Community involvement in tuberculosis care and prevention

Towards partnerships for health

Guiding principles and recommendations based on a WHO review

World Health Organization

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It is anticipated that the recommendations in this guideline will remain valid until 2013. The Stop TB Department at WHO headquarters in Geneva will be responsible for initiating a review of this guideline at that time.

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Abbreviations

AIDS: acquired immunodeficiency syndrome

DOT: directly observed treatment

DOTS strategy: The WHO-recommended strategy for TB control (based on case-finding and cure and comprising five key elements) that forms the precursor to and the basis of the Stop TB Strategy

HIV: human immunodeficiency virus

TB: tuberculosis

WHO: World Health Organization

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Foreword

Until very recently, the approaches to TB care and control have been focused in most settings on the essential public health and medical interventions with very limited scope to contribution by communities. And yet, the issue of community involvement in public health approaches and in the delivery of health to people is not new. Already 30 years ago, the conclusions of the historical "International Conference on Primary Health Care" in Alma-Ata on 6–12 September 1978 emphasized "the importance of full and organized community participation and ultimate self-reliance with individuals, families, and communities assuming more responsibility for their own health". Indeed, the Declaration of Alma-Ata was very explicit: "The people have the right and duty to participate individually and collectively in the planning and implementation of their health care". In that Declaration, the concept of primary health care as the key to accessing health for all and, thus, fostering societal development was linked for ever to that of social justice. Despite these visionary statements, not much had happened in the delivery of TB care and control with regards to community engagement during the two decades that followed. A few local projects had been started in different regions of the world. However, it was only in the second half of the 1990s that, in the spirit of Alma-Ata and based on the evidence of success emerging from HIV/AIDS community projects, the WHO TB programme embarked on a broader-scale assessment of community participation in the care of TB patients in several African countries. The experience gained reassured the many sceptics that non-medical, often non-governmental staff (in other words, community workers and volunteers) could support national programme efforts effectively with much increased treatment completion and cure rates. Even from an economic viewpoint, community participation in care was assessed as highly cost-effective, with major savings in hospitalization costs and with remarkable benefits to patients and communities affected.

The time had come to explicitly work towards involvement of communities, so that