Dear colleagues, welcome to the first ENGAGE-TB newsletter.

Tuberculosis (TB) affected an estimated 8.7 million people and caused 1.4 million deaths globally in 2011. TB mostly affects the productive segment of society in their prime. One third of people with TB are not being diagnosed and treated by current health systems, or are not being reported. Even when patients are identified, treatment is often too late. To reach people in time and prevent unnecessary illness or death, it is crucial to engage communities more effectively.

The ENGAGE-TB Approach encourages more NGOs to include TB in community-based activities. The approach also encourages national TB programmes (NTPs) to reach out to NGOs and CSOs and to work together more effectively. TB is curable, and every NGO working on the ground can make a difference, even without any medical knowledge or expertise. The Operational Guidance describes what each can do. (http://www.who.int/tb/publications/en/)

Join us. Together we can build a future where TB is no longer a major disease and no one dies from it.

Mario Raviglione, Director, STOP TB Department, WHO

WHO launches ENGAGE-TB Operational Guidance

WHO launched major new guidance to help and inspire NGOs to fight TB. ENGAGE-TB: Integrating community-based TB activities into the work of nongovernmental organizations and other civil society organizations - Operational guidance was launched by Dr. Mario Raviglione, Director WHO Stop TB Department at the 43rd Union World Conference on Lung Health in Kuala Lumpur, Malaysia.

Dr. Raviglione and Haider Yaqub, PLAN International’s Deputy Regional Director for Asia chaired a satellite symposium on 16 November 2012, when the guidance was presented by Thomas Joseph, WHO’s Team Leader for Community Engagement. Over 150 representatives from NGOs/CSOs, governments, academia and communities participated. Dr. Saidi Egwaga, NTP manager for Tanzania, and Chiara Conti, from CUAMM-Ethiopia, shared their experiences as pilot countries implementing the ENGAGE-TB Approach.

Dr. Catharina van Weezenbeek, WHO’s TB Adviser for the Western Pacific region (WPRO) expressed optimism that the ENGAGE-TB Approach would be widely adopted and gave WPRO’s full support to new NGOs and NTPs engaging in TB prevention. Dr. Khurshid Hyder, WHO TB Adviser for the Southern and Eastern Asia region (SEARO) confirmed that an inventory of NGOs is being prepared in the region and could help to spread the approach more widely.
NGOs/CSOs are able to engage hard-to-reach groups and understand local contexts. Integrating TB in their community-based activities is an effective way to support early detection and diagnosis of TB, treatment and care, and prevent transmission.

Community-based activities may utilize local structures, e.g. screening for TB disease can take place in schools, and meeting or worship places, rather than clinics and hospitals. Services can also be integrated with other community-based activities, including for HIV, maternal and child health and non-communicable diseases (NCDs), to improve synergy and impact.

How will the ENGAGE-TB guidance help?
The ENGAGE-TB approach moves the focus from TB being a medical illness to a wider socio-economic and community problem. The guidance can be used by NGOs/CSOs, NTP managers and others. The guidance will also benefit patients and communities affected by TB and related co-morbidities, by catalyzing demand for TB services. There are three main principles promoted in the approach: (i) mutual understanding and respect; (ii) consideration for local contexts and values; and (iii) a single national system for monitoring with standardized indicators.

“The guidance raises issues not on the table before, and provides solutions at the local level. These solutions engage civil society and enable it to make a valuable contribution to the national TB programme”  (Dr Abera Bekele, WHO, Ethiopia)

Examples of community-based TB activities:
• awareness-raising, behaviour change communication and community mobilization.
• reducing stigma and discrimination.
• screening and testing for TB and TB-related morbidity (e.g. HIV counselling and testing; diabetes screening) including through home visits.
• facilitating access to diagnostic services (e.g. sputum or specimen collection and transport).
• initiation and provision of TB prevention measures (e.g. Isoniazid preventive therapy, TB infection control).
• referral of community members for diagnosis of TB and related diseases.
• treatment initiation, provision and observation for TB and co-morbidities.
• treatment adherence support through peer support and education and individual follow-up.
• social and livelihood support (e.g. food supplementation and income-generation activities).
• home-based palliative care for TB/related diseases.
• community-led local advocacy activities.

The six components of the ENGAGE-TB Approach:

Meet the WHO ENGAGE-TB Team

Haileyesus Getahun
Coordinator, TB/HIV & Community Engagement

Thomas Joseph
Team Leader, Community Engagement

Lana Tomaskovic
Technical Officer, Community Engagement

Rosalie Edma
Secretary, TB/HIV & Community Engagement
TB is the second highest cause of death in Ethiopia, but case detection remains low. Indicators for South West Shoa Zone show that the case notification rate is 20% and case detection is 34%. TB particularly affects young people: 55% of undetected cases in communities are among 15-34-year-olds. (Ethiopian National TB Prevalence Survey, 2010-2011).

Doctors with Africa CUAMM is the first NGO in the healthcare field to be officially recognized in Italy. It works in many countries in Africa. In Ethiopia, CUAMM works to expand TB services in health centres and hospitals, improve care and support for people affected by TB through community-based treatment, create linkages between hospitals and health centres, and catalyze community mobilization.

CUAMM has made major progress in terms of:

- **Situational analysis**: CUAMM has held meetings with zonal (one) and district health offices (three) for project planning, health centres (eight) and hospitals (one) to implement facility level diagnosis and treatment, and other stakeholders to introduce the project, share experiences, and mobilize communities.

- **Enabling environment**: CUAMM collaborates with the zonal health office through meetings, training, support to logistics, and sharing of guidelines and tools; and involves HIV support groups in its work.

- **Task identification**: CUAMM integrates TB and HIV activities, produces educational materials and organizes training for health centre staff and mentoring programmes, undertakes awareness-raising in schools, public gatherings, and with HIV support groups, and works with communities to provide home visits.

- **Monitoring and evaluation**: CUAMM is involved in developing a monitoring framework, and has organized quarterly review meetings, a monthly mentorship programme, and a knowledge, attitude and practice (KAP) survey among 800 households.

- **Advocacy**: CUAMM shares its experience of and promotes the ENGAGE-TB approach at international meetings.

Community-based activities are essential in preventing TB according to Chiara Conti, Technical Officer for CUAMM-Ethiopia:

“Many people in rural areas are unaware about TB treatment. Even after being diagnosed they will often go home and risk spreading it. We go to communities to collect data, and understand how cultural and traditional beliefs affect behaviour. We identify how people receive information and are developing channels to involve them, including TB in community conversations and in school events, and providing health education in hospitals and waiting areas of health facilities. We also integrate work related to TB with existing HIV work”.

Meeting in the zonal health office to develop an enabling environment for change
The ENGAGE-TB approach is being piloted in five countries (Democratic Republic of Congo, Ethiopia, Kenya, South Africa and Tanzania) under the project ‘Strengthening the involvement of NGOs in community-based TB and TB/HIV care (May 2011-April 2013)’, supported by the Bristol-Myers Squibb Foundation: Secure the Future (BMSF/STF).

Highlights include:
- Implementation manual being developed – complementing ENGAGE-TB Operational Guidance – to explain in simple terms how all elements of the ENGAGE-TB approach can be implemented in day-to-day NGO activities.
- National-level consultations held in five countries.
- National-level NGO coordinating bodies (NCBs) on TB established (with WHO technical support and brokering role) to develop national guidelines for engaging NGOs in community-based activities.
- National operational guidelines on strengthening the engagement of NGOs/CSOs in community-based TB/HIV activities finalized in Democratic Republic of Congo, Kenya (see below) and Tanzania.
- NGOs in five countries recommended as potential ENGAGE-TB partners for technical assistance and support from BMSF/STF (with input from WHO HQ/Regional and Country Offices).
- M&E tools to monitor community contributions developed in four countries.

Published national operational guidelines for Democratic Republic of Congo and Kenya

National consultation in DR Congo

National consultation in Tanzania

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The STOP TB Department of WHO represented by Dr. Mario Raviglione and Haileyesus Getahun join the steering committee of the One Million Community Health Workers Campaign. Convened by Prof. Jeffrey Sachs, Director of the Earth Institute at Columbia University, the Campaign recognizes the vital role of community health workers (CHWs) in reducing morbidity and mortality and seeks to align CHWs with broader health system strengthening efforts at the primary care level. It aims to ensure that one million CHWs are trained and active in Africa by 2015 at a ratio of 1 CHW per 650 rural inhabitants in Africa. Linking the ENGAGE-TB Approach with the campaign will ensure the integration of community-based TB activities into broader multi-disease platforms.

Upcoming events