TB ACSM STRATEGIC PLANNING: PROCESS AND PRODUCT

National Tuberculosis and Leprosy Programme (NTLP)

Republic of Namibia
Ministry of Health and Social Services

VISION

A Namibia where TB and Leprosy are no longer a public health threat
Outline

• Background
• History of TB ACSM in Namibia
• The second medium-term plan for TB and leprosy
• TB ACSM Strategic Planning: The Process
• From problems to strategy
• Next Steps
Background

- Population: ~2.1 million
- Namibia is a vast, mainly rural country
- In 2011:
  - 11,924 of all forms of TB were reported
  - TB CNR: 545 cases/100,000 population
  - 50% of TB patients with a known HIV status are HIV positive
  - 196 cases of MDR-TB notified
  - Treatment success rate for new smear positive patients: 85% (5% default and transfer-out)
History of TB ACSM in Namibia

• **1990-1996**
  – need to for community mobilisation recognised with the adoption of the DOTS Strategy
  – Efforts were however uncoordinated in the absence of national guidelines or strategic plan

• **1996-2003**
  – Engagement of non-governmental organisations to support community TB initiatives
    • Strategic Result 6: **80% of the general population have a satisfactory level of knowledge on TB disease and service for appropriate health-seeking behaviour**

• **2004-2010:**
  – Development and implementation of the COMBI strategy
Using the COMBI approach to combat TB in Namibia

Public Relations/Advocacy

Community Mobilisation

Sustained Appropriate Advertising

Personal Selling/Interpersonal Communication

Point-of-Service Promotion

TB Awareness Week 1-5 October 2007

ON THE MOVE AGAINST TB

ON TREATMENT COMPLETE IT!

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The second Medium-Term Strategic Plan for TB and Leprosy (2010-2015)

• Based on the following recommendations from the 2009 programme review:
  – Develop an integrated ACSM action plan, which should be cascaded to sub-national levels
  – Develop a framework for supervision and monitoring of ACSM activities
  – Develop tools for communication like pictorial flip charts and avail them to LA’s and other community health workers
  – Engage the MoHSS IEC unit in TB ACSM activities

• **Strategic Result 6: Communities and people with TB and leprosy empowered**
TB ACMS Strategic Planning: The Process

• Participatory methodology with involvement of all stakeholders

• 2 major workshops held:
  – Consultative workshop (June 2012): 5 core TB problems analyzed:
    • Late detection of TB suspects in community
    • Late TB detection among vulnerable groups
    • Late detection of TB among patients visiting health facilities
    • Poor quality of contact tracing TB patients
    • Poor adherence (and case holding)
  – Consensus workshop (October 2012)
    – Interactive and participative methodology (plenary, small group discussions, presentation and critiquing of workshop output)
Small group discussion at the Consensus Building Workshop (October 2012)
Goal: “To Reduce TB Prevalence and Mortality rates by 50% relative to 1990”

ACSM Objectives:

1. Improved health seeking behavior of patients when having symptoms of TB and decreased stigma on TB in community
2. Active Case finding and awareness of relevant issues of TB and MDR TB in prisons and detention/holding cells through engaging prison managers and staff as well as involvement of inmates
3. Increased awareness among patients, families and active involvement of communities on contact tracing of TB and MDR TB patients
4. Increased awareness among health staff in HFs on importance of early detection of TB at facility and decreased stigma against TB (TB/HIV)
5. Improved adherence behavior among TB and MDR patients
Next steps

- Finalise ACSM strategy plan, with refinement of indicators and targets
- Support districts to develop ACSM activity plans
- Implement activities to facilitate coordination of partners
- Integrate M&E for ACSM into the routine TB programme M&E
- Continue exploring opportunities for collaboration in the implementation of ACSM
- Document lessons learnt during implementation to inform subsequent planning processes
## Logical Framework

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<th>Objectives</th>
<th>Outputs</th>
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| To Reduce TB Prevalence and Mortality rates by 50% relative to 1990. | To strengthen health seeking behaviour among TB suspects in the community | Improved health seeking behaviour of TB suspects | 1. Holding TB Community awareness meetings  
2. Develop and disseminate IEC material  
3. Refer and provide TB suspects with referral letters | 1. # of community TB awareness meetings held  
2. # of TB suspects reporting to health facilities for TB investigations |
Thank You