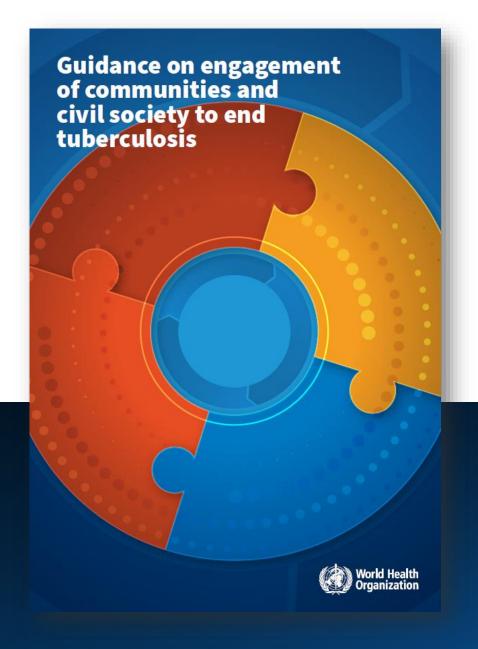
Introducing

Guidance on engagement of communities and civil society to end tuberculosis





Let's remind ourselves

- More than 10.5 million fall ill with TB yearly
- Around 1.5 million deaths due to TB yearly
- Major cause of ill health and one of the leading causes of death
- Affects populations inequitably
- Contributes to the cycle of ill health and poverty

End TB Strategy: Communities in the principles and pillars



How pillar 2 works : Key components



B. Engagement of communities, civil society organizations, and all public and private care providers





D. Social protection, poverty alleviation and actions on other determinants of TB C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control

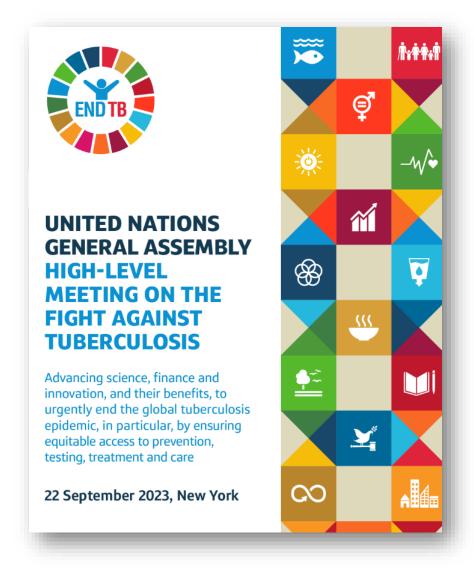






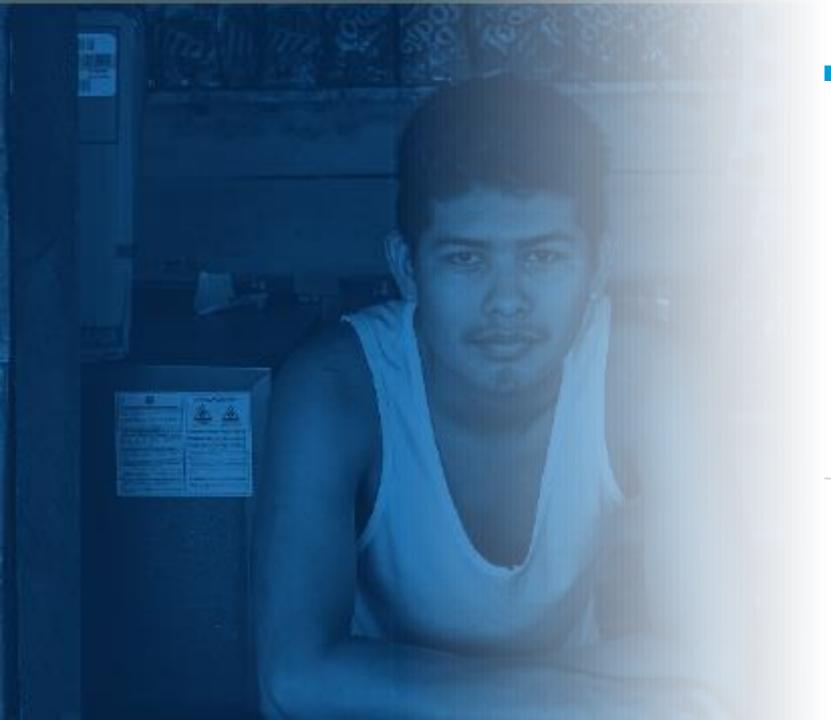
UNGA High-Level Meeting on TB 2023

- (38.) Recognize that active and meaningful engagement of civil society, people and communities affected by tuberculosis, and healthcare workers, is vital to improve access to tuberculosis
- (78.) Commit to strengthen the meaningful engagement of parliaments, civil society, the educational system and tuberculosis affected local communities, and increase and sustain investment for initiatives in particular at the community level, and in line with national contexts;





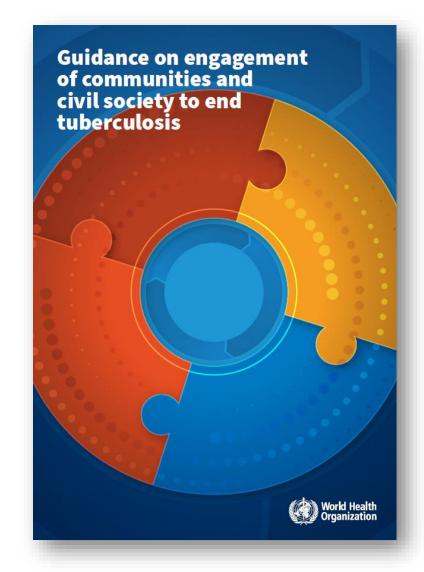




Journey towards co-creation of the future oriented guidance

Steps towards guidance development

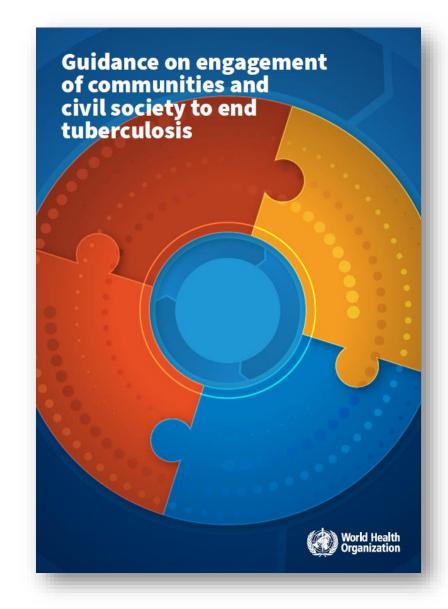
- Evaluation, focus group discussion, key informant interview
- Steering committee including community and civil society
- Consultation involving community and CSO reps, NTP and partners
- Web consultation with wider community
- WHO Civil Society Task Force on TB played a pivotal role





Key features

- Targeting both health and community system
- Short, succinct and common language to attract multiple stakeholders
- Visual representation of the take-home messages
- A model of action with examples
- Keeping in mind that contextual innovation is the key in community and civil society engagement

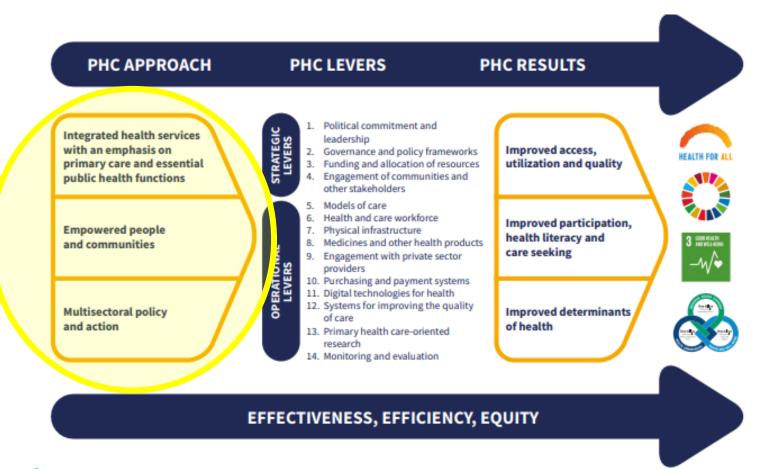


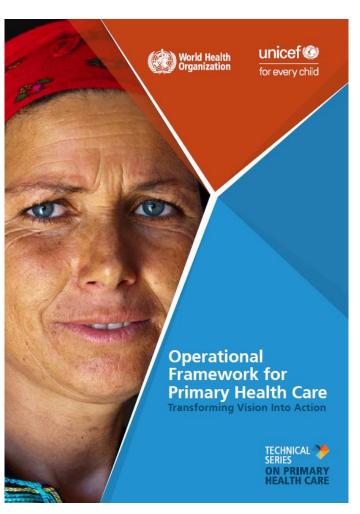




PHC Operational Framework:

WHO calls for a reorientation of health systems towards PHC







What's new? – Key points of the guidance



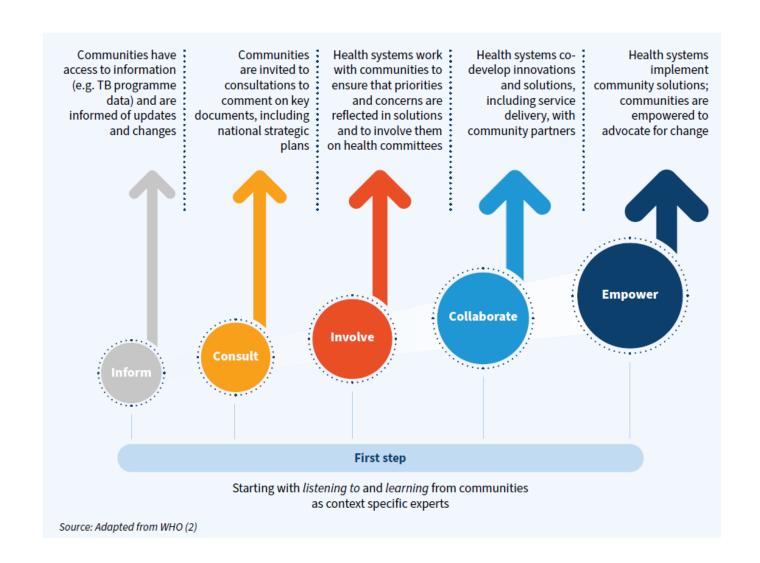
The partners in the *One System*approach





Levels of community engagement

- Community engagement is not static
- Aim should be meaningful engagement
- Empowered community has shared responsibilities







The Spectrum of community actions along TB pathway



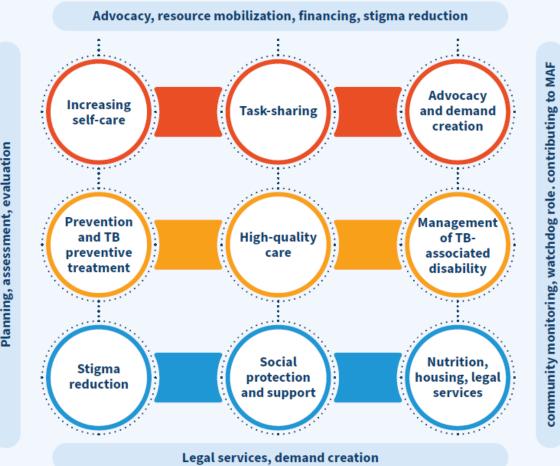






People with TB

After TB treatment



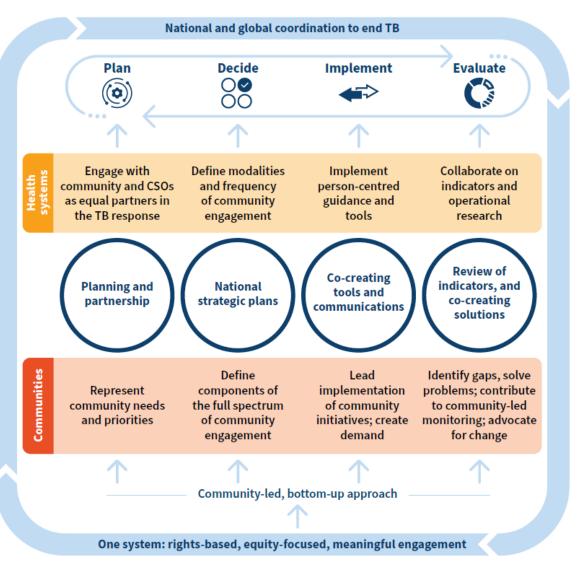




Operational
Model for
implementing
community
engagement to
end TB

Enabling environment

- Place for sharing information
- Sustainable financing
- Legal basis and policies for community engagement







Measuring community engagement

Indicator 1: Referrals and new notifications

Number of new TB patients diagnosed and notified with TB who were referred by community health workers and community volunteers

Indicator 2: Treatment success

New TB patients successfully treated who received support for treatment adherence from community health workers or community volunteers

Indicator 3: Community representation in national-level decision making

Representatives of TB-affected communities or civil society had a formal role in key NTP processes and activities during the year

Indicator 4: Level of committed funding for community engagement in the TB response at the country level

Percentage of overall funding, expressed in USD, available for community engagement activities at the country level





Checklist: meaningful engagement

- Measuring meaningful engagement requires tracking of both quantitative and qualitative information at national and sub-national and local levels.
- Community led monitoring (CLM), a form of systematic feedback aimed at improving the quality contributes to the accountability mechanism.





Indicators on community and civil society engagement in the TB response at national and subnational level	Quantitative	Qualitative
Planning: Has the situation assessment been conducted?	Yes/No	Stigma, community knowledge, attitude, practice
Decision making: Are communities and CSOs involved in national strategic planning?and in local level planning and decision making? Are communities and CSOs involved in advocacy, demand creation and multi-sectoral accountability framework? Do communities and CSOs co-develop strategic communication and tools on TB? Have service and/or capacity needs and deficits identified by communities been discussed with the NTP over the past year? Are capacity building activities for communities and CSO conducted?	Yes/No How many representatives? How frequently? Yes/No Yes/No Yes/No Yes/No	 Who? How are they involved? Who is the focal point for their engagement? Is there a clear mechanism for follow up What plans and tools? What needs and deficits? How were they incorporated? What activities?
Monitoring and evaluation: Are communities and CSOs involved in programme review and monitoring?	Yes/No	 Who? How are they involved? Any example of community led monitoring?
Enabling environment: Is funding for community-related activities available? Is community and CSO coordination	Yes/No	 What types of activities are covered? What types of
platform/network existing? Is the policy/legal support for community involvement available?	Yes/No	platform/network? Which level? Description of the
	Yes/No	policy?

THANK YOU

- Acknowledgments:
 - People affected with TB all over the world
 - WHO Civil Society Task Force on TB
 - WHO HQ, regional, country offices
 - National TB programme (NTP) staff and their community partners
 - Key stakeholders and partners in the fight to end TB
- The work was done through USAID support.