



## Ensuring community involvement in TB care and prevention

### The challenge

- In the late '90s WHO coordinated the "Community TB Care in Africa" project in 6 countries, focused on studying effectiveness and cost-effectiveness of community involvement; the treatment outcomes among patients cared for in the community were at least equivalent to or (more frequently) improved, compared to patients receiving care at health facilities. Costs related to community-based care were 40-50% lower than facility-based care, and cost-effectiveness of community-based care was approximately 50% higher.
- The main challenges that community involvement contributes to address include: achieving universal access to diagnosis and care and establishing patient-centred services to support people affected by the disease and their families, without compromising the quality of care.
- Key factors for sustainability of community based initiatives include: ongoing support of health services to community based activities; foster model of community involvement based on real community ownership of the initiative.
- WHO's recommendations in the Stop TB Strategy address the importance of community involvement from the perspective of social justice and human rights looking at how communities can be involved and how communities' as well as health staff's motivation can be sustained.

### Global response

- "Empowering People with TB, and Communities" is one of six components of the Stop TB Strategy.
- *Community Involvement in Tuberculosis Care and Prevention. Towards Partnerships for Health* is an evidence-based guidance document for implementation and/or scale up of community-based initiatives, See the document at [whqlibdoc.who.int/publications/2008/9789241596404\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596404_eng.pdf)
- 'The Patients' Charter for Tuberculosis Care' sets out patients rights and responsibilities and identifies ways in which all stakeholders can work together in an open and positive relationship.
- Twenty out of twenty-two high burden countries are involving communities in TB control; In Africa, where the problem of access is the biggest, more than two thirds of African Ministries of Health are beginning to involve communities in delivery of TB care. WHO's guidelines propose ways to enable long-term sustainability of such initiatives.

### WHO's role

- Facilitate of partners' effort towards a partnership approach.
- Influence policy (informed by country experience) and specific recommendations.
- Promote a partnership approach in Regional meetings, NTP Managers' meetings, international fora.
- Mobilize resources.
- Overcome bottlenecks for policy implementation.
- Coordinate technical assistance with partners to build capacity at country level.

### Planned products 2008-2009

- One regional training in Africa.
- Presentations at Regional NTP Managers' meetings.
- With Regional and Country offices support twenty countries to initiate and/or scale-up community initiatives.
- Catalyse the partnering process with NGOs/FBOs in four "demonstration" countries.

### Expected impact Partnerships between health services and the community facilitate:

- Access -- by bringing services to people's homes, reducing the cost of care for the patients and health services, and reducing the workload for health staff to better enable access to quality care.
- Community empowerment -- by increasing patient and community knowledge, voice and self-reliance.
- TB case detection and success -- by increasing diagnostic referrals and treatment adherence.

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**Involvement of people with TB and communities**  
**An approach to design, implementation, scale-up and evaluation**  
**Checklist for National TB Programme Managers**

- 1.** Propose a taskforce to support initiatives of community involvement inviting all relevant partners. The initiative to propose such taskforce may as well be taken by community members and civil society organizations contacting national health authorities.
- 2.** Advocate for support from national and local leaders through the process and follow it up regularly even after the launching of the initiative. Establish clear and early communication with communities and with all partners and design with them simple education and promotion material.
- 3.** Conduct a situation analysis (or use a recent one) of TB service delivery and discuss how the community contribution can complement NTP capacity.
- 4.** Identify all interested partners on the ground, discuss and define their role (esp. the role of community volunteers), plan activities and develop communication and social mobilization material with them. Create synergies with existing community initiatives.
- 5.** Design with partners and community representatives a "model" of involvement in TB care and prevention. Issues to be addressed include:
  - 5.1. Clear definition of roles/functions of all partners
  - 5.2. How to ensure regular contact between health services and community through public health workers and community leaders
  - 5.3. How to encourage (self)referral of symptomatic persons
  - 5.4. How to ensure proper care and adherence to treatment
  - 5.5. How to address the issue of community/personal motivation (esp. for community volunteers or treatment supporters)
  - 5.6. How to adapt the model to rural/urban settings
  - 5.7. How to collect information on community participation through the existing recording and reporting system.Agreement among partners on these issues and pre-testing of the "model" in demonstration areas will guide the preparation of *National Guidelines for Community Involvement in TB Care and Prevention*
- 6.** Build capacity (health staff, partners, communities): identify funds to train facilitators who will promote community involvement at district level, schedule and conduct workshops and their follow-up. Training should be based on task analysis of all people/functions involved and will require the preparation and production of training tools based on the national guidelines and on each specific task.
- 7.** Prepare an implementation plan and a scale-up strategy, starting with implementation and fine-tuning in demonstration areas. Budgets should include both start-up and recurrent costs.
- 8.** Public launching of the initiative with participation of national/local authorities is very helpful to gain public and political support, to share useful information and to create demand for community-based services. Plan periodic local media coverage.
- 9.** Lessons learned in demonstration areas will contribute to improve the initial model to scale-up to all regions and administrative health units of the country. An ongoing evaluation of impact and of quality of care will provide the information necessary to develop and maintain community involvement in TB care and prevention.

Source: *Community Involvement in Tuberculosis Care and Prevention. Towards Partnerships for Health.*  
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