

Ethiopia

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For decades, community engagement has been recognized as instrumental in tuberculosis (TB) prevention and control. The involvement of the community, however, varies across countries and is shaped by different factors including existing health policies and priorities, community structures, the willingness of community members to facilitate participation, and the structure of the health system. The TB REACH project in the Southern Region of Ethiopia is aligned with the Government's Health Extension Program (HEP) - a plan

empowering female community health workers (HEWs) to deliver a wide variety of basic health packages in their communities. The TB REACH project aims to widen the level of engagement of stakeholders, from the patient and the community to the policy makers. It engages heads of provinces, district administrators, district health office heads, health workers, religious and community leaders, previously treated TB patients, women groups, and media and policy makers, all of whom are crucial for its successful implementation.

The project delivers two models of TB case detection and care, designated as the full and the targeted packages. In the full package, HEWs identify people with presumptive TB, collect their sputum, prepare smears and send them for examination. Those with confirmed TB are then treated. The HEWs also conduct contact tracing among those with confirmed TB, revisit people with smear-negative presumptive TB, provide isoniazid preventive therapy (IPT) for asymptomatic under 5 years contacts and conduct awareness creation sessions in the community. This package is a continuation and expansion to other zones of a successful project which significantly increased case finding in Sidama in 2011-13.

In the targeted package, HEWs also identify presumptive TB cases, but instead of collecting the sputum themselves, they refer the presumptive TB case to the nearest diagnostic unit, following up with those who are unable to carry through the referral. Similar to the full package, they also supervise treatment, conduct contact tracing, and support patients. In both packages, HEWs screen for TB among vulnerable populations including children, HIV positive individuals and people living in congregate settings. Field supervisors support the work of HEWs, with one supervisor per district in the full package and one supervisor for every two to three districts in the targeted package.

The new project activities commenced in April 2013 with awareness generation sessions at zonal, district and community level, engagement of stakeholders, employment of field supervisors, and training for HEWs in five zones. In addition, as part of an objective to build local capacity, five Gene Xpert machines were procured, and laboratory staff were trained to incorporate Xpert testing into the case finding algorithms in the TB REACH project areas. External quality assurance for laboratories has been conducted. The TB REACH team also participates in the technical working group for TB and HIV in the region, sharing experience and informing the potential uptake of these approaches at a national level.

