World Health Organization

END TB

WHO PLATFORM FOR COMMUNITY BASED TB ACTIVITES

NEWSLETTER

DEAR COLLEAGUES AND FRIENDS

Welcome to the first newsletter of the new WHO Platform for community based TB activities!

The platform was created in follow up to the WHO Addis consultation held in April 2018 to accelerate the implementation of the End TB Strategy and increase case finding to achieve the Global Fund Strategic Initiative ambitious goal of finding an additional 1.5 million people with TB by the end of 2019.

Community based TB activities are crucial to this goal.

These newsletters are focused on raising the profile of community-based TB activities through discussion and debate in priority countries, sharing of best practices, evidence and lessons learned.

In this first issue, we wanted to share an initial snapshot of the current level of implementation, gaps and challenges faced by implementers in high-burden settings. To do so, we have asked implementing partners across the platform to provide information on their current projects/activities through a short online survey. The main findings by topic are summarized below.

SURVEY RESULTS

BACKGROUND

The survey comprised of 14 questions ranging from coverage, to the type of activities implemented, the collaboration between state and non-state actors, coordination, M&E and the main barriers to implementation.

COVERAGE

Key implementers - including community based organizations (CBOs), national TB programmes (NTPs) and WHO country offices - answered the survey, covering almost 700 CBOs and 13,000 community health workers and volunteers from 8 high burden countries (Ethiopia, Indonesia, Kenya, Mozambique, Myanmar, Pakistan, Tanzania, Uganda).

LIMITATIONS

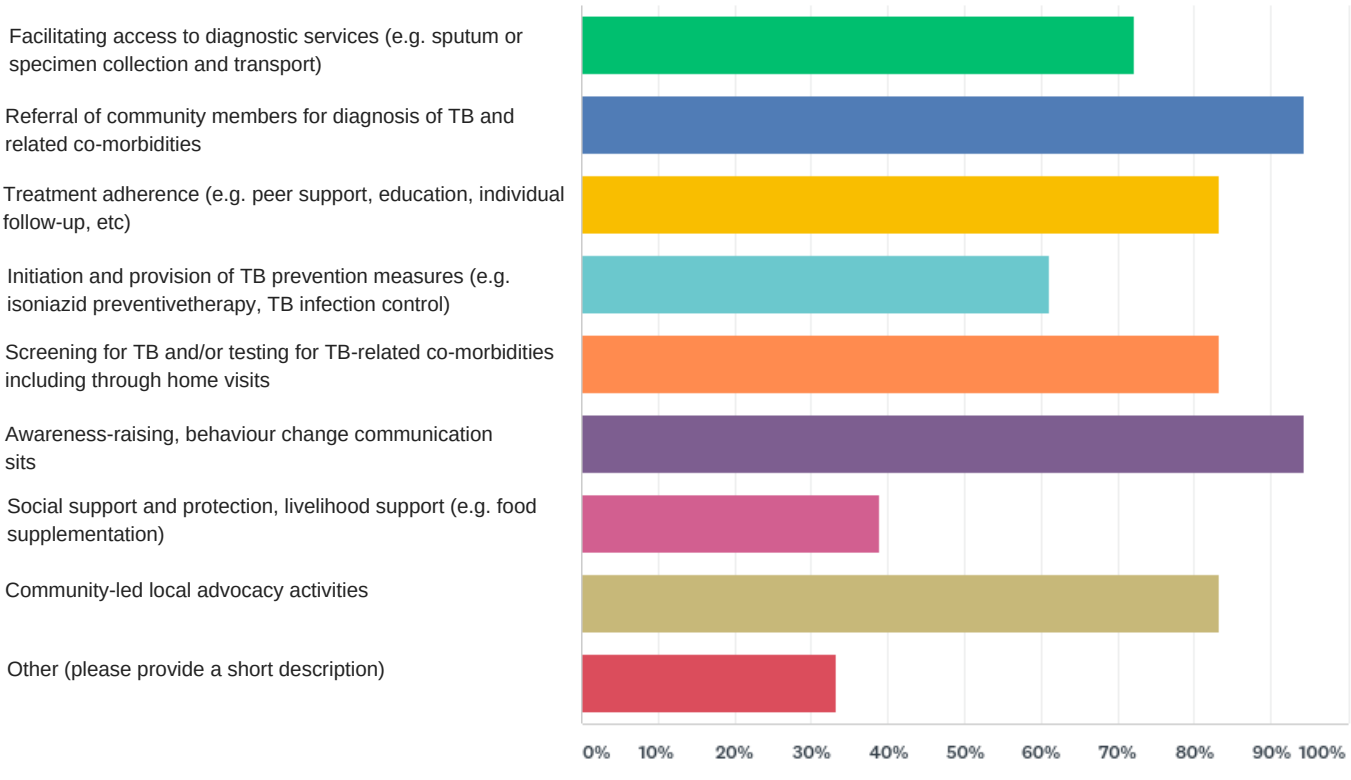
Although we are aware that this exercise cannot offer a complete and comprehensive picture of the overall level of implementation, it does however provide an updated snapshot of the main trends, gaps and challenges currently faced by implementing countries in high-burden settings. The findings, with particular regards to gaps and barriers, are also in line with the discussions and outcome roadmaps developed during the Addis consultations, reaffirming once more the need for strengthening community based TB activities.

SURVEY RESULTS

ACTIVITIES

The main activities implemented are referral of community members for diagnosis of TB and related co-morbidities (94%), awareness-raising, behavior change communication (94%), treatment adherence (83%), screening for TB and/or testing for TB-related co-morbidities including through home visits (83%) and community-led advocacy (83%). Initiation and provision of TB prevention measures are provided by 61% or respondents, while social support/protection and livelihood support is only provided by 39%.

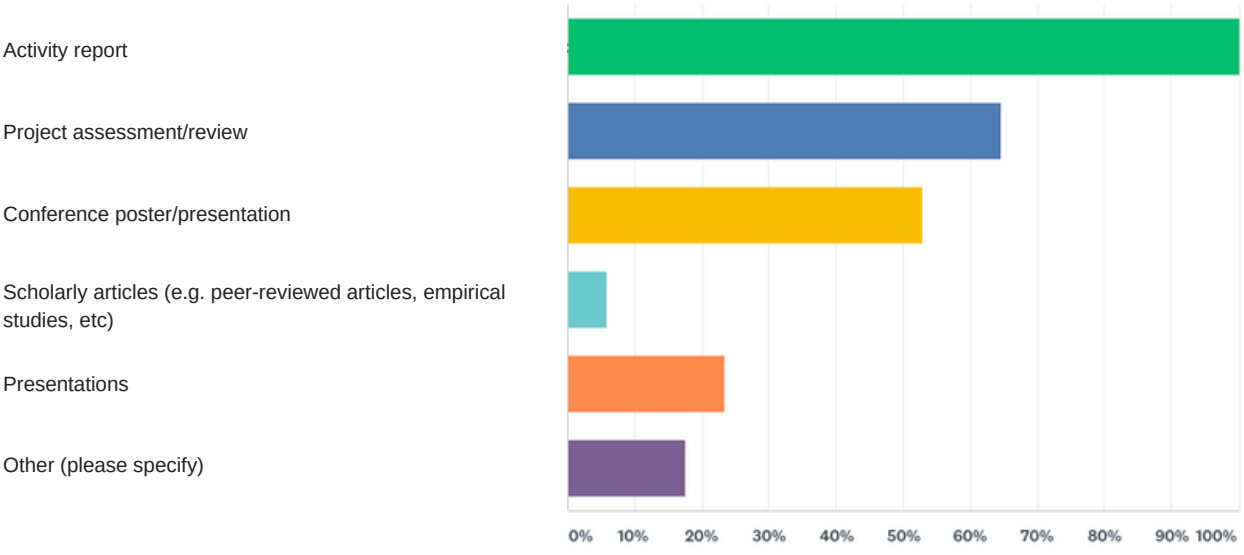
WHAT ARE THE MAIN COMMUNITY BASED TB ACTIVITIES IMPLEMENTED BY YOUR ORGANIZATION?



DOCUMENTATION AND DISSEMINATION OF BEST PRACTICES

While activity reports are available for all implementers, only about 53% reported having prepared posters or conference presentations and only 6% reported having generated some scholarly articles (e.g peer-reviewed articles, empirical studies, etc). The answers also highlight the lack of operational research aimed at identifying effective community interventions, an area that could potentially have a considerable impact on improving programmes' performance in finding the missing people with TB.

WHICH OF THE FOLLOWING DOCUMENTS LINKED TO YOUR ORGANIZATION OR PROJECT/S ARE AVAILABLE?



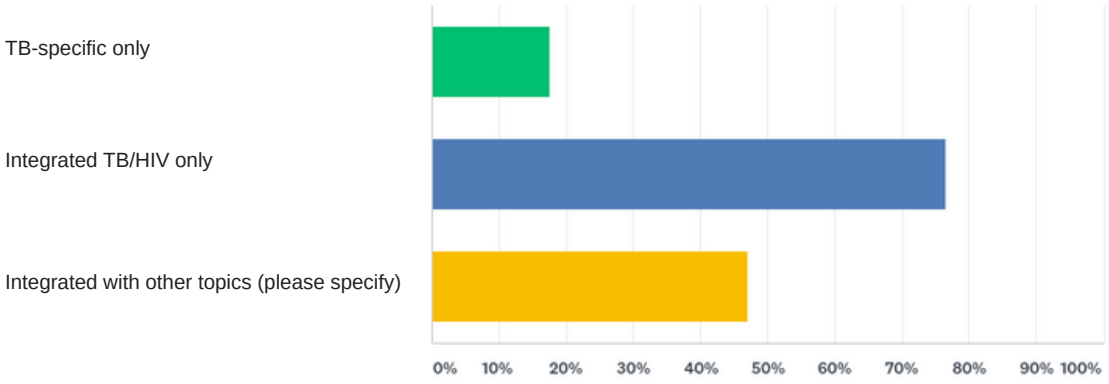
SURVEY RESULTS

INTEGRATION

The majority of respondents indicated that the TB activities are integrated with HIV (76%) or other health topics (47%), with 18% conducting TB-specific activities only. However some comments indicated that the situation is not consistent across countries and levels of integration also vary between projects and regions.

Integration with other topics included primarily malaria (N=2), agriculture (N=2), maternal child and reproductive health (N=1), cervical and breast cancer screening (N=1) and human rights (N=1).

ARE COMMUNITY BASED TB ACTIVITIES INTEGRATED WITH OTHER TOPICS (E.G. HIV, MALARIA, MATERNAL AND CHILD HEALTH, EDUCATION, AGRICULTURE, ETC..) OR ARE THEY EXCLUSIVELY TARGETING TB?

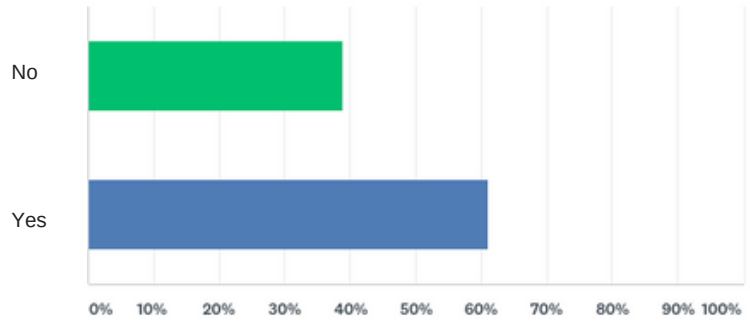


SURVEY RESULTS

DIGITAL TOOLS

Digital tools to support community based TB activities are employed by 61% of respondents, The landscape of current tools described includes SMS reminders to improve adherence, phone calls for defaulters tracing and specifically designed apps or platforms for patient support and wider community engagement. Although uptake of digital tools is increasing, as also highlighted by comments from partners which are currently developing new tools, 39% of projects/programmes are still not employing any digital aid. Among respondents who are reporting use of digital tools (61%), coverage of those digital tools within the respective geographical areas is uncertain. This highlights an opportunity for strengthening TB response through community action.

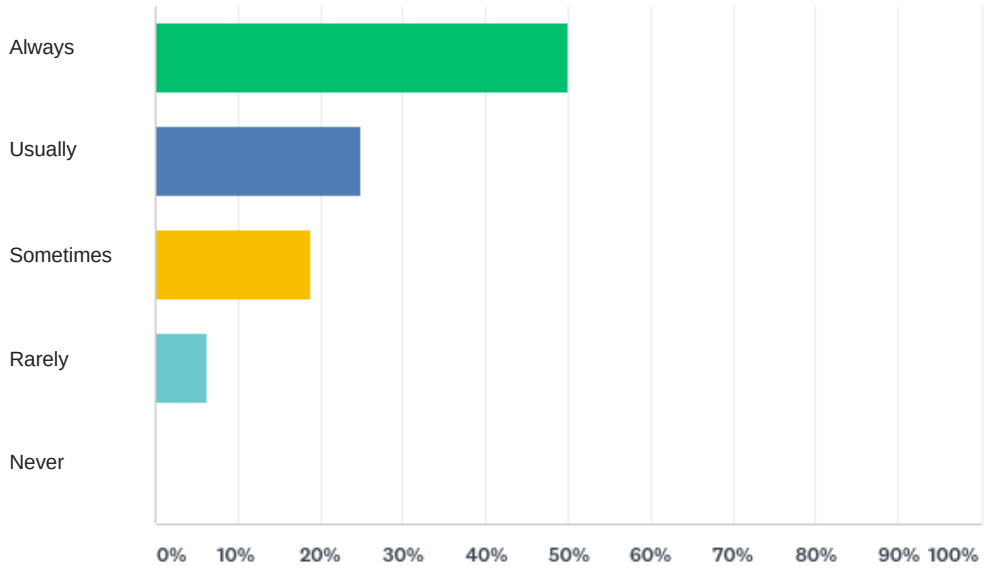
IS DIGITAL HEALTH USED IN ANY WAY TO SUPPORT COMMUNITY-BASED TB ACTIVITIES IN YOUR PROJECT/PROGRAMME? (E.G. SMS REMINDERS FOR IMPROVING TREATMENT ADHERENCE; MOBILE PHONE APPS FOR DATA COLLECTION AND REPORTING; ETC.)



COMMUNITY M&E AT HEALTH FACILITIES

Data generated from community activities (e.g. household contact tracing, referral of TB presumptive cases, treatment adherence support) is consistently captured in the local health facility's registers in only 50% of cases among responders, highlighting the need for better coordination with health facilities and improvement of the M&E system at this and national level. Among the barriers identified by reporters were clients not presenting the referral forms to health facilities, but also underreporting by community health workers and volunteers and lack of inclusion of certain community activities into health facility's registries (e.g. treatment support).

ARE DATA GENERATED FROM YOUR IMPLEMENTED COMMUNITY ACTIVITIES (E.G. HOUSEHOLD CONTACT TRACING, REFERRAL OF TB PRESUMPTIVE CASES, TREATMENT ADHERENCE SUPPORT) CAPTURED IN THE LOCAL HEALTH FACILITY'S REGISTERS?

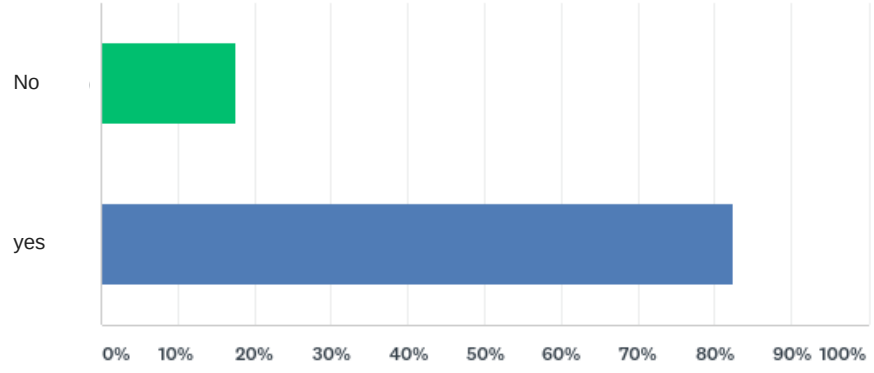


SURVEY RESULTS

COORDINATION

The vast majority of respondents reported their organization/programme being part of an active national coordination body/mechanism for community based TB activities (82%). Different forms of coordination mechanisms are in place, ranging from Technical Working Groups, Global Fund PR-led coordination mechanisms and inter-agency committees or NTP-led mechanisms. Although the presence of these coordination mechanisms is a great step forward, Many of these efforts remain limited in scope, as they are often donor or project-specific (e.g. Global Fund funded projects) and do not provide nationwide coordination for all community actors involved in TB.

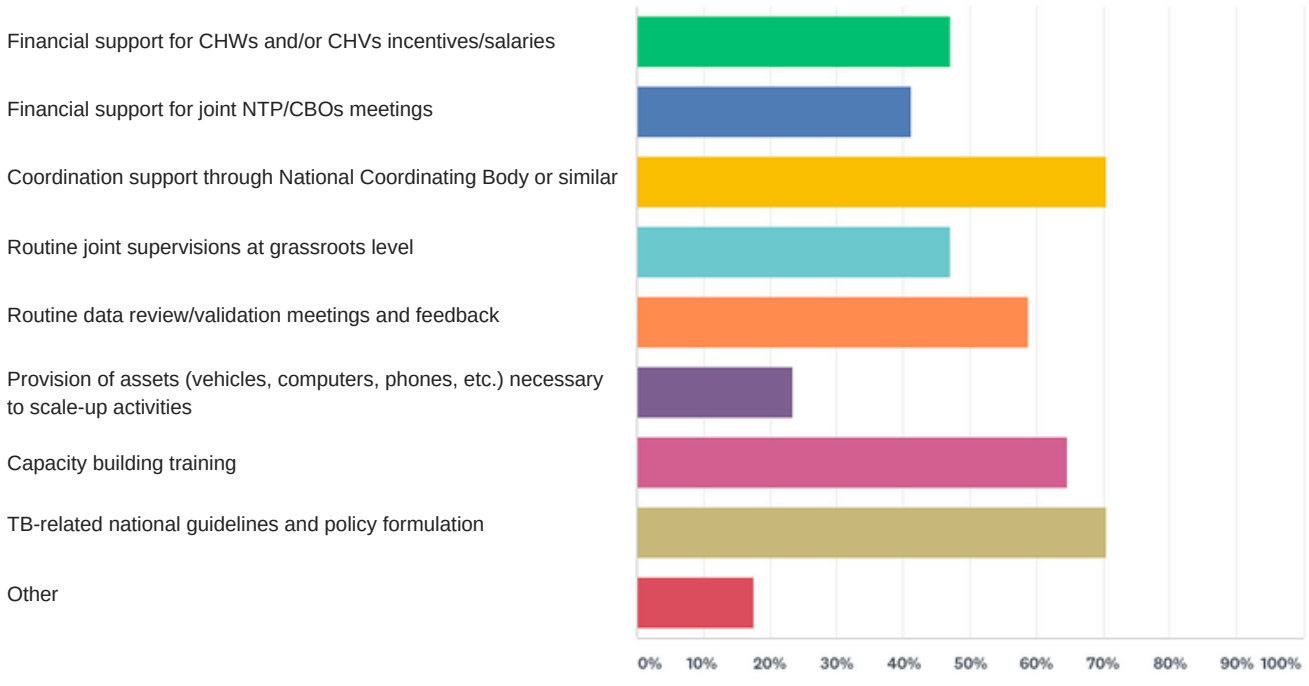
IS YOUR ORGANIZATION/PROGRAMME PART OF AN ACTIVE NATIONAL COORDINATION BODY/MECHANISM FOR COMMUNITY BASED TB ACTIVITIES?



COLLABORATION BETWEEN STATE AND NON-STATE SECTORS

All respondents indicated having some form of ongoing collaboration and 82% indicated the collaboration as "formal". The main type of support provided by the national TB programmes is coordination support (71%), and TB-related national guidelines and policy formulation (71%). In particular, routine joint supervision of community based activities at grassroots level is reported in only 47% of respondents, demonstrating a major programmatic gap. Furthermore, financial support/incentives for community health workers and volunteers (47%) and for joint meetings (41%) is not consistently provided and is only available to less than half of the responding implementers.

WHICH TYPES OF SUPPORT/COLLABORATION ARE CURRENTLY IN PLACE AND IMPLEMENTED?

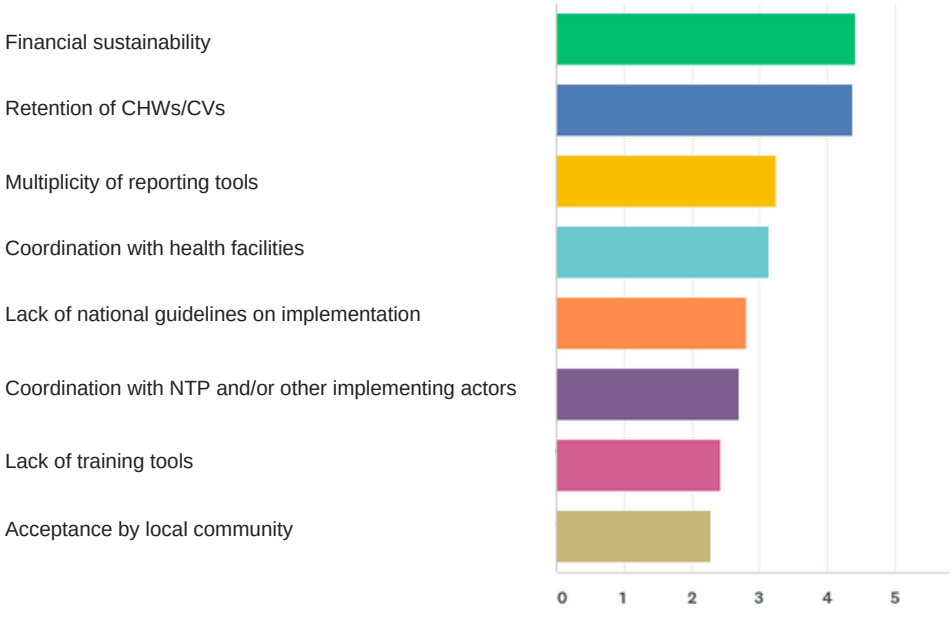


SURVEY RESULTS

BARRIERS

Respondents identified financial sustainability as the main barrier to implementation of community based TB activities (71%), followed by retention of community health workers and volunteers (53%). These two points are interlinked, as funding is often project-dependent, a mechanism that jeopardizes retention of trained community health workers and volunteers once projects come to an end. Multiplicity of reporting tools, coordination with health facilities and NTP, lack of national guidelines and training tools and acceptance by local communities were also reported as hurdles by some respondents, but of much lesser impact. Additional barriers reported were acceptance by the NTP and scarsity or low capacity of organizations working in TB.

WHICH OF THE FOLLOWING POINTS REPRESENT A BARRIER THE IMPLEMENTATION OF COMMUNITY BASED TB ACTIVITIES BY YOUR ORGANIZATION/PROGRAMME? RANK EACH OF THEM FROM 1 TO 5 BASED ON HOW MUCH EACH POINT IMPACT IMPLEMENTATION (1=LOW IMPACT, 5=HIGH IMPACT)



INNOVATIONS

When asked to name any recent change that has significantly contributed to the quality of the activities implemented by their organization or programme, respondents have provided several examples, which can be grouped under the following areas:

- closer collaboration with health facilities/NTP/MoH (N=4)
- further NGO engagement (partnerships, MOU, etc) (N=4)
- active case finding and TB screening (N=2)
- social and nutritional support (N=2)
- training (N=1)
- public private mix (PPM) (N=1)
- introduction of new digital tools (N=1)

CONCLUSIONS

The survey shows that valuable progress has been made in many areas of implementation; community health workers and volunteers have a key role in referring TB presumptive patients (94%) and raising awareness about TB (94%), most projects are well documented (100% have activity reports), there is a rather high level of integration with HIV (76%), a good uptake of digital tools (61%) and collaboration between the state and non-state sectors is in place in most countries, particularly with regards to coordination (82%) and provision of guidelines and policies (71%).

Progress still needs to be made with regard to social protection and support to TB patients (39%), producing research materials (6%), strengthening community M&E at facility level (50%) and routine supervision (47%) , retaining trained community health workers and volunteers and, above all, ensuring financial sustainability, which still remains one of the biggest hurdles in rolling out community based TB services.

As most of the available Global Fund grant budgets for community activities remain modest compared to National Strategic Plans. Ongoing technical assistance through regular dialogue with countries has proved essential to raise the profile of this critical technical area in finding missing persons with TB.

COMMUNITY ENGAGEMENT AT WHO GLOBAL TB PROGRAMME

WHO Global TB Programme is committed to closely monitor the implementation of community based TB activities in high burden countries to provide targeted technical assistance and tools for improving the quality of community based TB care and for strengthening national standardised M&E. This survey was a step in this direction and we will continue focusing our efforts to identify, promote and share effective and innovative how-to practices and increase visibility and adoption of successful models to finding missing TB cases.

The ENGAGE-TB team will also leverage on the establishment of the revamped "WHO Global Civil Society Task Force on TB" for strengthening action and advocating for meaningful inclusion of civil society and affected communities in all country planning, implementation, supervision and evaluation.

SHARE YOUR STORY!

Tell us your stories about success or challenges in implementing community based TB activities. The best stories will be selected to feature on the next issue of this newsletter.

Write to us at engage-tb@who.int

For further information about WHO work on community based TB activities, please visit: https://www.who.int/tb/areas-of-work/community-engagement/en/

The preparation of this newsletter was financially supported by the Global Fund Strategic Initiative to find Missing Persons with TB.