Community involvement in scaling up TB/HIV activities
Achievements

• Cambodia “TB volunteers” – community-based NGO volunteers involved in decentralized DOT for 50% of country; now also involved in TB/HIV
  – Link TB clients to HIV testing
  – Screen PLHIV for TB
  – Impact: Improved HIV testing of TB patients

• India & Bangladesh – PLHIV networks involved in ICF and communication
  – Educate PLHA on TB
  – Perform ICF in a variety of settings
  – Support referrals
Achievements continue

• Vietnam – NGO home-based care for HIV includes family education/sensitization on TB and linkage to TB services.

• India – involvement of Targeted Intervention NGOs in TBHIV services for High-Risk Groups (CSW, IDU, MSM)
  – Services: ICF, referral of TB suspects, DOTS

• Other successful examples cited
  – Zambia: Community members staff “TB desks” in HIV clinics, and “HIV desks” in TB clinics
  – South Africa: TAC involved in advocacy, e.g. TB diagnostics
 Constraints & challenges

• Culture clash – historical medical approach to TB control lacked major role for community
  – Not used to partnerships with civil society, client community
  – Underlying lack of patient empowerment
• Resources few (No demand/ no supply)
• Donor driven – and they are not steering in this direction
  – Evaluation frameworks favor medical interventions over HR and meeting-intensive community involvement
  – Missing clear standardized M&E framework for monitoring ACSM activities & quantifying impact for performance-based funding mechanisms
• Community with limited access to high-level discussions
Constraints & challenges

• Literacy around TB limited
  – TB as preventable, rather than inevitable
  – TB IC as patients / health care worker safety
  – Effect of stigma
• Limited capacity
  – National: technical support for planning, developing partnerships and proposals
  – Sub-national: limited capacity for multi-lateral initiatives & partnerships with local organizations
  – Community: NGO/CBO/PLHIV network has limited capacity to expand activities and campaigns; very limited networks of TB survivors
• Community networks (local lay health workers – e.g. ASHA, village health worker) often not utilized for either disease
Opportunities

• Leverage extensive HIV community involvement for TB
• Grow community involvement for TB and use this to also support TB/HIV activities
Way forward

- NTP, NAP and partners
  - Promote clients empowerment (NTP)(eg Clients charter)
  - Sensitize of lay workers, PLHIV groups, HRG groups, labor/workplace community groups.
  - Promote treatment/TB-HIV literacy among community
  - Include TB in NGO/CBO activities for most-affected populations
  - Document and disseminate successes
  - Engage untapped networks of lay health workers for both diseases
Way forward

• Technical partners
  – Support capacity NTP/NAP – programs to engage civil society (sub-national)
  – Develop national consultants to support planning and partnerships
  – Advocating with donors to support community involvement
  – Develop M&E framework for community involvement that donors agree on
  – Develop evidence on risk of TB, infection control to community

• PLHIV groups
  – Promote treatment/TB-HIV literacy
  – Include TB in all advocacy agenda.