

ENGAGE-TB

Empowering communities

to **END TB** with the **ENGAGE-TB** approach



“The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.” Declaration of Alma-Ata.



FOREWORD

Community engagement is critical to improve the reach and sustainability of tuberculosis (TB) interventions, helping save lives from this top infectious killer.

In 2012, the World Health Organization (WHO) launched an innovative approach called ENGAGE-TB to better identify and treat people with TB, by involving previously unengaged non-governmental organizations (NGOs) and other civil society organizations (CSOs). This includes a wide spectrum of community-based organizations working in primary health care, HIV, maternal and child health, education, agriculture and livelihood initiatives.

There has been impressive progress from the implementation of the ENGAGE-TB approach in five focus countries. This document highlights how communities are advancing the response to TB with the support of WHO, NGOs and other CSOs, and the impact of these activities on reaching people with TB.

Looking forward, efforts are being made to integrate the ENGAGE-TB approach in national strategic plans and donor applications, including to the Global Fund, to ensure sustainability of activities beyond the duration of the project. Over US\$ 5 million in funding has already been leveraged from additional sources for future implementation in Democratic Republic of Congo, Ethiopia, Kenya, Malawi, United Republic of Tanzania and Zimbabwe.

The fight to end the TB epidemic by 2030 can only be won with communities at the heart of the TB response. The ENGAGE-TB approach lays out the path to make enhanced community engagement a reality, and expand the base for the global TB response.



Mario Raviglione
Director of the Global TB Programme

TB QUICK FACTS

- 9.6 million people fell ill with TB in 2014, including 1.2 million people living with HIV.
- In 2014, 1.5 million people died from TB, including 0.4 million among people who were HIV-positive.
- TB is one of the top five killers of adult women aged 20-59 years.
480 000 women died from TB in 2014, including 140 000 deaths among women who were HIV-positive.
- At least 1 million children became ill with TB and an estimated 140 000 children died of TB in 2014, including 55 000 who were HIV-positive.
- Globally in 2014, an estimated 480 000 people developed multidrug-resistant TB (MDR-TB) and there were an estimated 190 000 deaths from MDR-TB.
- In 2014, over 3 million people who developed TB in 2014 were missed by national systems.



Harnessing the power of **COMMUNITIES TO END TB**

THE POWER OF **COMMUNITIES**

“**COMMUNITY ENGAGEMENT** is defined as the process of working collaboratively with and through communities to address issues affecting their well-being”.

Despite the best efforts of health systems, about one third of people who develop TB globally are still either not diagnosed, or their cases are not reported. Difficulty in accessing health facilities is one of the reasons why people with TB may not be diagnosed, and can also have a negative impact on treatment adherence. Access to health care can be affected by social and political factors (such as stigma and discrimination, and the availability of cross-border services for migrants), and economic barriers (for example, the cost of transport). The role of community engagement in contributing to TB prevention, diagnosis and treatment, especially where people with TB have poor access to formal health services, is therefore well-recognized.

Community engagement for TB covers a wide range of activities that contribute to the detection, referral and treatment of people with drug-susceptible, drug-resistant and HIV-associated TB. They are conducted outside the premises of formal health facilities (e.g. hospitals, health centres and clinics) in community-based structures (e.g. schools, places of worship, congregate settings, markets) and homesteads.

COMMUNITY ENGAGEMENT FOR TB CARE

Community health workers and community volunteers carry out community-based TB activities, depending on the national and local context.

Screening

Screening for TB and TB-related morbidity (ex. HIV counselling and testing, diabetes), contact tracing, sputum collection and transport, including through home visits



Referral

Referring for diagnosis of TB and related diseases, linking with clinics, transport support and facilitation, accompaniment, use of referral forms



Treatment adherence support

Home visits, adherence counselling, stigma reduction, pill counting, home-based care



Social and livelihood support

Cash transfers, insurance schemes, nutrition support and supplementation, voluntary savings and loans, inclusive markets, income generation



Awareness creation and stigma reduction

Awareness-raising, behavior change communications, community mobilization and reduction of stigma and discrimination



ENGAGE-TB

Engaging NGOs/CSOs in community-based TB activities

WHO AND COMMUNITY ENGAGEMENT

- WHO supports community engagement by providing policy and programmatic guidance, promoting standardized monitoring and evaluation, brokering partnerships between national programmes and NGO/CSOs and offering training and technical assistance.
- Fostering community participation is one of the four principles underpinning the WHO End TB Strategy.
- WHO monitors the contributions of communities to the fight against TB, through a global monitoring and evaluation system. In 2014, 41 countries reported on community contribution to case notification and treatment support.
- In addition to improving the documentation and reporting of community-based TB activities, efforts to engage nongovernmental organizations that have previously not been involved in TB prevention, diagnosis and treatment are ongoing using the ENGAGE-TB approach.

THE ENGAGE-TB APPROACH

The **ENGAGE-TB approach** aims to integrate community-based TB activities into the work of the health and other development programmes of previously unengaged NGOs and other CSOs. It provides practical guidance to NTPs and NGOs and other CSOs on how to:

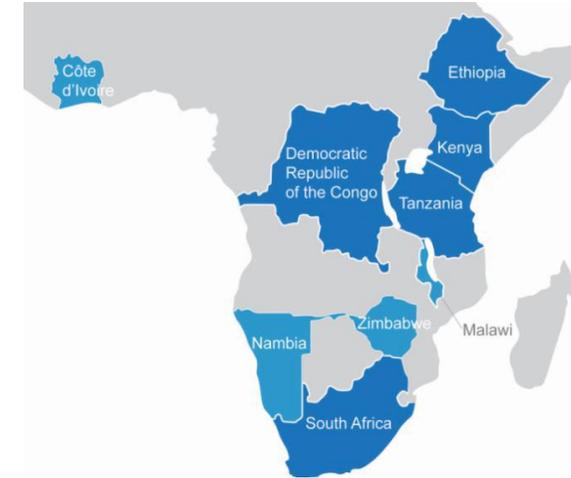
- Integrate TB activities into ongoing community-based activities of NGOs and other CSOs, in sectors such as reproductive, maternal, newborn and child health, HIV care, primary health care, education, agriculture and livelihoods development programs.
- Foster collaboration between NTPs or their equivalents and NGOs and other CSOs.
- Ensure close alignment with national systems, particularly in TB reporting and monitoring, so that community contributions are captured in national TB data.

The approach was initially implemented in **Democratic Republic of Congo, Ethiopia, Kenya, South Africa and United Republic of Tanzania**. Five additional countries, Burkina Faso, Côte d'Ivoire, Malawi, Namibia and Zimbabwe adopted ENGAGE-TB principles in national strategies and policies in 2013.

A strong coalition with CSOs and communities is one of the four principles of WHO's Global End TB Strategy after 2015.

Key achievements

ENGAGE-TB initial projects



■ ENGAGE-TB focus countries
■ new ENGAGE-TB countries

8 MILLION
Population covered with community-led access to TB services in project areas



4000 TB patients newly identified and treated in 2013-2014



Up to 90% TB patients provided treatment adherence support in the community



INTEGRATION

of TB through innovative community based models into:



Maternal and child health
in Ethiopia, Kenya



Cervical and breast cancer screening in Ethiopia



Livelihood initiatives in Kenya



HIV in DR Congo, South Africa, United Republic of Tanzania

“Before, people would go to the health centres at the last minute because they didn’t have the money to pay for the consultation, or didn’t have a referral. They would wait until their condition was serious. Now those people are treated sooner.

*Community Volunteer,
Fondation Femme Plus, Kikwit, DRC.*



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