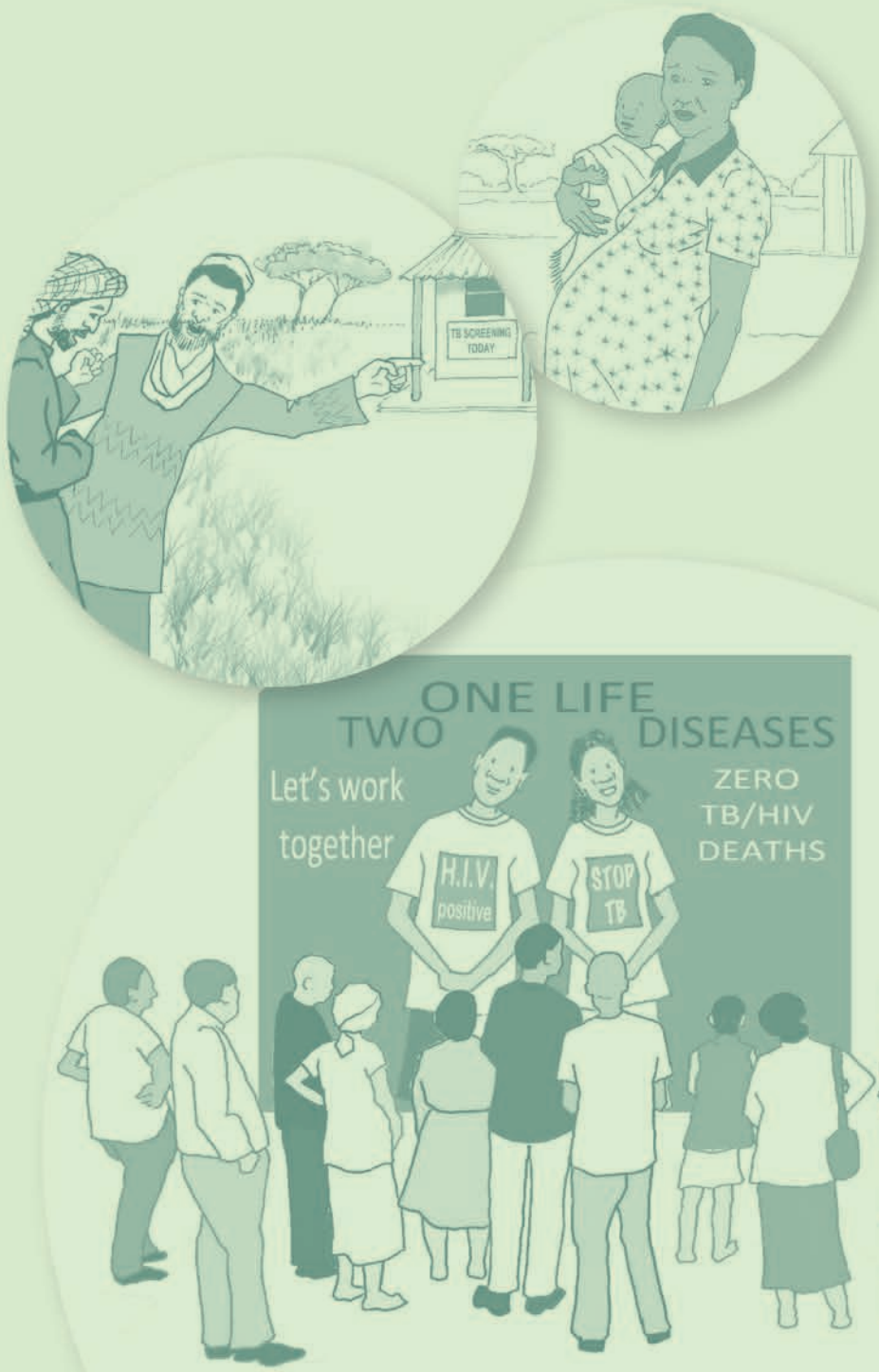
ENGAGE-TB

Integrating community-based tuberculosis activities into the work of nongovernmental and other civil society organizations



Implementation manual

World Health Organization

WHO Library Cataloguing-in-Publication Data

Engage-TB: integrating community-based tuberculosis activities into the work of nongovernmental and other civil society organizations: implementation manual.

1.Tuberculosis – prevention and control. 2.Tuberculosis – diagnosis. 3.Tuberculosis – therapy. 4.Community health services. 5.Community medicine. 6.Organizations. I.World Health Organization.

ISBN 978 92 4 150654 0 (NLM classification: WF 200)

Design by North Creative, Geneva.

Printed in Spain.

WHO/HTM/TB/2013.10

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Acknowledgements

Preparation of this implementation manual was supervised by Thomas Joseph, with the support of Lana Tomaskovic and under the overall guidance of Haileyesus Getahun.

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WHO headquarters, regional and country offices

Mohamed Abdel Aziz (Regional Office for the Eastern Mediterranean), Annabel Baddeley (Global TB Programme), Pierpaolo de Colombani (Regional Office for Europe), Ogtay Gozalov (Regional Office for Europe), Khurshid Alam Hyder (Regional Office for South-East Asia), Daniel Kibuga (Regional Office for Africa), Rafael Lopez-Olarte (Regional Office for the Americas), Mukund Uplekar (Global TB Programme), Catharina van Weezenbeek (Regional Office for the Western Pacific).

The preparation of this implementation manual was financially supported by USAID and the Bristol-Myers Squibb Foundation Secure the Future.

Declarations of interests

All the contributors completed a Declaration of interests for WHO experts form. The declarations were analysed by the TB/HIV and Community Engagement unit of the WHO Global TB Programme, which found that no significant interest had been declared.

The following interests were declared:

Samson Agbo declared having been employed and consulted for an organization on community-based programming.

Liz Corbett declared that her academic institution, the London School of Hygiene and Tropical Medicine, received two Wellcome Trust grants for research into the public health impact of active case finding, for which she is the Principal Investigator. Her academic institution also received a grant from WHO to conduct a systematic review; the grant ended in 2012.

Carolyn Green declared that she had previously worked as a consultant in community-based health programming.

Lee-Nah Hsu declared that he works for the International Labour Organisation (ILO), where TB is listed in the international classification of occupational diseases. He therefore sometimes represents ILO to speak about TB as an occupational disease and to promote occupational safety and health protection of all workers, including health workers. He and his organization promote the International Conventions and Labour Standards on occupational safety and health of workers, including protection from TB.

Meshack Ndirangu declared that his employer, AMREF, advocated for greater involvement of communities and their structures (including civil society organizations) in health care programming. During his seven years at AMREF, he advocated for the same, especially with the Government of Kenya, and helped construct programmes that adequately involve communities in health care.

Contents

Acronyms and abbreviations

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
BCC	behaviour change communication
BCG	bacillus Calmette-Guérin (vaccine)
BMU	basic management unit
CBO	community-based organization
CHW	community health worker
CSO	civil society organization
CV	community volunteer
DOT	directly observed treatment
DOTS	directly observed treatment, short-course
FBO	faith-based organization
HIV	human immunodeficiency virus
IEC	information, education and communication
IPT	isoniazid preventive therapy
MDR-TB	multidrug-resistant tuberculosis
MNCH	maternal, newborn and child health
NCB	NGO coordinating body
NGO	nongovernmental organization
NTP	national tuberculosis programme
PHC	primary health care
SWOT	strengths, weaknesses, opportunities, threats
TB	tuberculosis
TB/HIV	the intersecting epidemics of TB and HIV infection
WASH	water, sanitation and hygiene
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

Introduction

In 2012, an estimated 8.6 million people around the world became ill with tuberculosis (TB), and 1.3 million died from it. This included an estimated 410 000 women and 74 000 children.[1]

However, an estimated **one third of cases of TB are still either not diagnosed or not reported**. Even when people with suspected TB are identified, the disease is often diagnosed and treated late. This means that it causes more damage and can be more difficult to treat. If a person has active pulmonary (lung) TB, this means also that more people will be infected if the person does not get treatment.

Even though **TB can be cured and prevented**, it is still one of the world's top infectious killers—second to HIV.

TB is the **main cause of illness and death for people living with HIV**. About one quarter of deaths of people with AIDS are linked with TB. In 2012, in countries with high levels of HIV, up to 80% of people with TB tested positive for HIV. At least one third of people with HIV infection also have latent TB, and they have a much higher risk of developing active TB disease.

In addition, TB is linked with chronic diseases such as diabetes and factors that lead to ill health, such as tobacco and drug use, alcoholism and malnutrition. These are often associated with poverty, crowded living conditions and poor access to basic hygiene measures. Pregnant women and young children are also very vulnerable to TB.

What is ENGAGE-TB?

The World Health Organization (WHO) developed the ENGAGE-TB approach when national TB programme (NTP) managers and civil society organization (CSO) representatives requested guidance on how to involve nongovernmental organizations (NGOs) and other CSOs (NGOs/CSOs) in TB prevention, diagnosis and care. *ENGAGE-TB: Integrating community-based TB activities into the work of NGOs and other CSOs—operational guidance* was published in 2012.[2]

The operational guidance explains the policies and programmes that are needed to support NGOs/CSOs to integrate TB into their community-based work in sectors such as maternal, newborn and child health (MNCH), HIV care, primary health care (PHC), education, agriculture and livelihoods development programmes. It also outlines how NTPs, NGOs/CSOs can collaborate on community-based approaches that support four main areas of TB work:

- **early TB case finding**: identifying people who might have TB or are especially vulnerable to TB and referring them for diagnosis;
- **TB treatment support**: making sure that people who need treatment receive it, complete the full course of treatment and get regular check-ups;
- **TB prevention**: educating people on how to stop infectious TB from passing from one person to another and on how to reduce the risk factors that assist the spread of the disease; and