BASELINE ASSESSMENT OF COMMUNITY BASED TB SERVICES IN **8 ENGAGE-TB PRIORITY COUNTRIES**

World Health Organization

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This publication contains inputs from the consultation meeting on finding missing TB cases through integrated community-based TB service delivery held on 11-13 April 2018, Addis Ababa, Ethiopia and does not necessarily represent the decisions or policies of WHO.

Design by North Creative

CONTENTS

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
BMU	basic management unit
CBO	community based organization
CHV	community health volunteers
CHW	community health workers
CSO	civil society organization
DST	drug susceptibility testing
FBO	faith based organization
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
LHW	lady health workers
MDR/RR-TB	multidrug-resistant TB or rifampicin-resistant (but isoniazid-susceptible) TB
MDR-TB	multidrug-resistant TB, defined as resistance to rifampicin and isoniazid
MoH	ministry of health
NCB	national coordinating body
NGO	nongovernmental organization
NTP	national tuberculosis control programme or equivalent
PEPFAR	President's Emergency Plan for AIDS Relief
PPM	public-public and public-private mix
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
US	United States
USAID	The United States Agency for International Development
WHO	World Health Organization

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BACKGROUND

The overall objective of the Global Fund Strategic Initiative "Finding missing people with TB in selected countries" is to support countries to identify and treat missing TB cases. The Initiative has two specific objectives: 1) Address specific barriers to finding missing cases, especially in key populations and vulnerable groups and 2) Develop and apply innovative approaches and tools to find and treat missing cases. The primary target of the Strategic Initiative is 13 countries (12 countries with matching funding and India) with the largest gap in terms of missing TB cases for both drug susceptible TB (DS-TB) and drug resistant TB (DR-TB). These countries together account to 75% of all missing DS-TB and 55% of DR-TBs.

WHO has been engaged by the GF to support countries to uptake and scale-up existing guidelines and recommendations, and overcome barriers on operationalization of the recommendations, in order to contribute to the GF goal of finding an additional 1.5 Million missing TB cases by end of 2019. Intensification and scale up of integrated community based TB activities is considered one of the key interventions to reach this goal. In this context, the WHO TB/HIV and Community Engagement Unit has carried out a gap analysis and situation assessment, in the form of desk reviews, for eight WHO ENGAGE-TB priority countries supported by the Global Fund, i.e. DRC Indonesia, Myanmar, Nigeria, Pakistan, Tanzania, Kenya and Mozambique, in order to summarize and analyze evidence about the state of community based TB activities. The focus on these eight countries was justified by two reasons: the countries experience a high prevalence of TB and have a very high number of missed/unreported cases.

METHODOLOGY

These desk assessments involved two stages of data collection, review and synthesis:

STAGE 1
Development of country profiles

Country profiles were compiled to provide an overview of their national community policies, strategies and programmes in place for accelerated TB case finding. To develop the profiles, Global Fund applications, national TB strategic plans and reports, programme review reports, relevant national guidelines and websites of the community stakeholders, to understand scope of their respective interventions, and other related grey literature (program monitoring data, evaluation reports, research reports) were examined. To ensure that the country profiles present valid and up-to-date information, drafts were shared (by e-mail) with the respective WHO country office staff, the Global Fund country teams, Challenge TB country teams and partners, including USAID and the Stop TB Partnership.

STAGE 2
Integration of inputs from the WHO Addis consultations

A global consultation meeting on finding missing TB cases through integrated community-based TB service delivery was organized by the Global TB Programme (GTB) of the World Health Organization (WHO), on 11-13 April 2018 in Addis Ababa, Ethiopia. Participants from Democratic Republic of Congo, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, and United Republic of Tanzania attended the meeting. The purpose was to share country best practices and implementation strategies, identify programme gaps and opportunities and develop country specific roadmaps to improve existing plans including technical assistance needs to find missing TB cases. The desk reviews were reviewed after the meeting in order to integrate the meeting's outputs.

Limitations

Information collected through the above sources might not be exhaustive and could be missing details, components or underreporting some of the specific issues. The focus of the reviews is on integrated community TB services, as described under the WHO ENGAGE-TB approach, and their national implementation; a broader analysis of all additional factors influencing access to TB services is outside the scope of these reviews.

DEMOCRATIC REPUBLIC OF CONGO

GLOBAL FUND APPLICATION SUMMARY AND COUNTRY OVERVIEW

Application information

Country	Democratic Republic of Congo
Component(s)	TB/HIV
Principal recipient(s) for TB	Ministry of Health, Cordaid (community activities)
Grant start/end date	1 January 2018/31 December 2020
TB/HIV funding request	US$ 179 335 402
Matching funds	US$ 10 000 000

Tuberculosis funding landscape: the overall Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) contribution constitutes 90% of the funding for tuberculosis (TB) activities, while partner contributions from Challenge TB (United States Agency for International Development – USAID) and Action Damien account for approximately 10% of available funding. The current Global Fund funding request focuses on key priority interventions of the National Strategic Plan (NSP) and complements Government and partner contributions. Most of the activities constitute a continuation of ongoing efforts.

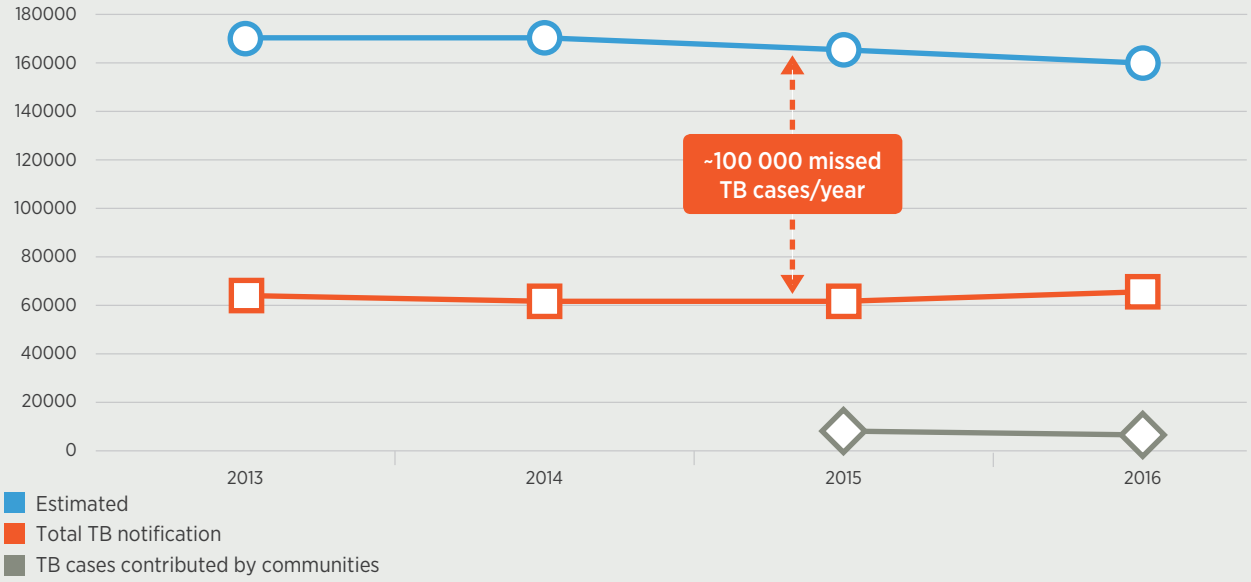
Budget for community-based TB activities: community-based TB activities are budgeted under the Global Fund grant for a total of US$ 5 860 000.[1]

Country context: the Democratic Republic of Congo (DRC) is one of the biggest countries in Africa, with an estimated population of 85 million distributed over 26 provinces. The health system is fragmented, hospitals most often lack key equipment and drugs for primary health care and the predominantly impoverished population has limited access to health services. DRC is also classified by the Global Fund as a challenging operating environment because of several years of conflict and war. Access to certain populations in the east still is a major challenge.

TB burden and missed cases: DRC is a high-TB-prevalence country according to WHO criteria, with an estimated incidence rate of 322 cases per 100 000 people in 2017.[2] Case notifications saw an increase since 2008 as a result of improved case-finding, through increased coverage of the national programme, and population growth. However, TB case detection remains a major challenge, with an estimated >120 000 missed TB cases in 2016 (Fig. 1). TB control is integrated into primary health care through 1746 health centres (centres de santé de diagnostic et de traitement – CSDTs), but TB treatment coverage for 2016 was only 51%. Nationally, management of TB patients has improved in recent years, with a national treatment success rate of 89% for new cases registered in 2016,[3] although some provinces maintain high rates of loss to follow-up. Following a scoping mission with a WHO expert in 2016, the country plans a prevalence survey with a protocol that will first be tested in prisons (work planned for 2017–2018).

1 DRC country presentation at the WHO consultation meeting on finding missing TB cases through integrated community based TB service delivery (Addis Ababa, Ethiopia, 11–13 April 2018).
2 Global tuberculosis report 2018. Geneva: World Health Organization; 2018.
3 Ibid.

FIG. 1. Estimated annual number of missed TB cases, 2013–2016



Contribution of community TB activities: in 2016, community health workers contributed 10% of all TB case notifications.[4] In 2017, updated data from the WHO Global TB Report show a contribution of 8%.

OVERVIEW OF STRATEGIC PLAN AND POLICIES FOR TUBERCULOSIS

The control of the TB epidemic is one of the main objectives of the **National Strategic Health Plan 2016–2020.** This plan also recognizes that the community is not sufficiently involved in the management and planning of the health activities and has set a target of a 50% increase in community involvement in health-care services.[5] An assessment is also planned to establish how many legally recognized nongovernmental organizations and civil society organizations are presently involved in TB community activities.[6] In line with the National Strategic Health Plan, one of the main interventions in the **National Strategic Plan for Tuberculosis 2018–2020 (NSP)** for this new grant is to reinforce community-based activities (including the ENGAGE-TB approach) and work more closely with all community-based organizations and civil society organizations on TB management activities. In particular: training members of the community, nongovernmental organizations and community-based organizations in TB contact tracing and active case-finding among key populations for 2060 health centres (six per centre), strengthening community involvement in patient follow-up (community directly observed treatment – DOT, treatment support and recovery of lost-to-follow-up patients, smear appointment reminders), sputum transport and publishing an annual narrative and epidemiological report of the national TB programme (NTP), including community TB data.[7]

A community intervention strategy has been developed and is currently being implemented by partners (e.g. Challenge TB) in some provinces.[8] The strategy targets 11 out of 26 provinces with urban centres. At the community level, TB screening and diagnostic services will be strengthened by intensifying services in vulnerable populations: slums, prisons, mines, camps for internally displaced people (IDP); household contact tracing; integration of TB into the community-based work of nongovernmental organizations working on HIV maternal and child health; and integrated community case management of malaria.[9] As highlighted by the Global Fund country team, community support is key to the achievement of impact and technical assistance should be mobilized as soon as possible to start working on the definition of its approach in line with ongoing national efforts and the NSP.

During a mission by the TB/HIV & Community Engagement Unit of WHO in September 2017, integrated community-based activities in line with the WHO ENGAGE-TB grant were discussed and endorsed through a national consultation, with representation of the NTP, USAID, Stop TB Partnership, WHO country office and civil society. The package of activities to be implemented by community health workers includes: household contact tracing for all notified TB patients; collection and transport of samples to TB diagnosis sites; accompanying persons with presumptive TB for diagnosis; systematic screening

4 Ibid.
5 National Health Plan 2016–2020 – French version (Plan national de developpement sanitaire 2016–2020).
6 Input provided by WHO country office – March 2018.
7 National Strategic Plan for Tuberculosis 2014–2017– French version (Plan stratégique national tuberculose 2014–2017).
8 Input provided by WHO national professional officer – March 2018.
9 WHO country mission – September 2017.

for TB (and referral) during all community-based HIV/child immunization or other activities; psychosocial support during treatment; door-to-door screening in slums with high TB incidence. Although a number of approaches to implement community-based TB activities have been tested and implemented in the country, integration of these activities at community level remains limited. It was agreed to introduce integration of community-based TB activities into the work of nongovernmental organizations working on HIV, maternal and child health and integrated community case management of malaria, as a means to enhance effectiveness and cost-effectiveness. It has also been agreed to engage pharmacies in referrals of persons with presumptive TB in close collaboration with community health workers.

Monitoring progress of strategic objectives

Monitoring and evaluation of TB community activities suffers from frequent stock-outs of community tools, a weak reporting system, lack of harmonized tools and the only partial integration of community TB indicators in the District Health Information System (DHIS2), which currently covers only 39% of districts. Community guidelines and community training tools are available along with the trainers and mentors, but the country has no training plan in place and training is mostly provided by partners on a one-off basis and without harmonization at country level. The availability of Global Fund, USAID and Government funds to improve community activities represents an opportunity to address the conflicting training agenda and the demotivation and retention of community health workers. With regards to integration of TB services with other disease programmes, the country has developed a "one-stop shop" strategy and a plan to change the current vertical approach and lack of integration of activities; however, an integration activity or strategy linking this plan to the community activities has not yet been developed. The support from the Global Fund resilient and sustainable systems for health grant could represent a good opportunity to develop and implement a community integration plan together with the "one-stop-shop" strategy.

COORDINATION AND COLLABORATION

Community-based organization networks for key

Under the last Global Fund grant, the **Stop TB RDC,** a "structural and organizational framework", was set up to strengthen collaboration with the community sector; its key functions are the regulation of community interventions, capacity building, mentoring, advocacy, concertation of TB nongovernmental organizations, sharing of experiences between nongovernmental organizations. The Stop TB RDC holds a quarterly meeting with key stakeholders.

During the September 2017 WHO joint mission to DRC, it was agreed that, in order to enhance meaningful engagement of community stakeholders in TB programming, community-based nongovernmental organization implementers would benefit from integrated NTP supervision to the grassroots. Nongovernmental organization activities will be coordinated through a coordinating platform and quarterly meetings at provincial and central levels.[11] The platform is already in place and meetings have been held since December 2017; however; they are limited to the national level. The set-up of regular and harmonized provincial consultations is ongoing.[12]

TB community workers are linked to NTP, but there are no regular coordination meetings. Although NTP supervisions and reviews include community aspects, community supervision is mostly done by the nongovernmental organizations responsible for community health workers. However, funding is insufficient to cover all community supervisions planned by NTP or nongovernmental organizations, and data validation exercises happen only sporadically.

POLICY AND TOOLS

The **TB National Strategic Plan 2018–2020** recognizes that the community is not sufficiently involved in the management and planning of health activities and has listed the community system as one of the key implementing actors for the success of the current strategy, in line with the national Strategy for Strengthening the Health System (Stratégie de Renforcement du Système de Sante- SRSS).

Community participation activities are based on the fifth component of the country's **Stop TB strategy,** defined in the **TB National Strategic Plan 2018–2020** and the **Guide de prise en charge de la tuberculose** [Guide on TB management] and cover the following activities: home-

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