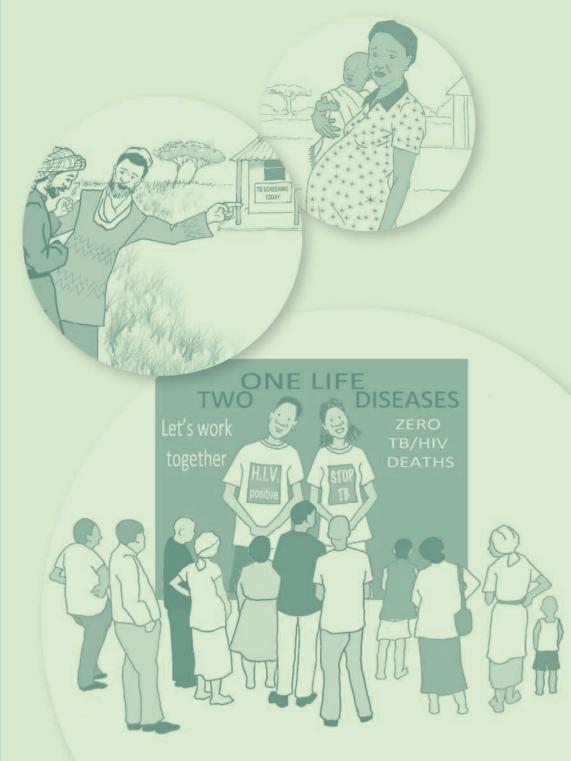
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Integrating community-based tuberculosis activities into the work of nongovernmental and other civil society organizations







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Implementation manual



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## 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.

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# 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 workerCSO civil society organizationCV 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 therapyMDR-TB multidrug-resistant tuberculosis

MNCH maternal, newborn and child health

**NCB** NGO coordinating body

NGO nongovernmental organizationNTP 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 hygieneWHO 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.<sup>1</sup>

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.<sup>2</sup>

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

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