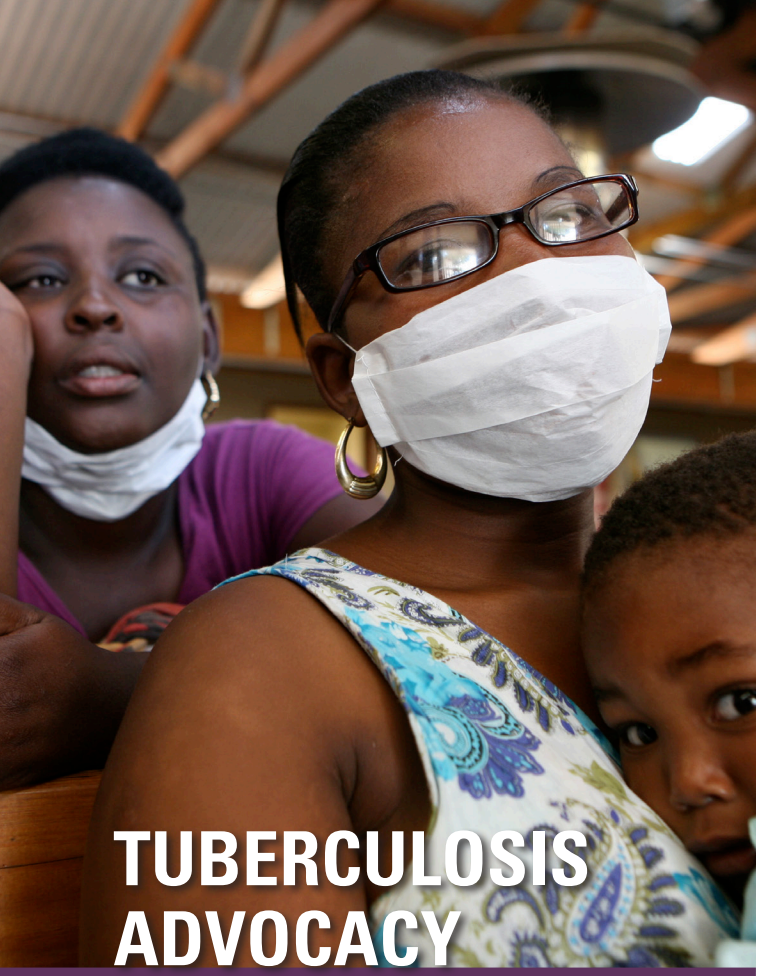

TUBERCULOSIS ADVOCACY COMMUNICATION AND SOCIAL MOBILIZATION

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This paper looks at the status of tuberculosis (TB) advocacy communication and social mobilization (ACSM) activities in selected national TB control programmes in the WHO African Region. The findings are from an assessment of TB ACSM activities in Ghana, Kenya, Lesotho, Malawi and South Africa.

RÉSUMÉ

Le présent article examine les activités de plaidoyer, communication et mobilisation sociale (PCMS) pour la tuberculose (TB) dans un certain nombre de programmes nationaux de lutte contre la TB de la Région africaine de l'OMS. Les résultats découlent d'une évaluation des activités PCMS pour la TB au Ghana, au Kenya, au Lesotho, au Malawi et en Afrique du Sud.

SUMÁRIO

Este documento centra-se no estado das actividades de advocacia, comunicação e mobilização social (ACSM) na área da tuberculose (TB) na Região Africana da OMS em programas nacionais de controlo da TB seleccionados. As conclusões decorrem de uma avaliação das actividades de ACSM da TB na África do Sul, Gana, Lesoto, Malawi e Quénia.

All the countries assessed have tuberculosis as a major public health problem. The long-term vision for TB control is to reach a stage of transition where TB ceases to be a major public health problem in any region. The goal is to accelerate the reduction of TB related morbidity and mortality towards achieving TB-related MDG targets by 2015, i.e., reducing TB prevalence rates and death rates by half relative to 1990 data. Low knowledge of TB in communities is one of the causes for low detection rates and treatment outcomes.[1] Involvement of communities in TB detection and treatment is minimal in most countries.[2] A multipronged approach is appropriate, including activities to disseminate information through information, education and communication (IEC) materials and simultaneously initiating community-based activities by actively involving and sensitizing communities on TB. Such activities, when implemented in a planned and systematic manner will make communities TB-literate and mobilize them towards TB control activities. For this reason advocacy, communication and social mobilization is recognized as an important component of TB control programme strategies.

This paper presents findings and recommendations arising from an assessment of the implementation of TB ACSM activities in five country programmes in AFRO.

METHODS

Missions were undertaken in five countries (Ghana, Kenya, Lesotho, Malawi and South Africa), each lasting two weeks, to conduct an evaluation of existing ACSM activities and assist countries to plan future activities. Official documents and reports were reviewed. Visits were conducted to relevant institutions, tertiary hospitals, rural and urban health facilities, partner NGOs, health promotion/education units and HIV testing and counselling centres. Interviews were held with various respondents at different levels of the health delivery system in both urban and rural settings, including among NGOs. ACSM practices and methods of implementation were observed. Interviews were also carried out with TB patients and clients in outpatient departments and in the community.

RESULTS

All countries use a community approach in which health workers, community volunteers or treatment supporters offer counselling and health education. Although all these workers were providing health education and solving queries raised by patients and community members, the quality of the advice was found to be variable. Most community workers exhibited knowledge gaps in ascertaining TB/HIV linkages, and in linking sensitizations to programme indicators. Sensitization methodology was mostly not structured and was not ongoing so as to ensure a good community recall. Owing to the lack of well-designed research-based evidence for developing IEC materials, the countries tend to follow a blindfold approach in designing and delivering ACSM services.

In this respect, IEC materials were not designed and tested for desired behavioural responses. There was little evidence in any country of engagement for advocacy to put TB high on the agenda at national as well as at peripheral levels, in order to mobilize adequate resources for TB control. Activities conducted were seldom linked to programme indicators and performance. None of the countries had a framework for monitoring and evaluating ACSM activities. Inconsistencies prevailed between proposed activities and actual verified activities. The provinces and districts also lacked operational action plans for ACSM activities.

DISCUSSION

Implementation of ACSM activities requires a strategic approach. There is a strong need for a national ACSM strategy and comprehensive work plans to ensure optimal implementation at peripheral levels. IEC materials need to be made available in all major local languages, and a plan for distribution of materials must be in place to ensure constant visibility.

A well designed ACSM strategy will not only assist in understanding the knowledge, attitude, health-seeking behaviour and stigma-related issues regarding TB but will also help to develop future strategic planning for countries. A knowledge, attitude, practices (KAP) study is a pre-requisite to guide identification and implementation of ACSM activities at national level. The baseline data generated will also be useful for conducting impact assessments following implementation.

Development of IEC materials must go through scientific procedures such as needs assessment and pre-testing to ensure correct interpretations. Visibility of the IEC materials in the right places needs to be ensured. Health workers must be oriented on the systematic and correct use of IEC materials. There is also a need for the country programmes to develop tools for conducting community sensitization, such as pictorial flip charts with messages on

relevant aspects of TB, including TB/HIV, infection control and drug-resistant TB. These must be made available to all community health workers to aid their communication skills and in order to provide uniformity in the messages disseminated.

In order to be able to sustain effort and build the capacity of the workers conducting ACSM activities, a schedule for comprehensive training/ refresher training based on identified needs must be prepared and adhered to. Countries must plan activities to target opinion leaders to build awareness and risk perceptions of the need for increased efforts towards TB control. Training of staff is also required for effective advocacy. Use of the existing structure of health promotion unit/education unit in countries should be maximized. These units should work in collaboration with TB personnel and public health workers at national and peripheral level for planning, implementation and monitoring of TB ACSM activities. This will facilitate closer integration of activities with the general health services.

CONCLUSIONS

Periodic review and evaluation of ongoing TB ACSM activities was found to be very useful. Field evaluation helped in the assessment of ACSM plans in terms of availability, feasibility, availability of infrastructure, resources and link to TB control programme indicators. It also facilitated the assessment of quality of implementation, relevance of activities, adequacy of TB ACSM delivery methods and adequacy of scope of content, with regard to the full package of the Stop TB Strategy. Evaluations also provided technical assistance to the countries to conduct situational analysis and also know-how to conduct assessment of ACSM activities. A generic framework for activity-based action plans was provided to the countries which will facilitate future planning.

During the subsequent biennium, AFRO support for implementation of TB ACSM activities will be sustained and more countries assessed in order to guide systematic planning and implementation of activities with a view to positively influencing programme performance indicators.

REFERENCES

1. WHO. *Strategic plan for tuberculosis control in the WHO African Region, 2009–2013.*
2. WHO. *Strategic plan for tuberculosis control in the WHO African Region, 2006–2010.*