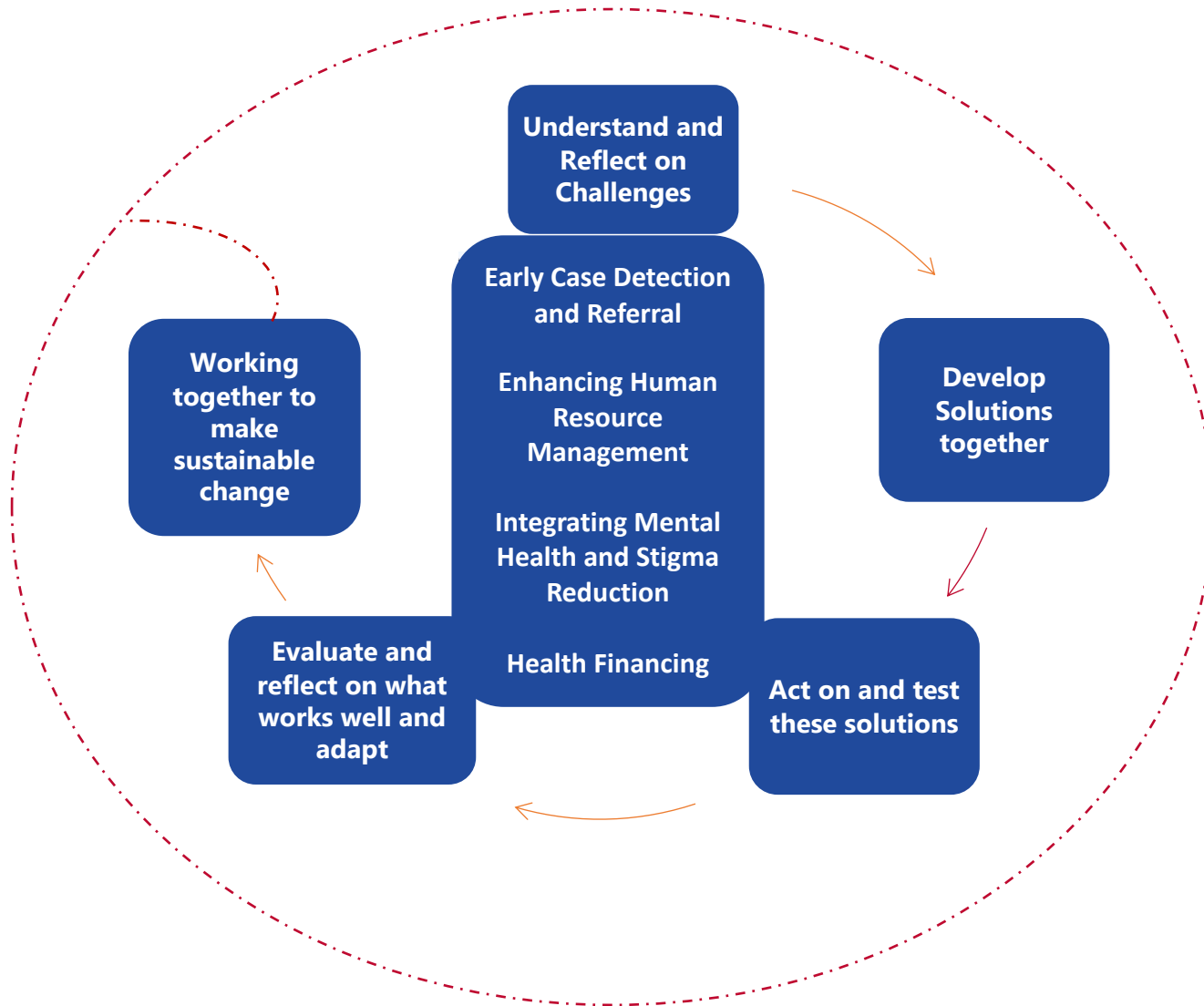
Mediating micro level factors including age, gender, geography and disease

Macro and Meso Level Factors



Multiple layers of interacting oppressions that contribute toward syndemic suffering.

Participatory Action Research



Impact



Community: Contribute to reducing stigma, social exclusion, and poverty associated with NTDs.



National: Integrated person-centred approaches to the management of NTDs to support the development of a stronger and more responsive Liberian health system.



Global: Contribute to effective and equitable programmes to address NTDs, within and beyond sub-Saharan Africa, that enable the realisation of the SDGs with a specific focus on universal health coverage.



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Severe Stigmatising Skin Diseases

Photovoice and Peer Researchers



Affected Persons



Health Workers

Training on process



Traditional and Faith Healers



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Photovoice

Step One: Faith healers and traditional healers take photos relating to issues that are important to them for **two weeks** in their communities



Step Two: Individual discussions on the meaning of the photographs conducted by peer researchers



Step Three: Traditional and faith healers pick **10-20** key photos that represent key issues to them



Step Four: Participants discuss their photos together.



Step Five: Through an exhibition we work together to develop solutions .



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Alternative Forms of Healing and Treatment

‘This is the work that we do...I am a praying person. I am happy for her to see...to let her go under the healing because that is the prayer that went on before the other people [health workers] came, so let her tell them to show that this is the thing that we can do before they heal other people.’ (Faith Healer, Grand Gedeh County)



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‘I was going around-I know that we treat sores- I met my friend who was treating this old man, this woman with this sore. This sore has been with this woman for seven years and there was no better treatment so they had to take her to this herbalist and he is the one that is treating the woman... This is to tell us that if the hospital is unable, the country doctors are able...’
(Traditional Healer, Lofa County)



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Reducing the burden of
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‘There is a fellow sitting here and we have some leaves in our hands...the guy you see here was a little bit ill. Some sickness come and when you go to the hospital they will do their own but they will continue the treatment but when there is no improvement they will rather have to turn to the country doctor. This person couldn’t even walk his foot had a problem and we found out that it was an African science. This photo actually made me happy because to see my patient walking, sitting down comfortably, and healthy, I felt somehow happy about it, so this is one of the healing.’

(Traditional Healer, Grand Gedeh County)



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Counselling and Psycho-Social Support



‘I was going to the other village and I met this woman in the bush; she was going in the bush to hang herself because of frustration. It was during that time that I met her; I called her, counselled her, and then took her to my Ministry. Now she is staying with me; her parents came and asked that I counsel her.’
(Faith Healer, Lofa County)



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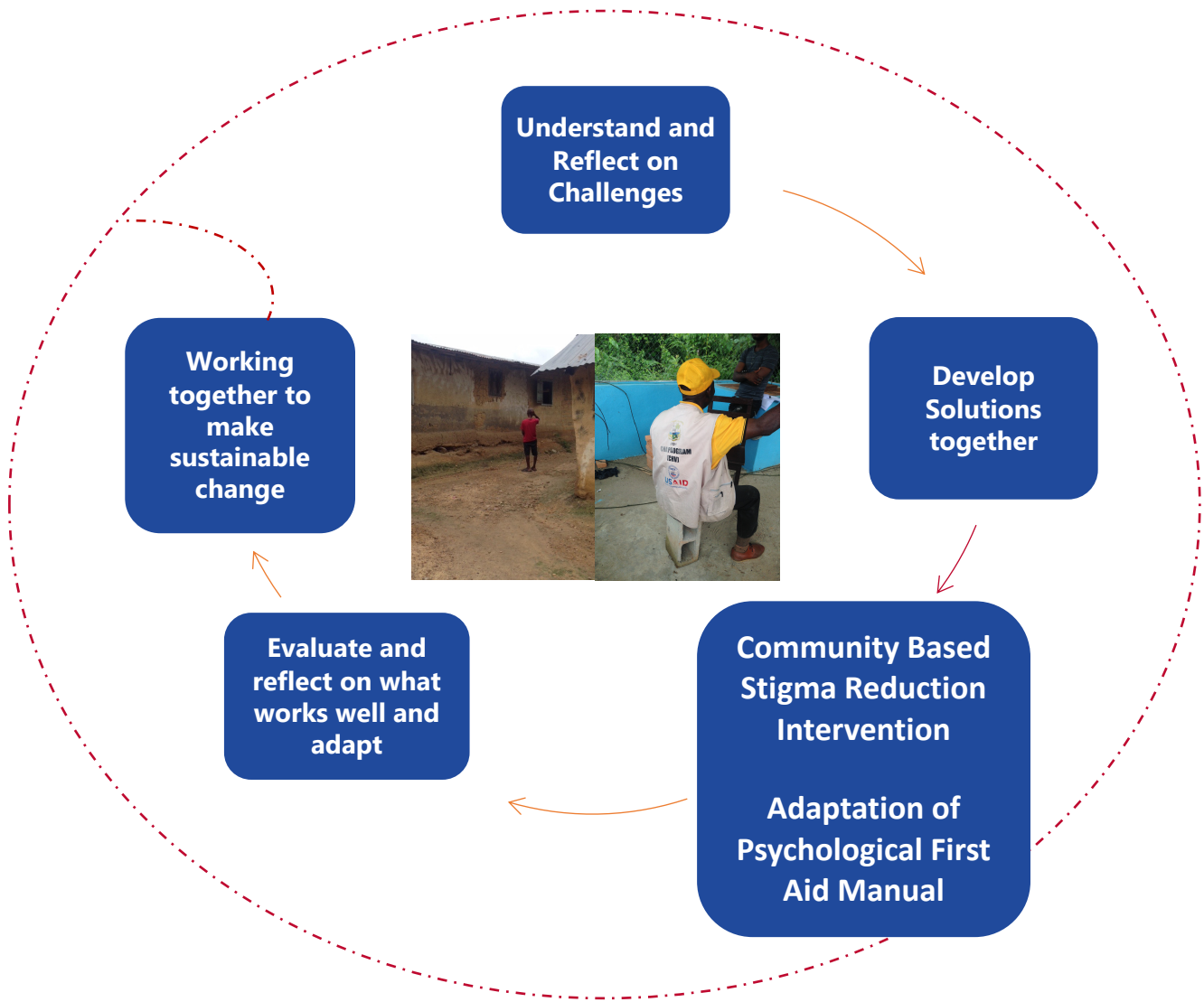


‘This is a trauma healing class we have at the church for some of our people. There are many people who go through challenges not just because they are sick or they are incapable of doing things. But they are being traumatized maybe later before the 14 years’ war some are going through some form or level of trauma, so this is a trauma healing class.’

(Faith Healer, Lofa County)

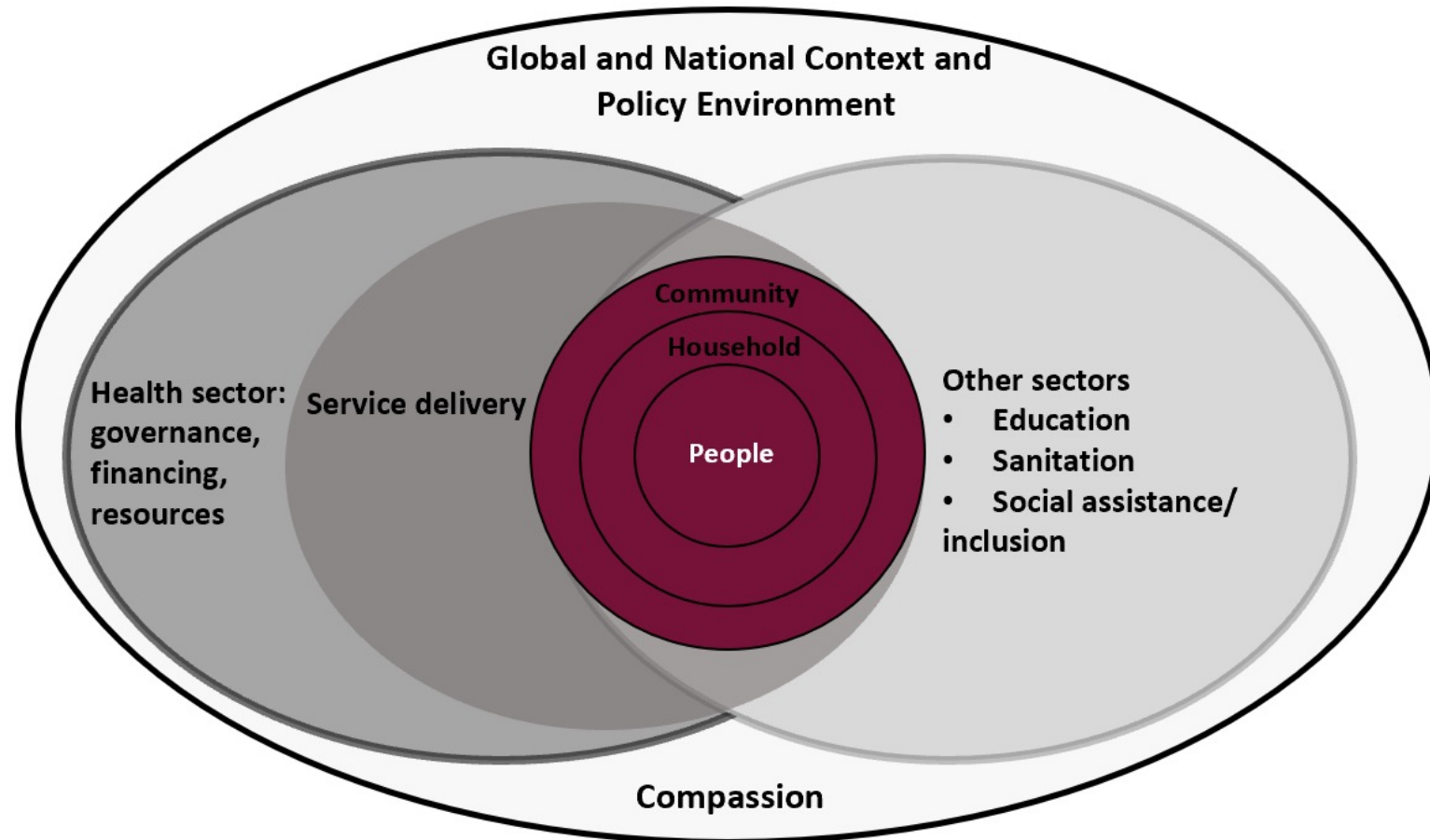


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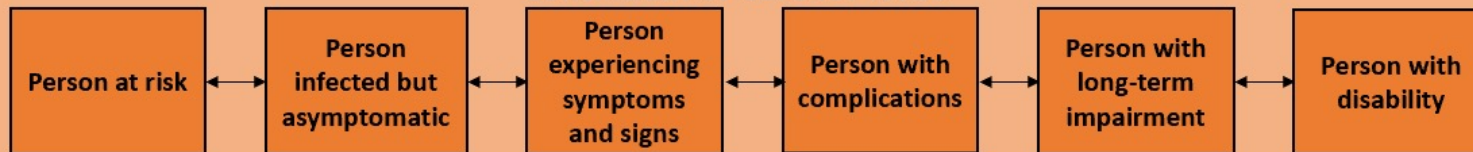
Contribute to reducing stigma, social exclusion, and poverty associated with NTDs.

In Summary



1. Maximise the window of opportunity for policy and programme reform.
2. Lobby for flexible funding flows
3. Participatory health governance
4. Recognise the broader social impact of disease

Continuum of Care for NTDs



With Thanks To:



<https://www.redressliberia.org/>

<https://countdown.lstmed.ac.uk/>

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