Community Engagement in TB response: much more is needed

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Presentation

- Why community TB care
- Key challenges in Global TB control
- Evolution of WHO response
- Key community activities
- Challenges to address for a successful CTBC
- Next steps for WHO
Why Community TB Care?

- Primary objective is to decentralize the provision of TB care beyond health facilities into the community to overcome reliance on health facility services.

Results of WHO pilot

CTBC is cost-effective and has better if not the same outcomes as facility based DOTS

- Botswana 42% more cost effective than hospital based care
- Kenya, Malawi Uganda and Zambia all showed Treatment completion, default and transfer rates were significantly improved in the CTBC group compared to the facility based group (NB Malawi CTBC had higher mortality than hospital based)
Key challenges in global TB control

- One out of three TB cases not reported
- Too little uptake of TB by HIV and NCD initiatives
- Rising but slow MDR response
- Weak health systems and services
- Weak advocacy: No multisectoral TB response
- Unmet financial and research needs
- NGOs: un-aware, un-involved

Is community and NGO engagement the answer?
Background: Evolution in WHO response

1998: “Community TB care in Africa” Project
- Research; evidence building
- Rx support: DOT, case detection
- Africa, Asia and Latin America

2003: Community Contribution to TB Care: Practice and Policy

2006: STOP TB Strategy
- Component 5

2008: Community Involvement in Tuberculosis Care and Prevention
- Social justice
- Partnerships
- NTP and CSOs

2010: Report of a WHO consultation on strengthening the active engagement of civil society organizations in the global TB prevention, care and control efforts
- Simplification
- WHO role
- CSO role

NTP is primary stakeholder
NTP and CSO are stakeholders
Summary: what are the needs?

- Mainstreaming/integrating TB into:
  - Maternal and child health services
  - Other related co-morbidities
  - Development and social initiatives

- NGO involvement in CBTA as a minimum standard

- Operational policy guidance: what needs to be done?

- Implementation manual: how is it done?
Key community based TB activities

- TB awareness creation
- Screening and referral of persons with presumptive TB
- Screening and testing for other TB related co-morbidities (e.g. HIV counselling and testing, diabetes screening)
- Follow up of absentees and defaulters
- Facilitating access to diagnostic services (e.g. sputum or specimen transport)
- Treatment initiation, provision and observation for TB

By recognised and trained community based workers
Challenges posed by Community TB care programmes

- Large amount of funding available to CSO through GF

- Poorly designed activities common – unclear links between community action plans and programmatic gaps

- Implementation of community activities not in line with WHO guidelines
  - Lack of attention by NTPs in:
    - Planning
    - Coordination
    - Supervision
    - M&E

- Community based activities (implemented by NGOs) not always mainstreamed into routine WHO (&Partner) support
TA for Community Engagement in the African Region

- Global Fund Round 7-9 (ongoing):
  - ~40 million USD available for community based TB activities in 20 countries

  ....but only 1 TA request to TBTEAM secretariat in last two years
Challenges to address for successful CTBC

- Conducive legal and policy environment
- Guidelines and standard tools
- Joint planning and target setting
- Building capacity and mobilization of resources
- Monitoring and evaluation mechanism
- Implementation and scale up
Monitoring and evaluation

Recommended activities:

- Develop a set of standardized data collection and reporting tools for community based TB activities aligned with national TB control strategies;

- Develop a set of national indicators to measure community contribution to key TB outcomes though engagement of NGOs;

- Enhance the standardized use of electronic systems including mobile phones for M&E of community based TB activities;

- Establish a mechanism to enable affected communities to add their voice in the monitoring of implementation of community based TB activities to increase accountability and quality of services;

- Develop standardized tools of supervision to enable monitoring of community based activities conducted by NGOs.
Next steps for WHO

- Provision of simplified operational guidance, standardized M&E system, and training manual

- WHO catalytic role to mainstream TB into:
  - MCH & other related co-morbidities, development initiatives
  - *Focus on sustainability through minimizing vertical and stand-alone TB activities at community level*

- Push for engagement of local NGOs

- Strengthened support in selected countries to boost implementation
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