The Stop TB Department of the World Health Organization (WHO) organized a satellite symposium on the WHO-recommended ENGAGE-TB Approach at the 43rd Union World Conference on Lung Health, on 16 November 2012. Its objectives were to promote the integration of community-based TB activities into the work of NGOs and other CSOs in line with the ENGAGE-TB Approach; and to share experiences and good practices in the implementation of the Approach. The event was co-chaired by the Director of the WHO Stop TB Department, Mario Raviglione, and Plan International’s Deputy Regional Director for Asia, Haider Yaqub. Approximately 150 participants attended, representing international and national NGOs and other CSOs, affected communities, Ministries of Health, professional associations, technical and financial partners and WHO. The Civil Society Declaration on Tuberculosis, asking for a commitment to zero TB deaths and zero new infections, was read for participants and the media during the meeting.

Mario Raviglione, Director of the WHO Stop TB Department, opened the meeting welcoming the participants and recalled the launch of the ENGAGE-TB Approach operational guidance at the Stop TB Symposium on 13 November 2012. The Approach seeks to broaden the number of organizations engaging in community-based TB activities, and is essential for increasing the number of persons with TB being diagnosed and notified and for improving treatment outcomes through community-based care.

Thomas Joseph, Team Leader, Community Engagement in the WHO Stop TB Department presented the ENGAGE-TB Approach operational guidance. Over the past five years, TB case detection has stagnated and about a third of the estimated cases are either not diagnosed or not reported. NGOs and other CSOs can play an active role to address this gap by integrating TB prevention, diagnosis and care into their work. National TB Programmes (NTPs) need to reach out to NGOs, collaborate with them and encourage them to include TB in their strategies and activities. NGOs and other CSOs should foster their collaboration with the NTPs and align their systems in order to enhance the prevention, diagnosis and treatment of TB in the communities they are serving. The operational guidance describes the community-based actions and collaborative processes that need to be undertaken by NGOs and other CSOs and by NTPs to strengthen NGO and CSO engagement in community-based TB activities. It also identifies two core indicators for measuring the contribution of community-based activities to key TB outcomes through one national recording and reporting system. Five pioneer countries, including the Democratic Republic of Congo, Ethiopia, Kenya, South Africa and Tanzania, are currently implementing the ENGAGE-TB Approach, with WHO support from country, subregional, regional and headquarter levels. Financial and capacity building support is provided by Bristol-Myers Squibb Foundation Secure the Future (BMSF STF).

Saidi Egwaga, the NTP manager from Tanzania, presented their experience in implementing the ENGAGE-TB Approach. Implemented activities include reaching out to 22 NGOs/CSOs not yet engaged in TB and holding a national consultation in August 2012. An NGO coordinating body was formed in order to liaise with the NTP more systematically about key issues in their engagement in TB. Draft national guidelines and a code of conduct and ethics for stakeholders were developed in September 2012 through a consultative process that included the NTP, National AIDS Programme (NAP), NGOs, and WHO. Since then, three NGOs have been identified for possible implementation of the ENGAGE-TB Approach in collaboration with the NTP and WHO. Next steps include development of a Memorandum of Understanding between the NTP and identified NGOs, training selected NGOs on integrated TB services at
community level, integrating TB into the NGO annual plans for implementation, and monitoring implementation in line with the two core indicators in the ENGAGE-TB Approach.

Chiara Conti from CUAMM-Ethiopia, an NGO, presented the status, challenges and next steps of their integrated community-based TB, HIV and cancer screening programme. This ENGAGE-TB Approach project is being implemented by CUAMM in collaboration with the Ministry of Health of Ethiopia using the Health Extension Programme architecture including health extension workers and health development army. The WHO country office staff provide technical support. Objectives include improving and expanding both community- and facility-based TB services, through existing Government structures to maximize impact and ensure sustainability. A strong mentorship, coordination and review mechanism has been agreed upon with the Government health services and WHO. The programme’s community-based contribution to referrals, TB notifications, and treatment success of people with TB will be recorded and reported to the Government and captured in the national TB monitoring and evaluation system.

Kitty van Weezenbeek, the WHO Western Pacific Regional TB Adviser, commented on the opportunities for expansion of the ENGAGE-TB Approach in the Region. It was reported that the Regional Technical Advisory Group and the Region’s NTP managers already endorsed the ENGAGE-TB Approach and shared the Region’s intentions to enhance the engagement of NGOs and other CSOs in integrated community-based TB activities. Situational analysis to explore opportunities for scale-up will shortly start in the Philippines and Viet Nam. ENGAGE-TB Approach will be promoted at the Union Asia Conference on Lung Health in 2013. The Regional TB Adviser remarked that key roles that the NGOs and CSOs can play in TB response go beyond improving TB treatment outcomes and case notifications, and can for example include advocacy for addressing and avoiding drug stock-outs and ensuring provision of quality Government health services free of charge.

Khurshid Hyder, the WHO Southern and Eastern Asia Regional TB Adviser, also affirmed the commitment of the Region to the ENGAGE-TB approach and said that an assessment and mapping of NGOs in various countries of the region had been commissioned and was nearing completion. The information gathered from this exercise would be useful in engaging NGOs in the Region in future.

The satellite symposium participants expressed support for the WHO-recommended ENGAGE-TB Approach and commended WHO on the published operational guidance. The ENGAGE-TB Approach, it was said, is systematic and clear, and scale-up is needed in all countries and the opportunities to do so are many. Participants called for systematic involvement of NGOs and other CSOs in the development of national TB strategies and national TB plans, with explicit and comprehensive integration of NGO roles and needs in the national TB plans. In order to ensure meaningful and ambitious NGO and other CSO engagement in countries, the national TB plans need to include programmatic and funding needs for their engagement; synergies should also be nurtured with existing coordination mechanisms such as CCMs. The importance of the critical brokering role and technical support provided by WHO particularly at country level was mentioned.

In closing, the co-chair, Hyder Yaqub, emphasised the many opportunities available to engage unengaged NGOs who are still unaware of the importance of integrating TB in their work. Integration of TB is in the interests of their own mission and so would be attractive to them if they are sensitised to the issues and provided some guidance on methodology. The ENGAGE-TB Approach does just that and so is a very useful instrument in the fight against TB.