

# Increasing TB case detection and improving treatment outcomes

Through advocacy, communication, and social mobilization

## IMPORTANCE

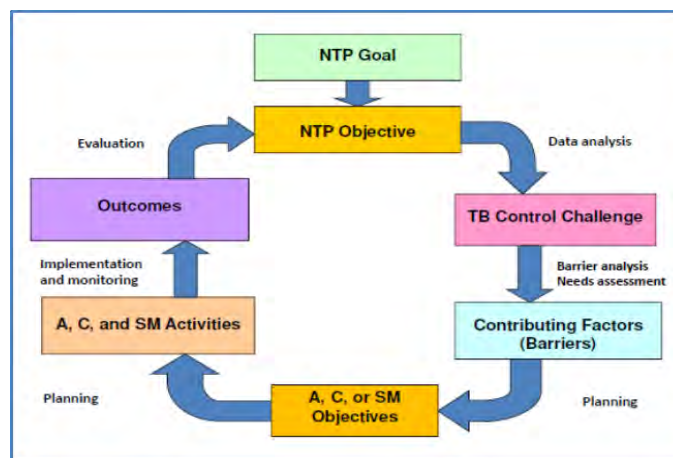
Historically, tuberculosis (TB) control focused on a medical model of infectious disease control based within health facilities and run by medical personnel. However, this model does not address the complex social, economic, and political factors that impact TB prevention and care, which can be done with effective advocacy, communication, and social mobilization (ACSM).

## APPROACH

With funding from United States Agency for International Development (USAID), PATH conducts global capacity building in ACSM, an interrelated set of activities designed to increase TB case detection and improve treatment outcomes. **Advocacy** (A) targets decision-makers and opinion leaders, focusing on increasing political commitment and mobilizing resources. **Communication** (C) is aimed at raising awareness, changing behavior, and reducing stigma and targets a variety of audiences. **Social mobilization** (SM) is a process through which all relevant sectors of society become actively engaged in the fight against TB. ACSM activities are not stand-alone activities. Since resources, policies, knowledge, attitudes, behaviors, and society-wide engagement are needed for all components of TB prevention and care, ACSM activities support objectives across all components of TB programs (TB/HIV, multi-drug resistant TB (MDR-TB), childhood TB, etc.). In order for ACSM activities to be effective, they should have clear objectives directly linked to National TB Program (NTP) objectives, and should be incorporated into all components of the NTP plan.

ACSM activities are designed, implemented, and evaluated in a systematic manner. Timely TB detection and successful treatment requires specific behaviors from the patient and health care provider, as well as a favorable environment. For example, persons with presumptive TB are expected to seek care and complete treatment. Health care providers are expected to promptly recognize TB symptoms, conduct

adequate diagnostic tests, etc. Certain barriers prevent these required behaviors from being followed. Whether these barriers are addressed or ignored is directly linked to case detection and treatment success results. A gap analysis is thus first used to identify contributing factors to TB-control challenges (or, barriers to TB control). Implementers should ensure that ACSM activities address the identified barriers and are directly linked to NTP objectives. The logical, step-by-step process below should be used to plan, implement, and evaluate effective ACSM interventions that help to increase case detection and improve treatment outcomes.



## IMPLEMENTATION

Since 2007, PATH has built capacity in ACSM at the global, regional, and local levels by:

1. Developing a comprehensive ACSM training toolkit for global use (below)
2. Conducting a variety of tailored trainings related to ACSM basic skill-building, advanced technical skills, monitoring and evaluation (M&E), and training of trainers to ensure a sustainable ACSM workforce. M&E training is particularly important given the inherent difficulties of measuring ACSM project impact.
3. Providing follow-up technical assistance to NTP's, providers, and CSO's for ACSM strategy development,

conducting follow-up trainings, building regional coalitions, and facilitating collaboration between the NTP and CSOs.

#### **PATH's ACSM Toolkit**

1. Training curriculum on *Overcoming Barriers to TB Control: The Role of ACSM* (in English, Russian, Spanish, and Vietnamese)
2. *Guide to Monitoring and Evaluating of ACSM*
3. Training curriculum on: *Monitoring and Evaluation of ACSM Interventions to Support TB Prevention and Care*
4. *Making Advocacy, Communication, and Social Mobilization (ACSM) Work for TB Control: A Facilitator's Guide to an ACSM Action Planning Workshop*
5. *Advocacy to Improve Global Health: A training course for advocacy strategy development*

**\*Tools 1-3 were endorsed by the Stop TB Partnership for global use.**

## **RESULTS**

### ***Improved planning and increased capacity for ACSM***

PATH's ACSM training toolkit has been introduced to more than 550 participants from 57 countries. As a result, several countries—including Ethiopia, Georgia, Tanzania, Nigeria, Cambodia, Kazakhstan, Azerbaijan, and Tajikistan—developed ACSM strategies. Many training participants used their skills to improve ACSM planning, developed successful proposals, and mobilized resources for ACSM. Following a survey to assess the outcomes of ACSM trainings in Africa and Asia, 100% of participants described the workshops as effective in building country-level ACSM capacity, in creating momentum for ACSM at the national and subnational levels, and in mobilizing human and financial resources for ACSM. The majority (91%) of participants in an African regional workshop also indicated increased M&E of ACSM implementation.

### ***Increased NTP/CSO Collaboration***

Survey results demonstrate success in one of the main objectives of ACSM trainings—increased collaboration between the NTP and CSOs—with 95% of CSO participants reporting improved collaboration with the NTP following PATH's technical assistance. All respondents indicated having been invited to an NTP planning meeting or event, and 60% recorded exchanging TB-related work plans and reports with NTP contacts.

### ***Highlights of country successes using ACSM***

In **Mexico**, following six months of implementing ACSM action plans with public and private providers, identification

of patients presumed to have TB increased by an average of 12% and identification of new TB-positive cases increased by an average of 31%. In **Tanzania**, PATH piloted a community-based project to mobilize traditional healers and pharmacists to identify and refer individuals with TB symptoms to diagnostic facilities. Data shows that 6.9% of new TB cases in PATH-supported districts can be directly attributed to community-based referral activities. All individuals diagnosed with TB started on treatment. In **India**, PATH trained chemists and druggists in Andhra Pradesh to identify and refer individuals presumed to have TB to diagnosis and treatment centers. Of all referred TB suspect cases, 89% sought out and received a diagnosis, leading to a 2.4% increase in the TB case detection rate in the participating diagnosis centers.

## **KEY TAKEAWAYS AND LESSONS LEARNED**

Key lessons learned and recommendations are as follows:

- ACSM should never be implemented for the sake of ACSM, but for the ultimate goal of improving TB case detecting and treatment outcomes.
- NTP managers' commitment to ACSM is crucial for integrating ACSM into national planning processes. Implementation of effective ACSM activities is significantly hampered by a lack of expertise at the national and regional levels. It is important to continue building capacity of the NTP staff to support a sustained contribution of ACSM interventions to TB control.
- Meaningful engagement of the community is essential to making real progress in TB. CSOs represent a vast underutilized resource that can help take the fight against TB to the next level. Many NTPs do not have experience working effectively with community groups. CSOs often operate in isolation from the NTP and from each other, and do not know how to initiate TB programming alongside national TB and HIV/AIDS programs. There is an urgent need to continue building capacity of CSOs, improving collaboration between CSOs and NTPs, and promoting their coordinated actions to address TB control challenges.
- More investment is needed in M&E of ACSM interventions. Funding for ACSM requires that we demonstrate its successful results. However, lack of adequate funding for ACSM leads to poor planning and weak outcomes, so it is hard to measure impact.
- Additionally, scale-up of ACSM M&E trainings to various levels of NTP and CSO staff is needed.



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PATH is an international organization that drives transformative innovation to save lives and improve health, especially among women and children. We accelerate innovation across five platforms—vaccines, drugs, diagnostics, devices, and system and service innovations—that harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health.

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