Meeting of ENGAGE-TB implementing countries
to review status, challenges, and next steps

2 November 2013, Paris, France
WHO, Global TB Programme, THC

Meeting report

Background and purpose

ENGAGE-TB operational guidance was launched in November 2012. It aims at integrating community-based tuberculosis activities into the work of previously unengaged nongovernmental and other civil society organizations.

The meeting was attended by staff from ministries of health, WHO country offices and a faith-based organization from Democratic Republic of Congo, Ethiopia, Kenya and Tanzania who are currently implementing the ENGAGE-TB approach. The countries have recently received funding support from WHO HQ to nurture the gains achieved thus far, to ensure successes of integrated community-based models being implemented by the NGOs, and to focus on strengthening monitoring and evaluation for community-based activities in the project areas and beyond.

The meeting objective was to exchange experiences, challenges and potential solutions in the implementation of the ENGAGE-TB approach with focus on monitoring and evaluation of community-based activities in the implementing countries. A total of seven NGOs in the four countries received support in 2012-13 to integrate TB into their community-based portfolios and are monitoring the contributions of community-based TB activities in line with the two core indicators in the ENGAGE-TB operational guidance. The meeting served as an opportunity to review the data from implementing NGOs as well as the plans for strengthening monitoring and evaluation beyond the project areas.

Key issues discussed and action points

Status of implementation of the ENGAGE-TB approach

National-level guidance documents in line with the ENGAGE-TB operational guidance have been finalized and disseminated in Democratic Republic of Congo, Kenya and Tanzania. In Ethiopia, the Ministry of Health guideline on public-private partnerships in health is being finalized and includes a separate chapter for engagement of not-for-profit partners with explicit mention of TB. The Ethiopian government has included the expansion of the ENGAGE-TB approach in its national strategic plan for tuberculosis. All seven NGOs in the four countries are being regularly supervised by the national TB programme and WHO and have systems in place to collect data in line with the two core WHO-recommended indicators. NGO Coordination Bodies have been formed in Kenya and Tanzania and meet regularly. Such bodies will be formed in Ethiopia and DRC later this year. More detailed information can be found in the presentations.

Action points:
WHO to keep disseminating and promoting ENGAGE-TB approach and operational guidance and document experiences from the implementing countries to facilitate adoption and scale-up in other countries.

**Key issues in engaging the unengaged NGOs**

All four countries shared their experiences with activities of the NGO Coordinating Body and engagement of unengaged NGOs. Summary of key observations is as follows:

- Thanks to the positive experiences and results with ENGAGE-TB approach implementation, implementing countries have mobilized—or have concrete plans to mobilize—additional resources to increase the number of implementing NGOs. Resource mobilization plans primarily target the Global Fund.

- Interest in participation in the NGO Coordinating Body (NCB) is on the rise. While it is true that ensuring quality operations of the NCB requires increased resources and logistics, the deepening of the ENGAGE-TB implementation in some countries has also helped to leverage additional resources, such as from the National AIDS Commission in Kenya.

- Integration of community-based TB activities into the work of existing NGOs is very challenging without the availability of adequate financial resources to support pilot projects for new entrants to TB services.

- NGOs focusing on HIV response (but not on TB response) still represent an underutilized opportunity which needs to be systematically pursued, especially in the light of the recent GF pronouncement requiring integrated concept notes for the two diseases from high burden countries.

- NGO managerial capacity needs regular support and strengthening in order to enable them to deliver quality TB services in line with their action plans.

- In Democratic Republic of Congo, TB diagnostic services are not free of cost which presents a challenge in terms of access to TB diagnostic services and to increasing case finding. In the BMSF-supported project, this challenge has been successfully overcome through two main strategies: an NTP/WHO-negotiated lower cost of facility consultations for persons with TB symptoms in the project diagnostic facilities; and Bristol-Myers Squibb Foundation support for reimbursement of cost for facility screening of persons with TB symptoms.

**Action points:**

- The implementing countries to keep identifying additional local and external resources for the strengthening, scale-up, and sustainability of the ENGAGE-TB approach implementation.

- WHO to document experiences with newly engaged NGOs to facilitate further expansion.

- WHO to keep providing regular technical assistance in the implementing countries and play a catalytic role in those countries expressing interest in adopting the ENGAGE-TB approach.

**Monitoring and evaluation of community-based activities**

First ever standardized and comparable data on the contributions of communities to TB services from 13 countries can be found in the Global TB Report 2013 and was presented in the meeting. Collected data is in line with the two indicators found in the ENGAGE-TB operational guidance. They seek to measure the contribution of communities to TB referrals and new notifications, and to TB treatment success. Significant variations exist in the geographical coverage. Only three countries could provide data on all districts in the country. Key observations during the data collection reportedly include uneven recording and reporting in the countries where data collection tools are available. More routine recording and reporting is needed to better understand the variations in contributions of communities. The following points were made by meeting participants:
- All four countries developed tools to collect relevant data at community level. All tools in all countries have been made available to the implementing NGOs and beyond.
- All four countries have concrete plans to strengthen the routine community-based data collection and reporting.
- All four countries reported on the requested indicators for publication in the Global TB Report 2013.
- Kenya reported the relative ease of extracting data and analyses from electronic recording systems

Action points:
- All implementing countries to further strengthen routine monitoring and evaluation of community-based TB activities as per their action plans for this project-year; WHO to provide regular technical support
- WHO HQ in collaboration with WHO AFRO to further discuss and define next steps on how to routinely record and report on the two core indicators in other countries in the region.