

ENGAGE-TB

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

Operational guidance



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: operational guidance / by Haileyesus Getahun ...[et al].

1.Tuberculosis – prevention and control. 2.Tuberculosis – diagnosis. 3.Tuberculosis – therapy. 4.Community health services. 5.Community medicine. 6.Organizations. I.Getahun, Haileyesus II.Joseph, Thomas. III.Tomaskovic, Lana. IV. Raviglione, Mario C. V.World Health Organization.

ISBN 978 92 4 150450 8 (NLM classification: WF 200)

© World Health Organization 2012

All rights reserved. Publications of the World Health Organization are available on the WHO web site (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press through the WHO web site (http://www.who.int/about/licensing/copyright_form/en/index.html).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

The named authors alone are responsible for the views expressed in this publication.

Designed by North Creative, Geneva, Switzerland.

Printed in Italy.

WHO/HTM/TB/2012/8

ENGAGE-TB

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

Operational guidance



World Health
Organization

Abbreviations

AIDS	acquired immunodeficiency syndrome
BMU	basic management unit
CBO	community-based organization
CSO	civil society organization
FBO	faith-based organization
HIV	human immunodeficiency virus
NCB	NGO coordinating body
NGO	nongovernmental organization
NTP	national tuberculosis control programme or equivalent
TB	tuberculosis
TB/HIV	the intersecting epidemics of TB and HIV
WHO	World Health Organization

Contents

Acknowledgements	iv
Declarations of conflicts of Interests	v
1. Background	1
2. Purpose of the operational guidance	3
3. Target audience	3
4. Integrating tuberculosis activities	3
5. Principles	4
6. Adaptation of the operational guidance	4
7. Process of development	5
8. The ENGAGE-TB approach	5
8.1 Situation analysis	6
8.2 Enabling environment	7
8.3 Guidelines and tools	9
8.4 Task identification	10
8.5 Monitoring and evaluation	11
8.6 Capacity-building	12
9. References	14
Annex 1. Indicators for monitoring implementation	15
Annex 2. Periodic evaluation	17

Acknowledgements

ENGAGE-TB: Integrating community-based tuberculosis activities into the work of nongovernmental and other civil society organizations – operational guidance was written by Haileyesus Getahun and Thomas Joseph, with contributions from Lana Tomaskovic and under the overall guidance of Mario Raviglione.

Writing group for the operational guidance

Draurio Barreira (National TB Programme, Brazil), Jeremiah Chakaya (Kenya Medical Research Institute (KEMRI) and Kenya Association for the Prevention of Tuberculosis and Lung Diseases (KAPTLD), Kenya), Meghan Holohan (United States Agency for International Development (USAID), USA), Frauke Jochims (Médecins Sans Frontières (MSF), Switzerland), Netty Kamp (KNCV Tuberculosis Foundation, The Netherlands), Lillian Kimani (Saint Paul University, Kenya), Chris Kinyanjui (ActionAid International, Kenya), Blessina Kumar (Community Representative and Vice Chair, Stop TB Partnership, India), Refiloe Matji (USAID TB CARE II Project, University Research Co., South Africa), Ya Diul Mukadi (USAID, USA), Joshua Obasanya (National TB, Leprosy and Buruli Ulcer Control Programme, Nigeria), Gracia Violeta Ross (Bolivian Network of People Living with HIV/AIDS, Bolivia), Meshesha Shewarega (Christian Relief and Development Association, Ethiopia), Thim Sok (Cambodian Health Committee, Cambodia), Haider W. Yaqub (PLAN International, Thailand), Fikre Zewdie (OXFAM GB, South Africa).

Field testing and assessment of the acceptability of the proposed core indicators was conducted by Jeremiah Chakaya (KEMRI and KAPTLD, Kenya), Augustine Choko (Malawi-Liverpool-Wellcome Clinical Research Programme, Malawi), Gavin Churchyard (Aurum Institute, South Africa), Liz Corbett (London School of Tropical Medicine and Hygiene and Malawi-Liverpool-Wellcome Clinical Research Programme, Malawi), Sibusiso Hlatjwako (Aurum Institute, South Africa), Lillian Ishengoma (National TB & Leprosy Programme, United Republic of Tanzania), Grace Karanja-Gitonga (KAPTLD, Kenya), Joseph Limo (KAPTLD, Kenya), Refiloe Matji (USAID TB CARE II Project, University Research Co., South Africa), Ntombi Mhlongo-Sigwebela (USAID TB CARE II Project, University Research Co., South Africa), Liesl Page-Shipp (Aurum Institute, South Africa), Craig Parker (Aurum Institute, South Africa), Mpho Ratshikana-Moloko (USAID TB CARE II Project, University Research Co., South Africa), Rodrick Sambakunsi (Malawi-Liverpool-Wellcome Clinical Research Programme, Malawi).

Philippe Glaziou (Stop TB Department, WHO) contributed to developing the indicators.

External peer reviewers

Bernard Dornoo (National AIDS/STI Control Programme, Ghana), Hailegnaw Eshete (Ethiopian Public Health Association, Ethiopia), Devasena Gnanashanmugam (Independent consultant, USA), Anthony Harries (International Union Against Tuberculosis and Lung Disease (The Union), United Kingdom), Elmira Ibraim (Marius Nasta Institute of Pneumology, Romania), Nikki Jeffery (Target Tuberculosis, United Kingdom), Evaline Kibuchi (Kenya AIDS NGO Consortium, Kenya), Subrat Mohanty (Project Axshya, The Union, India), Barbara Rijks (International Organization for Migration (IOM), Switzerland), Elena Rodríguez Valín (Centro Nacional de Epidemiología, Instituto de Salud Carlos III, Spain), Joseph Sitienei (Division of Leprosy, TB and Lung Disease, Kenya), Stacie Stender (international non-profit health organization affiliated with Johns Hopkins University (JHPIEGO), South Africa), Javid Syed (Treatment Action Group (TAG), USA), Armstrong Tingwane (Letloa Trust, Botswana), Claire Wingfield (TAG, USA).

Participants in the expert consultation to develop operational guidance for community care and civil society engagement in TB, 20-21 September 2011, WHO, Switzerland, who contributed to the initial draft of the document

Andrea Atzori (CUAMM, Italy), Draurio Barreira (National TB Programme, Brazil), Joy Backory (UNAIDS, Switzerland), Anne-Marie Bettex (Kempinski Hotels SA, Switzerland), Catherine Carr (JHPIEGO, USA), Jeremiah Chakaya (KEMRI and KAPTLD, Kenya), Lucy Chesire (TB Action Group, Kenya), Lenssa Daba (Independent consultant, USA), Diane DalleMolle (Cabrini Ministries, Swaziland), Bernard Tei Dornoo (National AIDS/STI Control Programme, Ghana), Saidi Egwaga (National TB and Leprosy Programme, United Republic of Tanzania), Hailegnaw Eshete (Ethiopian Public Health Association, Ethiopia), Claudette Francis (Supported Improved Life Centre, USA), Channe Addisu Gebre (Merlin, South Sudan), Lasha Gogvadze (International Federation of Red Cross and Red Crescent Societies, Switzerland), Goran Grujovic (IOM, Switzerland), Alemayehu Habtegabriel (Compassion International, Ethiopia), Mahlet Kifle Habtemariam (Federal Ministry of Health, Ethiopia), Harry Hausler (TB/HIV Care Association, South Africa), Ann Hendrix-Jenkins (CORE Group, USA), Paul Holley (Anglican Health Network, Switzerland), Meghan Holohan (USAID, USA), Akramul Islam (BRAC, Bangladesh), Suman Jain (The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), Switzerland), Robert Josiah (National AIDS Control Programme, United Republic of Tanzania), Netty Kamp (KNCV Tuberculosis Foundation, The Netherlands), Paul Kasonkomona (Civil Society Health Forum, Zambia), Blessina Kumar (Community Representative and Vice Chair, Stop TB Partnership, India), Bernard Langat (Division of Leprosy, TB and Lung Disease, Kenya), David Mametja (National TB Programme, South Africa), Sarah Masyuko (Anti-retroviral Therapy Programme, Ministry of Public Health and Sanitation, Kenya), Mick Matthews (The Global Fund, Switzerland),

Gitau Mburu (AIDS Alliance, United Kingdom), Fran Du Melle (American Thoracic Society, USA), Kyi Minn (World Vision International, Myanmar), Phangisile Mtshali Manciya (Bristol Myers-Squibb Foundation Secure the Future (BMSF STF), South Africa), Ya Diul Mukadi (USAID, USA), Biruck Kebede Negash (Federal Ministry of Health, Ethiopia), Ernest Nwaigbo (Anglican Health Network, Nigeria), Robert Ochai (The AIDS Support Organisation, Uganda), Augustin Yuma Okenge (National HIV Programme, Democratic Republic of the Congo), Jean-Paul Okiata (National TB Programme, Democratic Republic of the Congo), Susan Perez (Independent consultant, USA), D'Arcy Richardson (PATH, USA), Gracia Violeta Ross (Bolivian Network of PLHA, Bolivia), Lilian Severin (Carlux, Republic of Moldova), Andreij Slavuckij (MSF, Switzerland), Thim Sok (Cambodian Health Committee, Cambodia), Stacie Stender (JHPIEGO, South Africa), Javid Syed (TAG, USA), Robert Vitillo (Caritas Internationalis, Switzerland), Susan Wandera (AMREF, Uganda), Elizabeth West (IOM, Switzerland), Gini Williams (International Council of Nurses, United Kingdom), Nevin Wilson (The Union, India), Carin Wittwer (Kempinski Hotels SA, Switzerland).

WHO headquarters, regional and country offices

Ali Akbar (Afghanistan Country Office), Gani Alabi (Ethiopia Country Office), Annabel Baddeley (Stop TB Department), Abera Bekele (Ethiopia Country Office), Erwin Cooreman (Myanmar Country Office), Sara Faroni (Stop TB Department), Ogtay Gozalov (Regional Office for Europe), Reuben Granich (HIV Department), Christian Gunneberg (Stop TB Department), Ernesto Jaramillo (Stop TB Department), Joel Kangangi (Kenya Country Office), Bah Keita (Regional Office for Africa), Wasir Khan (Regional Office for the Eastern Mediterranean), Rafael Lopez-Olarte (Regional Office for the Americas), Frank Lule (Regional Office for Africa), Casimir Manzenge Mingiedi (Democratic Republic of the Congo Country Office), Rex Mpazanje (Kenya Country Office), Wilfred Nkhoma (Inter-country Support Team, Eastern and Southern Africa), Nicolas Nkhere Masheni (Democratic Republic of the Congo Country Office), Paul Nunn (Stop TB Department), Mukund Uplekar (Stop TB Department), Diana Weil (Stop TB Department), Rajendra-Prasad Yadav (Cambodia Country Office), Kefas Samson (Swaziland Country Office), Delphine Sculier (Stop TB Department), Neema Simkoko (United Republic of Tanzania Country Office), Alexandra de Sousa (TDR), Yadette Zenebech Wake (Ethiopia Country Office).

Stop TB Partnership Secretariat

Young Ae Chu, Jacob Creswell, Jennifer Dietrich, Giuliano Gargioni, Elisabetta Minelli.

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

Declarations of conflicts of interests

All the contributors completed a WHO Declaration of Interest form. The following interests were declared:

Gavin Churchyard declared that his employer Aurum Institute received research support from the Global Alliance for TB Drug Development (US\$ 15 073 for a grant that expired in March 2012 and £30 011 for a current grant). Both grants related to community engagement in TB activities. Aurum Institute is also the recipient of a current grant of US\$ 1 236 672 from Sanofi Pasteur for a research project on contact tracing.

Liz Corbett declared that her academic institution, the London School of Tropical Medicine and Hygiene, received two Wellcome Trust grants for research into the public health impact of active case finding, for which she is the Principal Investigator.

Lilian Kimani declared that she served as a consultant and facilitator to the Bristol Myers Squibb Foundation/Secure the Future in the area of TB/HIV and community engagement at a daily rate of US\$ 400 per day.

Rodrick Sambakunsi declared that his academic institution, the London School of Tropical Medicine and Hygiene, received two Wellcome Trust grants for research into the public health impact of active case finding.

1. Background

Tuberculosis (TB) affected an estimated 8.7 million people and caused 1.4 million deaths globally in 2011, including 0.5 million women and at least 64 000 children. About 13% of TB occurs among people living with HIV, and TB causes almost a quarter of AIDS deaths. There is evidence of links between TB and noncommunicable diseases such as diabetes mellitus and with determinants of ill-health like tobacco and drug use, alcoholism and malnutrition. TB mostly affects the productive segment of society in their prime.

One third of people estimated to have TB are either not reached for diagnosis and treatment by the current health systems or are not being reported. Even in patients who are identified, TB is often diagnosed and treated late. In order to reach the unreached and to find TB patients early in the course of their illness, a wider range of stakeholders already involved in community-based activities needs to be engaged. These include the nongovernmental organizations (NGOs) and other civil society organizations (CSOs) that are active in community-based development, particularly in primary health care, HIV infection and maternal and child health, but have not yet included TB in their priorities and activities (1).

NGOs and other CSOs are non-profit organizations that operate independently from the state and from the private for-profit sector. They include a broad spectrum of entities such as international, national and local NGOs, community-based organizations (CBOs), faith-based organizations (FBOs), patient-based organizations and professional associations. CBOs are membership-based non-profit organizations that are usually self-organized in specific local areas (such as a village) to increase solidarity and mutual support to address specific issues. For example, these include HIV support groups, women's groups, parent-teacher associations and micro-credit village associations. CBO membership is comprised entirely of community members themselves, so these organizations can be considered to represent the community most directly. NGOs and other CSOs engage in activities that range from community mobilization, service delivery, and technical assistance to research and advocacy (1).

The strengths of NGOs and other CSOs active in health care and other development interventions at the community level include their reach and spread and their ability to engage marginalized or remote groups. These organizations have a comparative advantage because of their understanding of the local context. Greater collaboration between NGOs and other CSOs and local and national governments could greatly enhance development outcomes (2). A more decentralized approach that formally recognizes the critical role of NGOs and other CSOs as partners addressing gaps through support to community-based actions will expand TB prevention, diagnosis, treatment and care activities.

Community-based TB activities cover a wide range of activities contributing to prevention, diagnosis, improved treatment adherence and care that positively influence the outcomes of drug-sensitive, drug-resistant and HIV-associated TB. The activities also include community mobilization to promote effective communication and participation among community members to generate demand for TB prevention, diagnosis, treatment and care services. While diagnostic tests for TB continue to be performed in clinical settings, for lack of simpler diagnostic methods, community-based TB activities are conducted outside the premises of formal health facilities (e.g. hospitals, health centres and clinics) in community-based

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_28542

