CASE STUDY

PERCEPTIONS OF COMMUNITY ENGAGEMENT IN TB RESPONSE IN CAMEROON

Within the frame work to identify key TB-related issues to bring to the national level, develop plans to fill the gaps and reassess the perspectives of the stakeholders about the quality of the newly developed TB Community Coalition under the project **"strengthening comprehensive response to tuberculosis that engages and are accountable to communities in Cameroon"**, a baseline assessment was conducted in August 2016 by a Stop TB Partnership Consultant to collect and compile the perception of community engagement on TB response in Cameroon as seen below;

According to interviews conducted by the consultant with CSO/CBO, community engagement in TB is very limited due to lack of funding for community activities. Funding for TB is very little compared to funding for HIV---related CSO activities.

As a result, the volume of community TB activities is small and insufficient to fulfill the need. Activities are carried out by organizations that are not exclusively focused on TB, but rather on a range of health issues (e.g. HIV, malaria, maternal and child health, immunizations). The majority of community TB activities include:

- Communication (e.g. radio campaigns)
- Sensitization activities (e.g. educative talk)
- Identify sick patients and accompany them to the health center or hospital
- Follow up with sick to make sure they complete treatment and avoid "lost" cases
- Watchdog role (at all levels, especially at hospitals to ensure quality of services)
- Provide nutritional and psychological support especially for the poor and those with drug resistant TB.

Also, civil society organizations (CSOs) raised a number of issues on a national level as described below;

Funding: While civil society and community are included in the national TB strategic plan as contributing to nearly every objective, funding for those activities is small to nonexistent. The national TB program (NTP) thinks that if the Global Fund insists on allocating an increased percentage of funding to CSOs then that will results in less money for the national program. The majority of sensitizations are organized only in large cities. CSOs need to "get out of town" and reach rural and peripheral areas.

Partnership with the NTP: The NTP approach is much medicalized. The NTP prioritizes commodities (i.e. drugs, tests, lab equipment) and to a lesser extent the delivery of services which is equally important. The value of CSO efforts to deliver services to the population in order to contribute to increasing detection and treatment rates is not understood or acknowledged by the NTP. In addition, the NTP believes that people who work for CSOs are not at the same level as doctors and health professionals – i.e. CSOs are not viewed as an equal partner. CSOs think that this perception is a challenge and needs to be changed.

Documentation of CSO activities: CSOs currently do not have a systematic way of collecting and documenting their TB activities and models of delivery. CSO activities

are not tracked by the NTP nor are they integrated in data collection at the decentralized level. This leads to a lack of understanding of the important contributions of CSOs in terms of case finding, accompanying suspected cases to the clinic to get a test, making sure test results are communicated and a treatment and support plan put in place for the patient and his/her family. These activities are critical and necessary to increasing detection and treatment rates, but are not acknowledged by the NTP as such.

Capacity: Knowledge of TB among CSOs is not as strong compared to knowledge of HIV. Since CSOs conduct multiple health activities there are also competing priorities based on what is funded or not. This has led to weak capacity of CSOs overall to conduct TB activities.

Infrastructure: Poor road network in certain parts of the country that are impassable during certain times of the year make it difficult for CSOs to conduct necessary TB outreach to certain populations and communities.

TB knowledge among population: Understanding of basic TB facts among the broader population is poor. The public in general does not know that TB drugs are free, that TB is curable if identified and treated early and that TB can be spread easily.

Resistance to community intervention: CSOs have encountered some communities that are resistant to community intervention. In these communities, people only listen to doctors so a lot of work needs to be done to build trust in CSOs working in those communities. Doctors do not have the time to go door---to---door looking for potential TB cases, which is why community intervention is so critical (Active case finding).

Linkages with clinics and hospitals: CSOs generally have a good partnership with clinics and hospitals. CSOs bring potential cases to the clinic or hospital for a test and then support the patient if found to be infected. This partnership has been fairly effective and critical throughout the continuum of care – from identifying a potential case, to accompanying him/her for a test, ensuring that the individual gets the test results, gets treatment and takes the full course of treatment.

To address the issues described above, there is need for complete **PARADIGM SHIFT** *(a time when the usual and accepted way of doing or thinking about something changes)* to accompany the goal of the Global Plan to End TB which is **"A world free from TB".**

Produced by: Ekoi Edwin