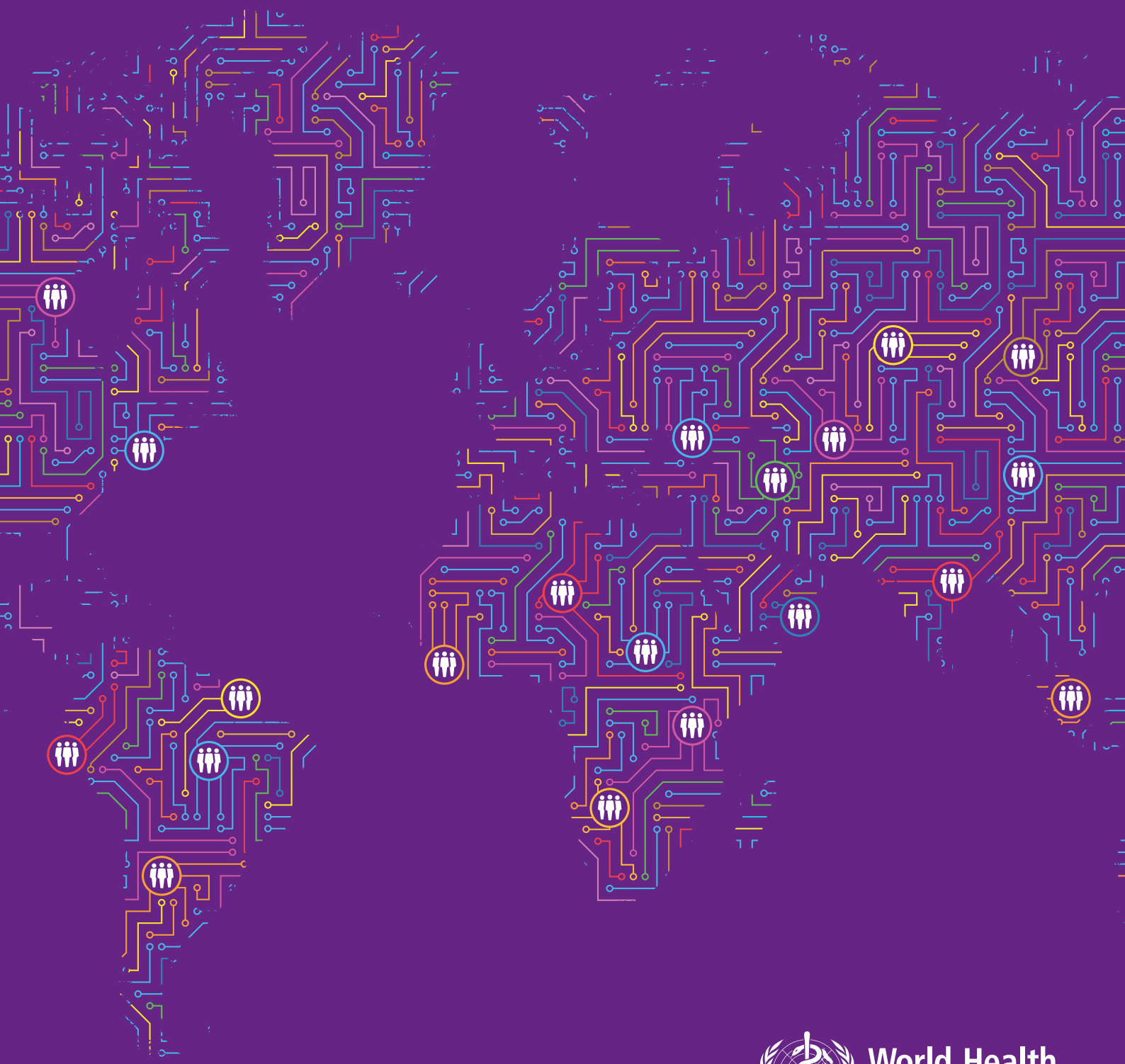


WHO CIVIL SOCIETY TASK FORCE ON TB



Engagement with civil society
as the driver for change



World Health
Organization

WHO Civil Society Task Force on TB: engagement with civil society as the driver for change

ISBN 978-92-4-000587-7 (electronic version)

ISBN 978-92-4-000588-4 (print version)

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Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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FOREWORD

WHO has proactively strengthened our collaboration with civil society in TB – I believe in the transformative power of civil society to drive change. Change that will impact the lives of millions of people worldwide who are suffering or dying from TB.

Dr Tedros Adhanom Ghebreyesus,
WHO Director-General



The revamped Civil Society Task Force on TB has been operational for around one year, although the collaboration has deepened so much in this short period that it seems much longer.

WHO leadership and civil society representatives capitalized on the momentum created at the First WHO Global Ministerial Conference on Ending TB in the Sustainable Development Era (Moscow, Russian Federation, 16–17 November 2017), as well as a dedicated meeting between the Director-General and civil society in Geneva in early 2018 and the United Nations High-level Meeting on the Fight Against Tuberculosis (TB) later that year, to build a powerful collaboration under the umbrella of the Task Force. This was launched in late December 2018.

Since then, the Secretariat and the Task Force have undertaken a succession of joint activities. The Task Force continues to bring civil society and affected-community perspectives to the fore in all key efforts and agendas of the WHO Global TB Programme as it works to implement the relevant United Nations Sustainable Development Goals (SDGs). This includes participation in high-level events such as the stakeholder hearing and the United Nations General Assembly High-level Meeting on Universal Health Coverage in September 2019. The openness of all stakeholders within this process has built trust, increased transparency and allowed us to focus more closely on our common goal to End TB.

While engagement in high-level events helped the Task Force to influence the dialogue, it also helped WHO to include civil society and affected-community voices in its internal processes. Our leadership emphasized the role of the Task Force, as a firm commitment of WHO, in an official communication to the regional directors, highlighting the opportunities of close collaboration with the country offices. The progress on this front is gaining momentum, and the Task Force is increasingly involved in regional and country efforts to accelerate the TB response.

As a natural progression of this process and a clear sign of meaningful collaboration, the Task Force was a prominent actor in World TB Day 2019, with widely disseminated advocacy video messages and a central place in the End TB

Accelerator Package launched on World TB Day, followed by a joint call for the acceleration of action launched by the Task Force and the WHO Director-General in July 2019.

Encouraging progress has been achieved in the development of policy and guidelines. In 2018, WHO's Strategic and Technical Advisory Group for Tuberculosis (STAG-TB) recommended a strengthened process and transparency of selection of civil society and affected-community representatives in guideline development groups. In response, WHO established a new procedure to enhance the selection of relevant Guideline Development Group members. A call for expressions of interest was issued by the Secretariat, encouraging the Task Force to explore interest among its members and through their networks in order to include strong civil society and affected-community representatives in guideline development processes.

Looking ahead, WHO will continue to provide the Task Force with resources and a platform for dialogue, outreach, engagement and action. The focus in 2020 is on the production of tools to assess civil society engagement in the Multisectoral Accountability Framework to Accelerate Progress to End Tuberculosis by 2030. Opportunities for capacity-building will include new WHO training on the integration of community-based TB activities into the work of nongovernmental and other civil society organizations (ENGAGE-TB). We will continue to catalyse the engagement of the Task Force members and their partners and networks in national TB programmes and strategic plan reviews. Last but not least, concerted efforts will be made to strengthen the monitoring and evaluation of civil society engagement at all levels of TB response.

We at WHO will continue to increase our efforts in terms of resources and commitment to reach the common goal of Ending TB together, with civil society as a close partner.



Dr Tereza Kasaeva
Director, Global TB Programme
World Health Organization

ABOUT THE WHO CIVIL SOCIETY TASK FORCE ON TB

The WHO Civil Society Task Force on TB provides a platform for discussion and exchange with WHO, building on the commitment of the Director-General, with an emphasis on harnessing the untapped potential for engagement with civil society and affected communities at all levels.

Following commitments made by Heads of State at the first-ever United Nations High-level Meeting on the Fight Against Tuberculosis in September 2018, the role of civil society in driving action and accountability is more important than ever. The Political Declaration of the United Nations High-level Meeting on TB and the WHO End TB Strategy both call for prioritizing the strong and meaningful engagement of civil society and affected communities in all aspects of the TB response.

In this context, the Task Force aims to strengthen collaboration and accelerate progress towards ending TB. The renewed activity of the Task Force is a culmination of the commitment made by the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, to strengthen civil society engagement, as discussed at several consultations with civil society representatives, starting with the First WHO Global Ministerial Conference on Ending TB, which took place in Moscow in November 2017.

The Task Force, whose mandate runs from January 2019 to December 2020, seeks to emphasize key action to drive stronger civil society engagement in efforts to End TB, including:

- ▶ translating WHO TB policies, including the End TB Strategy, into practice by mainstreaming voices of communities affected by TB and their networks at global, regional and country levels;
- ▶ catalysing greater collaboration between civil society organizations, national TB programmes and WHO at all levels in all activities and projects in pursuit of improved TB outcomes, including meaningful engagement of civil society and affected communities in policy development;
- ▶ contributing to the implementation of WHO TB policies, with a particular focus on multisectoral action for social protection and universal health coverage and advocating their inclusion in national TB strategies and plans, national social programmes and political platforms (e.g. parliaments) and regional and global platforms for policy dialogue;
- ▶ promoting and nurturing strong and effective links between community-based actors and national TB programmes or their equivalents, as well as promoting demand for TB prevention, diagnosis, care and treatment services;



- ▶ developing a framework for monitoring and evaluating collaboration among civil society organizations, national TB programmes and WHO at all levels;
- ▶ promoting capacity-building for civil society members and representatives of communities affected by TB to intensify information-sharing, dialogue and consultation on the implementation of WHO TB policies and norms;
- ▶ advocating for increased domestic funding and donor commitments for TB response at all levels.

Fifteen¹ civil society members were selected, with input from an independent selection panel. Selection was based on assessments of individual competencies and experiences, and the process aimed to balance geography, gender and the diversity of communities and civil society representatives.

¹ One civil society member stepped down from the Task Force after its inception.

MEET THE TASK FORCE

SWITZERLAND



TEREZA KASAEVA

- Global health leader
- WHO Global TB Programme Director, leading the response to End TB and responsible for setting norms, policies and standards
- Strong believer in the power of civil society and community representatives, and the importance of engagement to reach the SDGs

WHO is working closely with the Task Force in implementing jointly identified priorities and actions for ending TB. The Task Force is a strong ally in driving forward the End TB response. We need the voice and power of those most affected by TB and civil society to make the ambitious commitments made by Heads of State at the United Nations High-level Meeting a reality.



LANA SYED

- Specialist in community health programming
- Civil society mainstreaming and partnerships
- Monitoring and evaluation and project management

The strength of the Task Force is its diversity: both geographical and in its members' areas of expertise. Its action is anchored in perspectives from high-burden TB countries. Its underlying principles of transparency, open dialogue and mutual trust are increasingly influencing TB policies, decision-making and response at all levels.



ELIZAVETA SAFRONOVA

- Coordination and support of Task Force activities
- Ensuring strong community engagement in national efforts
- Support for WHO country offices

The voices of civil society, communities and youth and their engagement in governmental activities are essential for Ending TB.



BRAZIL

EZIO TAVORA DOS SANTOS FILHO

- Research
- Advocacy
- Building partnerships

The Task Force has a privileged mission to connect WHO and communities in all regions. We know the challenges, fragilities and potential of our health systems. In these difficult days of emergency in a new pandemic, our increased responsibility is to make sure we keep our commitments to End TB. Universal health coverage is the only way.



CAMEROON

BERTRAND KAMPOER

- Dynamics of Francophone Africa's Response to TB (DRAF-TB)
- Community, Rights and Gender
- Health Systems Strengthening

We need fast scale-up of TB preventive treatment, capacity-building for health-care providers, sustained community involvement including TB survivors, reduction of gender and human rights barriers, and attention to ethical considerations. As a Task Force, our mandate is also to support national programmes in strengthening community-based active TB case-finding and human rights approaches to close the notification gap, because currently a lot of efforts are still to be made.



UGANDA

ROGER PAUL KAMUGASHA

- TB advocacy
- Investigative Journalism
- Mobilization of Regional Parliaments

The Task Force is focused on catalysing greater collaboration between governments, civil society, communities and national TB programmes in creating the Multisectoral Accountability Framework for TB and ensuring achievement of commitments on the United Nations High-level Meeting on the Fight Against TB.



SOUTH AFRICA

HARRY HAUSLER

- National network lead
- Strengthened service delivery and technical assistance for TB and HIV prevention

The Task Force is an excellent forum that allows civil society and affected communities to provide input on WHO policies and guidelines to increase access to and quality of patient-centred TB services. Collective action is required to strengthen the TB prevention and treatment cascades for all, including key populations for TB. It is only through united efforts by WHO, governments, civil society and affected communities that we will End TB.



KENYA

EVALINE KIBUCHI

- National partnership
- Parliamentary engagement (regional)
- Advocacy for increase domestic investments

Three ingredients for the End TB recipe with civil society: reduce stigma for improved access to TB services; create more awareness in the entire community; bring in other sectors to identify their role in ending TB. And ensure immediate rollout of research and development products and commodities. End product = well on the path to ending TB by 2030.

TB high-burden country

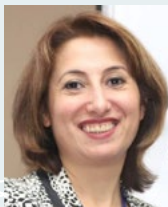


UKRAINE

YULIYA CHORNA

- Regional advocacy
- Boosting political and financial commitments
- Multisectoral engagement

To End TB we urgently need to unite all efforts and ensure that people everywhere have access to effective diagnostics, treatment and care. The Task Force gives us a platform for dialogue with WHO leadership. We share knowledge, needs and lessons to collectively impact policies on what people-centred care should look like.



TAJIKISTAN

JAMILYA ISMOILOVA

- Advocacy
- Boosting community engagement in the region

Do you consider TB as something not very worrying for our global family? If yes, then it is sad. Humanity has gone through tremendous challenges to make it less threatening for our lives. Therefore, we are here to End TB all around the globe.



PAKISTAN

AMIR KHAN

- Research and policy-setting
- Service delivery

The Task Force has the intention and ability to make a significant contribution by effectively engaging civil society and affected communities in achieving the End TB goals and targets.



VIET NAM

ANH TUAN NGUYEN

- Research
- Capacity-building
- TB epidemiology and diagnosis

Women and girls are primary caregivers who protect their families from TB. TB survivors can be TB champions to support their peers. Human resources to End TB are unlimited: it is the Task Force's mission to engage and empower them.



PHILIPPINES

JEFFRY P. ACABA

- TB survivors movement
- Regional advocacy platform
- Capacity-building

The role of the Task Force is critical to ensuring that the global TB response, as framed by the End TB Strategy, is reflective of the priorities of people with and affected by TB.



INDIA

NANDITA VENKATESAN

- TB survivor
- Person living with disability

It's a good step to include TB survivors in the Task Force, and this must be done in the future as well. The Task Force creates an opportunity to provide vital inputs to WHO TB policies and acts as a platform to raise community concerns and demands. We must strengthen engagement with national TB programmes going forward.



BLESSINA KUMAR

- Advocacy
- Regional technical assistance provider
- Boosting voices of TB survivors

The WHO Task Force is a great platform to bring the grass-roots reality home to decision-makers and technical partners. This is a real dream come true, bridging the gap between policy-makers and people affected by TB. We are able to work with WHO offices more closely, voice our concerns from ground level and benefit people who need the care most. To End TB, the affected community should have the space to work with stakeholders as a team.



THAILAND

NYAN WIN PHYO

- Service delivery and technical assistance
- Marginalized populations
- Broader health advocacy

We believe that having Task Force members involved in WHO efforts, with their knowledge and understanding of the real needs and obstacles of TB-affected communities, can defeat TB once and for all.



INDONESIA

ESTY FEBRIANI MKES

- Service delivery and capacity-building
- Advocacy
- Faith-based organization representative

To End TB, we must bring all the stakeholders together and act in synergy to take action. The power of community engagement has been proven by the Task Force. This effort needs to continue to ensure the enabling environment that can support persons with TB until they are cured.

THE TASK FORCE IN A SNAPSHOT

Overview of WHO engagement with civil society representatives through the Task Force

Guideline Development Group
meeting on LF-LAM assay
(diagnostic urine test for the
detection of LAM antigen)

14–16 May 2019
Geneva, Switzerland

Informal consultation meeting between
civil society participants in the First WHO
Global Ministerial Conference on Ending
TB and the WHO Director-General

16 November 2017
Moscow, Russian Federation

Launch of community
training modules for drug-
resistant TB in the WHO
South-East Asia Region

13 May 2019
Delhi, India

Meeting between TB civil society
and the WHO Director-General at
WHO headquarters

15–16 January 2018

Luncheon with TB civil
society representatives
and WHO leadership in
conjunction with civil
society hearing in the run-
up to the United Nations
High-level Meeting on the
Fight Against TB

5 June 2018

Multistakeholder hearing
in the run-up to the United
Nations High-level Meeting on
Universal Health Coverage

29 April 2019
New York

STAG-TB and Task
Force meeting

11–13 June 2019
Geneva, Switzerland
Joint Director-
General–Task Force
advocacy messages
published

Fifth meeting of the
BRICS TB Research
Network

2–3 July 2019
Beijing, China

United Nations High-
level Meeting on the
Fight Against TB

26 September 2018
New York

World TB Day

24 March 2019

Workshop on End TB
Strategy Pillar 2 in the
Western Pacific Region
2018

11–13 December 2018
Seoul, Republic of Korea

Task Force movie produced
with advocacy messages;
new Task Force factsheet in
End TB Accelerator Package

Play video

14 March 2019

WHO Task Force on
Global TB Research

22–23 January 2019
Geneva, Switzerland

First meeting of the Task Force
sets its strategic direction

7–8 March 2019
Geneva, Switzerland

-  High-level
-  Advocacy
-  Policy development
-  Mainstreaming civil society voices
-  Coordination between Secretariat and Task Force

United Nations High-level Meeting on Universal Health Coverage: position of the Task Force members voiced during the event

23 September 2019 and side event: TB innovation summit (22 September); Multisectoral Action to Take Forward the Commitments of the United Nations HLM on TB (22 September); Stop TB Partnership side event supported by Global Tuberculosis Programme and partners (24 September)

Enriching the technical consultation on latent TB infection management: research for scale-up and target regimen profiles

Montreal, Canada
16–17 September 2019

First technical consultation on the development of a full public health value assessment of new TB vaccines

11–12 September 2019
Geneva, Switzerland

Global Public-Private Mix for TB Prevention and Care Working Group meeting

Jakarta, Indonesia
16–18 July 2019

LF-LAM Satellite Symposium at International AIDS Society Conference on HIV Science 2019

Mexico City, Mexico
23 July 2019

WHO Region of the Americas meeting on TB research

9–10 September 2019
São Paulo, Brazil

Guideline Development Group meeting on WHO Guidelines on Drug-Resistant TB Treatment

12–14 November 2019
Geneva, Switzerland

Technical assistance to Indonesia for community-based monitoring framework

22–27 July 2019

Global Consultation on Ending TB in Children and Adolescents for High-Burden and Priority Countries in the Eastern Mediterranean, South-East Asia and Western Pacific Regions

26–28 November 2019
Hanoi, Viet Nam

Hyderabad Union-related meetings, including the second WHO stakeholders' meeting to enable implementation of Unitaids-supported innovative LTBI and childhood TB projects

26 October 2019, Hyderabad, India
Union conference and meet the Task Force symposium (1 November)
End TB Summit (28–29 October)
Global Fund Strategic Initiative (29–30 October)

Framing the Task Force priorities:

27 October coordination meeting;
2 November retreat for the Task Force civil society representatives
27 October and 2 November 2019

TB-HIV care cascade analysis to inform programmatic management and quality service delivery

2 November 2019, Hyderabad India
(50th Union World Conference on Lung Health)

Guideline Development Group meeting to update the WHO policy on molecular assays

3–6 December 2019
Geneva, Switzerland



HIGH-LEVEL ENGAGEMENT AND ADVOCACY

United Nations High-level Meeting on TB, STAG-TB and beyond

- **WHO Director-General and civil society representatives jointly define engagement mechanism and priorities**



16 NOVEMBER 2017

WHO Director-General consulting with civil society representatives at the Ministerial Conference in Moscow, Russian Federation: defining priorities and next steps



15–16 JANUARY 2018

WHO Director-General meets with TB civil society to strengthen engagement in accelerating the End TB response

- **Civil Society Task Force at the frontline of World TB Day 2019 and End TB Accelerator Package, 24 March 2019**

World TB Day 2019 with Task Force in the spotlight as a game changer in Ending TB.



- **Task Force requesting Strategic and Technical Advisory Group (STAG-TB) to note the variable level of systematic engagement of civil society and affected communities in regions and countries and to recommend action, 11–13 June 2019, Geneva, Switzerland**

At the STAG-TB meeting, Task Force requested WHO to ensure resources for full implementation of Task Force workplan; nurture links at regional and country levels to boost engagement; focus on vulnerable populations; measure frequency and quality of engagement; produce good practices.



- **Task Force and WHO Director-General produce a joint call for accelerating action to End TB, 24 July 2019, Geneva, Switzerland**

Joint call to:

- 1 accelerate action to reach the targets of the High-level Meeting on TB, including: treatment for 40 million people with TB, prevention activities for 30 million people over 5 years, the implementation of the WHO MAF for TB
- 2 transition to an all-oral regimen to treat people with drug-resistant TB by World TB Day 2020
- 3 identify best practices and champions to share lessons for rapid implementation of new guidelines in countries
- 4 strengthen meaningful engagement of civil society and affected communities in the TB response



HIGH-LEVEL ENGAGEMENT AND ADVOCACY

United Nations High-level Meeting on TB, STAG-TB and beyond

- **Links between TB and universal health coverage underlined by Task Force at the stakeholder hearing on 29 April 2019, in the run-up to the United Nations High-level Meeting on Universal Health Coverage, 23 September 2019, New York**

Task Force (Bertrand, Ezio, Jeff, Evaline, Jamilya) stressed that "Universal health coverage cannot be achieved unless the catastrophic cost of TB and out-of-pocket expenditures is eliminated"



- **Task Force civil society representatives at the frontline of the 5th End TB Strategy Summit, 28–29 October 2019, Hyderabad, India**



Event gathers national programme managers of all highest-TB-burden countries and representatives of key partners. Task Force members reinforce the importance of scaling up use of drug-resistant TB treatment guidelines and TB preventive treatment; adaptation and implementation of the WHO MAF for TB; and providing services for missed people with TB. Opening and closing panels as well as all technical discussions benefited from calls to action and civil society perspectives in all proceedings



TB HIGH-BURDEN COUNTRY IMPACT



► Jeffry at the forefront of meaningful community engagement in four countries in the Western Pacific

As part of the initiative on community empowerment to End TB in collaboration with the WHO Regional Office for the Western Pacific (WPRO), Jeffry coordinated seven country teams from Cambodia, China, Lao PDR, Mongolia, Papua New Guinea, the Philippines and Viet Nam. These teams aim to implement action plans as outcomes of the related workshop organized by WPRO and the Korean Institute of TB in December 2018. As the coordinator, Jeffry provided technical support to embed community engagement in the national TB responses. As a result, four of the country teams have successfully integrated community engagement priorities into their national strategic plans. Further highlights include enhanced visibility and active role of TB-affected communities in strengthening stakeholders' capacity in advocacy and partnerships through the civil society national counterpart KHANA, in Cambodia. In the Philippines, Jeffry took part in the national community, rights and gender assessment, with Action for Health Initiatives (ACHIEVE), Inc. Results of this assessment, which seeks to define key populations for TB and identify legal and gender barriers to TB care, will feed into the new national strategic plan and the Global Fund to Fight AIDS, TB and Malaria funding request for TB.



► Harry leads the community team of the joint HIV/TB/PMTCT/STI review in South Africa: civil society and community engagement recognized as crucial for success in Ending TB

The integrated review of services for HIV, TB, prevention of mother-to-child transmission and sexually transmitted infections took place from 9 to 23 November 2019 to assess progress towards achieving programme objectives, assess health systems and surveillance and propose recommendations. The key findings of the civil society and community engagement team led by Harry included involvement of key affected communities with promising pilot practices; existing mechanisms for client feedback; and growing efforts to engage traditional leaders. Stigmatization of people with TB and people living with HIV was perceived as high in communities, with perceived negative attitudes among health-

care workers towards clients who interrupt their treatment. Further key challenges included lack of national surveillance monitoring of community contributions to TB activities; community safety, poverty, unemployment, high loss to follow-up and patient mobility; incorrect mobile numbers and addresses; and concerns about sustainability of services provided by civil society organizations. Key opportunities for boosting the coverage and quality of TB services included engagement of community actors in household contact-tracing and boosting demand for TB preventive treatment and treatment adherence support, and community engagement in tackling stigma. Further integration of services at community level, and especially TB-HIV services, it was underlined, is needed to ensure comprehensive care through stronger involvement of people living with HIV and TB survivors. Vulnerable populations such as farm workers will need carefully tailored services, including mobile outreach. Finally, the team recommended the development of national guidance on civil society and community engagement, with clear principles and strong monitoring and evaluation capturing stakeholders' involvement at all levels; defined stakeholder roles to address challenges; and definition of links with the relevant sectors.



► Esty and Nyan join forces to kick-start the national community-based monitoring framework in Indonesia

In July 2019, the National TB Programme of Indonesia, in partnership with civil society, requested WHO to provide an international expert to help to develop their national community-based monitoring and feedback framework (CBMF). Esty, as the national key civil society representative in the process, and Nyan, as the selected international expert, joined forces in collaboration with stakeholders to conduct a baseline review and develop a CBF for TB. The purpose of the CBF is to increase access to TB services, increase the quality of TB services and strengthen the community health system by engaging the TB-affected population and communities through a real-time feedback mechanism. The effort aims to remove social barriers to accessing care, including stigma, and boost demand for high-quality TB services and people-centred care. Following capacity-building for stakeholders, the CBF is being piloted in 24 out of 514 districts until the end of 2020. Community feedback is ensured through OnelImpact Sehat Indonesia, a digital application supported by the Stop TB Partnership. The pilot

includes a feedback mechanism for persons with drug-resistant TB linked to four hospitals, launched by Esty and stakeholders. Data from the dashboard monitoring patient barriers will be used as evidence by civil society and drug-resistant TB patient organizations to advocate for stakeholder support.



► Blessi at the frontline of a strong national advocacy movement in India

Blessi has been an active member of the India Working Group (IWG) for Health Advocacy since its inception in October 2018. The group originally came together as an initiative of Global Fund Advocates Network Asia-Pacific, to bring together communities affected by TB, malaria and HIV to work together as a joint force for a fully funded Global Fund. IWG started with the aim of ensuring equal, meaningful and strategic engagement of civil society and affected communities for policy formulation, rallying support at all levels for a fully funded Global Fund and liaising with the Indian Government to increase domestic funding to combat the three diseases. Following the Global Fund replenishment in October 2019, the IWG has taken on a larger range of national health advocacy activities, seeking to ensure meaningful engagement with affected-community members at all levels. As an example of the IWG achievements, the IWG hosted a dinner meeting with members of parliament in July 2019. The aim of the meeting was to engage with Government representatives and present the demands of the civil society organizations working on the three diseases. The Government of India was requested to increase its domestic health budget from 1.2% to 2.5% of GDP, including an increase in the Government allocation to the Global Fund to US\$ 40 million. As a result, the parliamentarians present pledged their full support and urged civil society to keep the channels of communication open.



► Ezio helps boost the representation of civil society in research effort in Brazil and internationally

The establishment of Brazilian Social Mobilization in the Fight Against Tuberculosis (ART TB BRASIL) significantly boosted the legitimacy of civil society and the affected community in the country, thanks to its representation of TB advocates from all macro-regions of Brazil. ART TB BRAZIL has focused on addressing relevant civil society and affected-community concerns and needs regarding TB research and policies through enhanced coordination and representation of civil society and communicating their perspectives and priorities to the Government. As a result, governmental consultations with community stakeholders regarding research have increased and activities and decisions are informed by their voices. Furthermore, these strengthened voices at the national level, together with examples of more formalized means of engagement with civil society and affected communities in other BRICS countries, led to the appointment of Ezio as the communities' representative of Brazil in the BRICS TB Research Network and in research discussions.



► Anh promotes close collaboration between Women's Society of Japanese Anti-TB Association and Viet Nam for stronger efforts to End TB

Building on discussions with the Japanese Anti-TB Association (JATA) leadership and Anh during the WPRO Workshop on Pillar 2 in December 2018, as well as the WHO STAG-TB meeting in June 2019, the WHO Country Office, with Anh's support, received the Women's Society of JATA in November 2019. The purpose of the visit was for the Women's Society to share experiences from its longstanding engagement in TB activities and explore the opportunity of replicating a similar approach through the Viet Nam Women's Union. The JATA Women Society's successful engagement in fundraising through the production and sale of souvenirs, as well as TB awareness-raising, was instrumental in Women's Union engagement in Viet Nam, in close collaboration with the national TB programme and the WHO Country Office. Their goal has since been defined as motivating, engaging and empowering 20 million women in 20 million families with facts about TB, so that they can protect their families as part of the Zero-TB family project.



► Yuliya leverages the Regional Collaborating Committee for WHO and key national stakeholder commitment and action in Ukraine

On 14 November 2019, a meeting took place with the WHO Country Office in Ukraine, to learn about the workplans of the Task Force and the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis (RCC-THV) of the WHO Regional Office for Europe and to discuss possible alignment with national processes, with the engagement of civil society. The meeting was initiated by the Secretariat of RCC-THV and its Chair, Yuliya Chorna, following the introduction of the Task Force mandate. It was hosted by the WHO Representative in Ukraine, Dr Jarno Habicht, and involved the Country Office focal points for TB, HIV and hepatitis, the national TB programme and civil society and community representatives. As an outcome, the following joint key priorities were agreed: transition to domestic funding and sustainability, advocacy, communication, social mobilization and multisectoral accountability. Following the initial meeting, the Country Office supported the nomination of civil society and TB-affected-community representatives to the regional technical consultation meeting on the transition to the latest WHO policy guidance on drug-resistant tuberculosis, which took place in December 2019. This promising development has since paved the way for enhanced multisectoral collaboration in the country and closer coordination with existing regional and global WHO initiatives, with the involvement of civil society.

province was chosen because of its relative remoteness and modest socioeconomic indicators, as well as its low TB detection rate (over 50% of persons with TB are missed). The process was kick-started in 2019, with a gradually expanding set of collaborative activities for effective TB control. At the request of the provincial authorities, the head of the district administration (Deputy Commissioner) led the district-level consultations to engage multiple public departments (e.g. health, social welfare, labour, finance and planning), civil society partners and TB survivors. The WHO MAF is the tool used to optimize human and financial resources within the district. Achievements to date include the development of district MAF through stakeholder engagement; most of the preparatory work is done with public funding support; the Global Fund has agreed to support MAF implementation. Amir, as the Task Force member, has been advising throughout the process.



► Evaline at the centre of multisectoral action and engagement with political leadership in Kenya

In 2019, Kenya began rolling out relevant processes in line with the WHO MAF. Efforts have been geared towards mobilizing other nonmedical sectors to recognize their potential contribution, in line with the Political Declaration of the 2018 United Nations High-level Meeting on TB. Stop TB Partnership Kenya, under Evaline's leadership, was designated as the secretariat of the multisectoral approach, which is chaired by the national TB programme. Under the leadership of the national partnership, the country has developed terms of reference to guide the deliverables and expectations of the coordinating committee. The terms of reference also list all the sectors to be engaged and frame stakeholders' expected contributions to the TB response, with links to the national monitoring and evaluation framework. The sectors that are already being engaged include the Ministry of Education, with awareness-raising in learning institutions and screening in schools. Plans for the comprehensive engagement of other sectors will be rolled out later in 2020. It is expected that bringing the new partners on board and engaging them will improve the major TB indicators and in due course contribute towards meeting the targets set by the country. As part of these developments, in 2019, the Global TB Caucus, in collaboration with the Global Fund, Stop TB Kenya and others, brought together about 60 members of parliament from African countries for a two-day forum. The objective was to raise awareness among all participants of the countries' targets and deepen their understanding of the need for advocacy to accelerate action. Their commitments were recorded in a statement of intent signed by the Speaker of the Cabo Verde Parliament. The members of parliament also recorded their individual, specific commitments on video, to ensure that further action is duly taken.



► Amir advises on operationalization of multisectoral accountability frameworks in Badin district, Sindh, Pakistan

In the context of ongoing efforts to develop national and provincial MAF in Pakistan, the provincial government of Sindh province took the initiative to work with civil society partners, the Global Fund, Stop TB Pakistan and others, to develop and pilot a replicable district-level set of roles, modalities and materials to engage multiple partners for an effective grass-roots TB control response. Badin district in Sindh



► Roger collaborates with Uganda stakeholders to kick-start multisectoral accountability processes

In October 2019, Roger supported the production of the communique issued by the national TB programme of Uganda to kick-start processes relevant to the implementation of the MAF. Roger's role included advising on a communication strategy to maximize impact and mobilization of stakeholders. The communique targeted all Government line ministries, the President's Office and the Parliamentary TB Caucus. Positive responses followed from the President's Office, Prime Minister's Office, Ministry of Finance and Ministries of Lands, Housing and Urban Development; Gender, Labour and Social Development; Local Government; Internal Affairs; and Education, as well as the Parliamentary TB Caucus. As part of this process, Roger took part in a one-day event for members of parliament to share their priorities for inclusion in the TB national strategic plan and strengthen their commitment in collaboration with the national TB programme and the national partnership. As a sign of evolving stakeholder commitment, the aforementioned line ministry representatives gathered with WHO, the national TB programme, the Uganda Stop TB Partnership and others to produce a set of advocacy messages for creating awareness among their respective constituencies. Members of parliament agreed to explore the possibility of a vote on TB in order to raise the profile of TB in the annual ministerial health policy statement. Roger took the initiative of suggesting a framework for tracking MAF processes for the national TB programme.

of the medicine for those who need it by reducing the cost. Nandita and her South African colleague had completely lost their hearing because of anti-TB injections. Bedaquiline, a new but costly drug, is seen as a safer alternative to the injections and has been given a high priority in WHO recommendations for multidrug-resistant TB. The patent challenge was widely covered in the Indian and international media. Going forward, Nandita played a key role at the opening ceremony of the 50th Union World Conference on Lung Health, held in 2019 in Hyderabad, India, alongside India's Vice-President. The conference is the largest gathering of stakeholders working in TB and lung health worldwide. At the ceremony, Nandita performed an Indian classical dance, dedicated to the courage of TB survivors, followed by an address calling upon national TB programmes and researchers to put people affected by TB first when framing policies. Nandita also led a protest march of TB survivors and their advocates, demanding increased access to bedaquiline and delamanid.



► Jamilya at the forefront of strengthening community engagement in four countries of Central Asia

During 2019, Jamilya was busy assisting Tajikistan and neighbouring countries to deepen, more clearly define and operationalize the activities and principles of engaging civil society and communities in Ending TB. In Tajikistan, Jamilya informed the development of the national ENGAGE-TB strategy (WHO approach for integrated community-based TB service delivery), and made sure that the strategy is an integral part of the new National Health Strategy for 2020–2030 and the TB national strategic plan. During the development of Global Fund proposals, Jamilya helped to ensure strong civil society representation in the process. In Kazakhstan, her support targeted the development of a bilateral agreement between Tajikistan and Kazakhstan on cross-border TB services, focusing on a migrant-specific people-oriented approach and ambulatory models of care based on WHO recommendations for infection control. The established regional network of nongovernmental organizations brings together over 20 organizations in the Central Asia region to improve access to TB services for internal and external migrants. In Kyrgyzstan, Jamilya joined the external review of the national TB control programme to review progress on the engagement of communities. In Uzbekistan, she supported the development of the national ENGAGE-TB guidelines and facilitated the establishment of a coalition of persons affected by TB.

Photos: Marcus Rose / The Union



► Nandita as the advocacy champion of TB survivors

Task force member Nandita along with a South African TB survivor and Médecins Sans Frontières mounted their first-ever patent challenge against the patent on a crucial life-saving TB drug (bedaquiline) in February 2019. The aim of the challenge was to increase accessibility

MAINSTREAMING TASK FORCE VOICES

Task Force involvement in all three pillars of the End TB Strategy

THE END TB STRATEGY: PILLARS AND PRINCIPLES

PILLAR 1

**INTEGRATED,
PATIENT-
CENTRED TB
CARE AND
PREVENTION**

PILLAR 2

**BOLD
POLICIES AND
SUPPORTIVE
SYSTEMS**

PILLAR 3

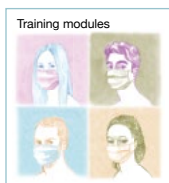
**INTENSIFIED
RESEARCH AND
INNOVATION**

Government stewardship and accountability, with monitoring and evaluation
Strong coalition with civil society organizations and communities
Protection and promotion of human rights, ethics and equity
Adaptation of the strategy and targets at country level, with global collaboration

PILLAR 1

INTEGRATED, PATIENT-CENTRED TB CARE AND PREVENTION

- **Task Force leading production of community capacity-building modules for drug-resistant TB in the WHO South-East Asia Region, 13 May 2019, Delhi, India**



New training modules were launched by community representatives and stakeholders at the opening of the meeting to empower affected communities to accelerate the response to drug-resistant TB in the WHO South-East Asia Region (SEARO). The development of the modules was led by representatives of affected communities through the Global Coalition of TB Activists and SEARO, with stakeholder input.

➔ [Access news item and modules here](#)

- **Task Force commits to continuous engagement at the second WHO stakeholders' meeting to enable implementation of Unitaids-supported innovative latent TB infection (LTBI) and childhood TB projects, 26 October 2019, Hyderabad, India**

Representatives of 17 project countries, stakeholders and Task Force representatives reviewed progress in implementation, shared early results and identified bottlenecks and successes in terms of tools, approaches and implementation models. Task Force committed to continuous engagement with national programmes to increase awareness and enhance demand for shorter treatment regimen. Advocacy messages for LTBI are in development in collaboration with Task Force.

- **Task Force advocates for uptake of LF-LAM at the International AIDS Society Conference on HIV Science 2019, 23 July 2019, Mexico City, Mexico**

Session co-hosted with Treatment Action Group shared latest evidence on diagnostic tests, provided a broad overview of the update to the WHO guidelines for the use of the LF-LAM assay, reviewed the reasons behind poor policy uptake by countries and shared best practice. Emphasis on advocacy efforts by civil society to promote uptake.

- **Task Force promotes community needs at the first technical consultation on the development of a full public health value assessment of new TB vaccines, 11–12 September 2019, Geneva, Switzerland**

The event identified conceptual frameworks that capture causal pathways linking TB vaccines with their proposed benefits, building on dialogue and stakeholder consensus. Task Force representative spoke on the needs and perspective of end-users and affected communities in vaccine development and implementation.

- **Task Force strengthens the voice of civil society at the Global Fund Strategic Initiative meeting, 29–30 October 2019, Hyderabad, India**



The focus was on progress achieved in the second year of implementation of the Global Fund initiative to find an additional 1.5 million missing persons with TB in the 13 highest-burden countries. Event was instrumental for Task Force members to provide feedback on bottlenecks in access to care in the target countries as well as community, rights and gender barriers in access to care.

- **Task Force promotes innovation in addressing challenges in TB care at the Union conference symposium on TB-HIV care cascade analysis to inform programmatic management and quality service delivery, 2 November 2019, Hyderabad, India**

Task Force representative spoke on the gaps in the TB/HIV care cascade and innovative strategies to address them, from TB screening and HIV testing to TB prevention and treatment completion, including the affected-community perspective on strengthening quality of services.

► **Task Force frames action plans at the Global Consultation on Ending TB in Children and Adolescents for High-Burden and Priority Countries in three WHO regions, 26–28 November 2019, Hanoi, Viet Nam**

The consultation brought together over 100 stakeholders from 12 priority countries, including four Task Force members most relevant to the geographical context, took part in the event. Task Force supported development of joint action plans in line with the key actions included in the Roadmap towards ending TB in children and adolescents. The exercise included transforming political commitments of the High-level Meeting on TB into programmatic interventions with links with the private sector. On the sidelines, the Task Force member from Viet Nam and the WHO Country Office organized a “Run like a Child” event to raise funds for children and families affected by TB.



PILLAR 2

BOLD POLICIES AND SUPPORTIVE SYSTEMS

► **Task Force assesses progress and informs way forward at the Workshop on End TB Strategy Pillar 2 in the Western Pacific Region 2018, 11–13 December 2018, Seoul, Republic of Korea**

Stakeholders and Task Force members reached agreement on establishing national civil society coordination mechanisms in eight priority countries for closer collaboration with national programmes. Role of regional network in overseeing progress defined, with links with the Task Force.

➔ [Read more and access Outcome Statement](#)



► **Task Force enriches the Global Public-Private Mix for TB Prevention and Care Working Group meeting, 16–18 July 2019, Jakarta, Indonesia**

Over 150 stakeholders from 20 countries came together to review progress towards adoption and rollout of the public-private mix (PPM) Roadmap (launched in 2018) to close gaps in care and reach all missing people with TB. For the first time ever, six civil society representatives from the Task Force and youth advocates enabled greater engagement of affected communities in efforts to scale up PPM.

PILLAR 3

INTENSIFIED RESEARCH AND INNOVATION

► **Task Force helps frame the Global Strategy for TB Research and Innovation with clearly defined role of civil society at WHO, 22–23 January 2019, Geneva, Switzerland**

Task Force participation was critical in reviewing the overall scope of the draft strategy. It helped define the role of civil society in contributing to its implementation.

► **Civil society perspectives shape discussions at the fifth meeting of the BRICS TB Research Network, 2–3 July 2019, Beijing, China**

Event discussed collaborative scientific research for development and innovation of diagnostics, vaccines, drugs and regimens, infection control for TB and patient service delivery.

► **Task Force highlights civil society considerations at the meeting on TB research in the Americas, 9–10 September 2019, São Paulo, Brazil**

Event highlighted progress, needs and challenges in TB Research in the Region.

► **Enriching the technical consultation on LTBI management: research for scale-up and target regimen profiles, 16–17 September 2019, Montreal, Canada**

Task Force enriched the discussion with civil society perspectives on research needs for the scale-up of TB preventive treatment, as well as the development of target regimen profiles for TB preventive treatment.

STRENGTHENING THE WHO GUIDELINE DEVELOPMENT PROCESS

2018 STAG-TB RECOMMENDATION

In 2018, the WHO STAG-TB recommended a strengthened process and transparency of selection of civil society and affected-community representatives for guideline development groups

WHO CIVIL SOCIETY TASK FORCE RESPONSE

WHO put a new procedure in place to enhance the strength of selection of relevant Guideline Development Group members: for each new TB-related guideline, a call for expressions of interest is issued by the Secretariat for Task Force applications, as well as dissemination, collection, analysis and suggestions for membership to the guideline development Secretariat for affected-community representatives. Guideline Secretariat makes a final decision based on the declarations of interest and factors published in the terms of reference.

► Task Force enriches the WHO Guideline on LF-LAM assay, 14–16 May 2019, Geneva, Switzerland

Group assessed the available data on LF-LAM assay for diagnosis of active TB in HIV-infected adults and children. WHO is now recommending LF-LAM use to assist in diagnosis in a broader group of people, in both inpatient and outpatient settings. Ezio Tavora dos Santos Filho from the Task Force actively contributed to the meeting deliberations and outcomes from a civil society perspective.



► WHO Guidelines on Drug-Resistant TB Treatment formulated with Task Force voices, 12–14 November 2019, Geneva, Switzerland

Group updated the guidelines based on a review of new evidence shared by countries and research and technical partners and on responses to the public call for data. Representatives of the Task Force (Amir Khan as a Guideline Development Group member and Blessina Kumar as an observer) participated in the meeting and actively contributed to the guideline development process. The Task Force also successfully nominated a TB survivor for the group membership.



► Task Force informs WHO policy update on molecular assays intended as initial tests for the diagnosis of pulmonary and extrapulmonary TB in adults and children, 3–6 December 2019, Geneva, Switzerland

The group assessed available data on the accuracy of Xpert MTB/RIF, Xpert Ultra and Molbio TrueNat MTB/Rif for diagnosis of active TB and rifampicin resistance in all persons with signs and symptoms of TB. As a result, WHO will recommend use of molecular tools as an initial test for TB in a broader group of patients. Task Force member Ezio Tavora dos Santos Filho actively contributed to the deliberations and outcomes. Task Force also successfully nominated a TB survivor for Guideline Development Group membership.



TASK FORCE BUILDS COMMON GROUND TO ENHANCE IMPACT

► First meeting of the Task Force, 7–8 March 2019, Geneva

Jointly agreed priorities include, but are not limited to: implementation of the Political Declaration of the United Nations High-level Meeting on TB in 2018; boosting engagement in policy development, research, programmes and processes; and implementation of the MAF.



► Second meeting of the Task Force, 13 June 2019, Geneva, Switzerland

At a meeting convened in conjunction with STAG-TB, the Task Force reviewed progress and refined key priorities and joint messages in relation to the STAG-TB agenda. The strong Task Force presence and its links with STAG-TB, thanks to members serving on both bodies, was instrumental in deepening Task Force identity, networking and creating new collaborations with Task Force and STAG-TB members, current partners and WHO staff.



► WHO and the Task Force jointly frame priorities and messaging for the Union conference and side events, 27 October 2019, Hyderabad, India

In preparation for the End TB Summit and the Union World Conference on Lung Health, WHO and the Task Force agreed on messages to boost collaboration and meaningful engagement with civil society to End TB.

► Union conference session “Meet the WHO Civil Society Task Force”, 1 November 2019, Hyderabad, India

Event aimed at introducing the Task Force and its roles and functions to conference participants and sharing priorities for broader consultation and feedback. Request for advocacy calling upon the Union to mainstream community representation in the main conference was one of the key highlights.



► Retreat for Task Force civil society representatives, 2 November 2019, Hyderabad, India

WHO financially supported a retreat for Task Force civil society representatives to allow for independent discussion on their role, mandate, achievements and needs.



► STREAM CAB Webinar, 13 December 2019

Global TB Programme Director and research lead participated in the webinar, explaining the WHO guideline development process with a focus on the upcoming TB guideline development.



14 COORDINATION CALLS
(INCLUDING 4 THEMATIC)



3 FACE-TO-FACE MEETINGS

ADDED VALUE

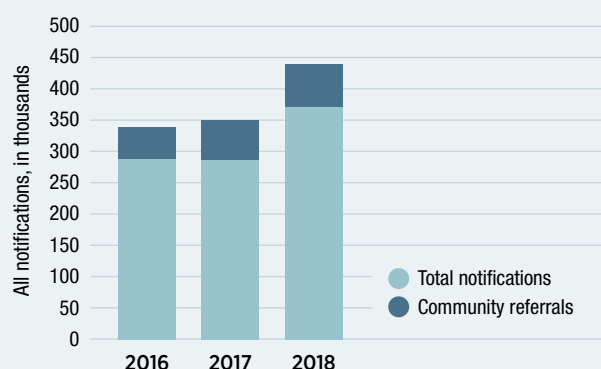
► WHO revamps capacity-building approach to boost take-up of integrated community-based TB service delivery (ENGAGE-TB)



The WHO ENGAGE-TB approach guides the implementation of integrated community-based TB service delivery combined with the existing community-based health and development initiatives. See factsheet [here](#). Building on ongoing support for countries, evidence from implementation and global consultations to review progress and challenges in 2018, WHO is revamping its approach to capacity-building.

The new ENGAGE-TB online platform, supported by the Global Fund Strategic Initiative, aligns more closely with the need to find missing persons with TB. Community-based service delivery and outreach by community health workers is a powerful way to increase usage of TB services, find more persons with TB, and find them early. Data (see graph) show the increase in usage of TB services in selected countries which prioritized community-based service delivery with strong WHO support.

Contributions of community referrals to notifications, GF SI selected countries



Source: Global tuberculosis report 2017–2019. Data refer to Kenya, Mozambique, Nigeria, United Republic of Tanzania.

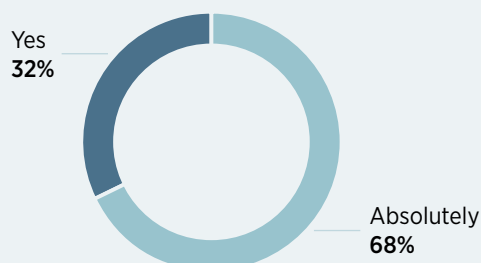
Key gaps remain in the capacity of implementers and experts on the importance and how-to of community-based TB programming. Furthermore, global documentation shows current gaps in monitoring and evaluation for community-based service delivery standing at 30%: 31 out of 89 countries implementing community-based service delivery still do not capture the relevant data in their national surveillance systems (source: Global tuberculosis report 2017–2019).

The new ENGAGE-TB online platform, with input from the Task Force, aims to address these weaknesses, helps to document good practices and boosts the capacity of implementers, experts and partners. It includes five self-guided online modules of approximately 20 minutes each, including a module on soft skills and partnership-building between governments and nongovernmental organizations. It was developed in partnership with the International Training Centre of the International Labour Organization. Available in English and French, with free access. The public launch is expected in the first quarter of 2020.



Feedback from the accompanying pilot face-to-face training conducted in December 2019 is promising. A total of 28 trainees from WHO high-TB-burden country offices and four consultants rated the training positively, as shown on the graph.

Are you satisfied with the overall quality of the Training?



Watch here the ENGAGE-TB pilot training testimonies!



► **Country impact: Task Force member at the forefront of multisectoral action to End TB in Niger**



In August 2019, the national TB programme of Niger requested the national civil society network for TB (*Coalition nigérienne de la société civile sur la tuberculose* – CONISOC TB), supported by an international consultant through Expertise France and TeAM, to conduct a situational analysis and help establish a national multisectoral committee on TB in order to translate into action the commitments from the Political Declaration of the United Nations High-level Meeting on TB in September 2018. The international consultant and Task Force member Bertrand Kampoor supported the work – a trailblazer in francophone Africa and beyond.

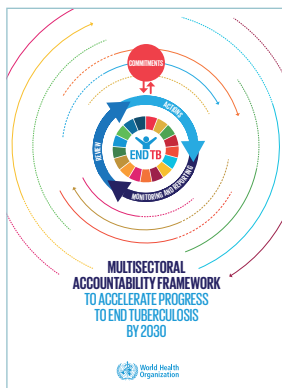
The agreed vision for the multisectoral committee is to “end tuberculosis by 2030”, in line with SDG 3. Its aim is to coordinate action and monitor progress in line with the Political Declaration. The main agreed objectives include coordination of strategies, definition of an accountability framework, contribution of financial and technical resources in line with set targets, and regular monitoring of progress. Stakeholders with clearly defined roles include the President’s Cabinet; Prime Minister’s Cabinet; the Parliamentary Coordination Network for HIV/AIDS, Malaria and TB; the national AIDS programme; national TB/HIV committee; Ministries of Justice, Education, Community Development, Agriculture; CONISOC TB; TB Survivor Association; Action Damien; WHO; UNAIDS; and Association of Public and Private Clinics and Pharmacies.

Additional achievements include formalizing an agreement of the National Multisectoral Committee; mapping technical, human, logistical and financial resources and contributions in the context of the Multisectoral Committee; production of an operational plan with actions, timelines, roles and responsibilities of each partner; and defining governance.

WHO country and regional offices, in coordination with headquarters and the Task Force Secretariat, provided strong support for this process. Subsequently, the best practice documented through this initiative is being systematically disseminated and promoted among Task Force members, WHO at all levels, national TB programmes and partners in key international and regional events to foster multisectoral action with civil society as a key partner in the WHO African Region and beyond.

LOOKING AHEAD

► Production of tool for assessing civil society engagement in Multisectoral Accountability Framework action in countries



In response to requests for WHO to produce more tools for action on the MAF, the Global TB Programme, in consultation with WHO TB regional advisers and countries, developed a checklist for country baseline assessments around MAF processes. In close collaboration with the Task Force, the Global TB Programme is currently finalizing a related tool to ensure thorough assessment of civil society engagement in the whole spectrum of country-level MAF-related processes. The tool will be widely promoted through WHO at all levels, the Task Force and its networks, national TB programmes and partners.

► Strengthening the capacity of the Task Force in delivery of integrated community-based TB services (ENGAGE-TB)

New ENGAGE-TB face-to-face training will target Task Force members and other stakeholders. It is planned to take place on 21–24 September 2020 in partnership with the International Training Centre of the International Labour Organization at the United Nations System Staff College in Turin, Italy. This highly interactive four-day training course aims to build the capacity of participants in the WHO ENGAGE-TB approach, including communication and partnership-building skills and management of groups with diverging agendas.

► Task Force at the forefront of national TB programmatic and national strategic plan reviews

The Task Force Secretariat, in coordination with WHO regional and country offices, will continue to catalyse the engagement of the Task Force in national TB programmatic and national strategic plan reviews. The aim of such efforts is to boost the quality and intensity of civil society and affected-community engagement in national TB responses. The Task Force has taken part in reviews in Indonesia, Pakistan, South Africa, United Republic of Tanzania, Timor-Leste and Zambia. Next steps include learning lessons from experiences gained to date and guiding the push for systematic engagement in the reviews and key country events and processes to come.

► Efforts are ongoing to strengthen monitoring and evaluation of civil society engagement at all levels and with all stakeholders in the TB response

Groundwork is under way to track and quantify the engagement of civil society as a close partner in Ending TB in key workstreams. Progress will be reported at the meeting of STAG-TB in 2020. The Task Force and WHO are jointly planning the development of a monitoring and evaluation framework for this purpose, in collaboration with experts.



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**World Health
Organization**