Community involvement in scaling up TB/HIV activities

Achievements

- Cambodia “TB volunteers” – community-based NGO volunteers involved in decentralized DOT for 50% of country; now also involved in TB/HIV
  - Link TB clients to HIV testing
  - Screen PLHIV for TB
  - Impact: Improved HIV testing of TB patients
- India & Bangladesh – PLHIV networks involved in ICF and communication
  - Educate PLHA on TB
  - Perform ICF in a variety of settings
  - Support referrals

Achievements continue

- Vietnam – NGO home-based care for HIV includes family education/sensitization on TB and linkage to TB services.
- India – involvement of Targeted Intervention NGOs in TBHIV services for High-Risk Groups (CSW, IDU, MSM)
  - Services: ICF, referral of TB suspects, DOTS
- Other successful examples cited
  - Zambia: Community members staff “TB desks” in HIV clinics, and “HIV desks” in TB clinics
  - South Africa: TAC involved in advocacy, e.g. TB diagnostics

Constraints & challenges

- Culture clash – historical medical approach to TB control lacked major role for community
  - Not used to partnerships with civil society, client community
  - Underlying lack of patient empowerment
- Resources few (No demand/ no supply)
- Donor driven – and they are not steering in this direction
  - Evaluation frameworks favor medical interventions over HR and meeting-intensive community involvement
  - Missing clear standardized M&E framework for monitoring ACSM activities & quantifying impact for performance-based funding mechanisms
- Community with limited access to high-level discussions

Constraints & challenges

- Literacy around TB limited
  - TB as preventable, rather than inevitable
  - TB IC as patients / health care worker safety
  - Effect of stigma
- Limited capacity
  - National: technical support for planning, developing partnerships and proposals
  - Sub-national: limited capacity for multi-lateral initiatives & partnerships with local organizations
  - Community: NGO/CBO/PLHIV network has limited capacity to expand activities and campaigns; very limited networks of TB survivors
- Community networks (local lay health workers – e.g. ASHA, village health worker) often not utilized for either disease

Opportunities

- Leverage extensive HIV community involvement for TB
- Grow community involvement for TB and use this to also support TB/HIV activities

Way forward

- NTP, NAP and partners
  - Promote clients empowerment (NTP)(eg Clients charter)
  - Sensitize of lay workers, PLHIV groups, HRG groups, labor/workplace community groups.
  - Promote treatment/TB-HIV literacy among community
  - Include TB in NGO/CBO activities for most-affected populations
  - Document and disseminate successes
  - Engage untapped networks of lay health workers for both diseases

Way forward

- Technical partners
  - Support capacity NTP/NAP – programs to engage civil society (sub-national)
  - Develop national consultants to support planning and partnerships
  - Advocating with donors to support community involvement
  - Develop M&E framework for community involvement that donors agree on
  - Develop evidence on risk of TB, infection control to community
- PLHIV groups
  - Promote treatment/TB-HIV literacy
  - Include TB in all advocacy agenda.