Adaptation and implementation of WHO's multisectoral accountability framework to end TB (MAF-TB)

Best practices
Adaptation and implementation of WHO’s multisectoral accountability framework to end TB (MAF-TB)

Best practices
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Adaptation and implementation of WHO’s multisectoral accountability framework to end TB (MAF-TB): Best practices

Foreword

Tuberculosis (TB) is one of the leading causes of death worldwide. One death from this preventable and curable disease is one too many.

Despite some impressive gains made in the fight against TB in recent years, the COVID-19 pandemic coupled with ongoing crises such as armed conflict, increasing food insecurity, political and economic instability, has reversed years of progress.

The pandemic, however, shone a light on what could be achieved if sectors beyond health worked together to protect health. The same is true for TB.

The WHO End TB Strategy envisions a world free of TB. It acknowledges the need to strengthen multisectoral collaboration across health, social protection, environment, labour, and other sectors to halt the global TB epidemic and save lives.

Similarly, the political declaration of the 2018 United Nations High-level Meeting (UNHLM) on TB reaffirmed the importance of pursuing multisectoral collaboration to address the determinants of health that continue to spread the disease.

The Multisectoral accountability framework to accelerate progress to end TB (MAF-TB) is a tool developed by WHO for achieving and assessing progress towards the implementation of political commitments and agreed targets to end TB. It was developed in response to the request of Member States and civil society.

From food insecurity and malnutrition to poor housing and environmental conditions, TB thrives on the unequal distribution of the social determinants of health. The MAF-TB is based on the concept that addressing TB requires a response beyond the health sector; that it requires a multisectoral response across a wide variety of sectors and partners to not only stop TB in tracks but to address its root causes.

This compilation of best practices in the adaptation and implementation of the MAF-TB includes case studies from all six WHO regions. It provides important, valuable insight into how regions and countries are progressing with its implementation and what has been learnt along the way. There is something to be taken away from every unique case study.

With preparations continuing for the second UN high-level meeting on TB to be held in 2023, the launch of this document comes at a critical time.

As MAF-TB implementation continues to support effective accountability of governments and stakeholders at the global, regional and country level, it is hoped this series of best practices serve as an inspiration for those involved in combating TB in one form or another, and fuels further progress in ending the TB epidemic.

Time is of the essence. The targets outlined in WHO’s End TB Strategy and other global commitments are in reach. Together we can end TB.

Dr Tereza Kasaeva,
Director, Global Tuberculosis Programme,
World Health Organization
Acknowledgements

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Special thanks to all contributors who provided regional and country examples of MAF-TB best practices from across all six WHO regions as mentioned below.

WHO African Region

Meaningful engagement of civil society and TB-affected communities in undertaking a MAF-TB baseline assessment in Francophone Africa
Bertrand Kampoer, Edouard Kambou Sansan (DRAF TB), Deborah Ogwuche (The Global TB Caucus), Joel Minkoua (FIS Cameroon)

MAF-TB baseline assessment and understanding the financial burden of TB in the Democratic Republic of the Congo
Michel Kaswa (Programme National de Lutte contre la Tuberculose, Ministere de la Sant´e Publique, Kinshasa), Maxine Yunga (Club des amis Damien), Nicolas Nkiere (WHO, DR Congo Office, Kinshasa)

Engaging civil society and TB-affected communities in the TB response: Kenya’s experience
Ejersa Waqo, Jacque Kisia, Jacqueline Limo, Simeon Ndemo (National TB and Lung Disease Programme, Ministry of Health), Evaline Kibuchi (Stop TB Partnership Kenya, WHO Civil Society Task Force member), Stephen Anguva (Network of TB Champions), Rose Wandia (Centre for Health Solutions, Tuberculosis Accelerated Response and Care II Programme)

Development and implementation of the MAF-TB in South Africa
Matsiliso Sopoli (South African National AIDS Council), Nkateko Mkhondo (WHO South Africa Country Office), Thembisile Xulu (South African National AIDS Council), Lindiwe Mvusi (National Department of Health)

WHO Region of the Americas

Multisectoral agenda for TB response and review mechanisms: the Brazilian experience
Fernanda Dockhorn Costa Johansen, Patricia Bartholomay, Tiemi Arakawa, Patricia Rodrigues Sanine, Patricia Werlang, Denise Arakaki-Sanchez (Chronic and Airborne Disease Surveillance Coordination, Secretariat of Health Surveillance, Brazilian Ministry of Health), Gerson Fernando Mendes Pereira (Department of Chronic Conditions and Sexually Transmitted Infections, Secretariat of Health Surveillance, Brazilian Ministry of Health), Ezio Távora dos Santos Filho (Community Engagement Projects, Brazilian TB Research Network (REDE-TB), WHO Civil Society Task Force member), Ethel Leonor Noia Maciel (Brazilian TB Research Network (REDE-TB); Federal University of Espírito Santo, Brazil)

WHO Eastern Mediterranean Region

MAF-TB baseline assessment and piloting experience at the district level in Pakistan
Abdul Wali Khan (Common Management Unit for AIDS, TB and Malaria, The Global Fund and National TB Programme, Pakistan), Khan Basharat Javed (Common Management Unit for AIDS, TB and Malaria, the Global Fund), Laeeg Ahmad Khawaja (WHO Country Office for Pakistan), Aamir Safdar Chaudhary (WHO Sub Office, Lahore, Punjab)
Evaluating the impact of MAF-TB implementation in Badin, Sindh province, Pakistan
Ghulam Nabi Kazi, Kinz ul Eman [DOPASI Foundation, Islamabad, Pakistan], Lucía Ditiu, Enrica Fantini [Stop TB Partnership, Geneva, Switzerland], Syed Azher Karam Shah [Stop TB Pakistan, Karachi, Pakistan], Irshad Memon [Directorate General of Health Services, Sindh, Hyderabad, Pakistan], Abdul Wali Khan [Common Management Unit for AIDS, TB and Malaria, The Global Fund and National TB Programme, Pakistan], Aurangzaib Quadir [Common Management Unit for AIDS, TB and Malaria, Pakistan], Srichand Batra [Directorate General of Health Services, Sindh, Hyderabad, Pakistan]

WHO European Region

The development of Armenia’s National Strategic Plan for TB
Gayane Ghukasyan [WHO Country Office for Armenia], Sayohat Hasanova [WHO Regional Office for Europe], Mane Khalatyan [WHO Country Office for Armenia]

MAF-TB baseline assessment in Belarus with an auxiliary data collection tool to fill the Annex 1 of the MAF-TB Checklist
Dmitry Zhurkin, Alena Skrahina, Henadz Hurevich [Republican Research and Practical Centre for Pulmonology and Tuberculosis], Hanna Zakreuskaya [Country Coordination Mechanism Executive Secretary], Sayohat Hasanova, Yuliya Chorna [WHO Regional Office for Europe], Viatcheslav Grankov [WHO Country Office for Belarus]

Yuliia Kalancha [TB Europe Coalition], Yuliya Chorna [WHO Regional Office for Europe], Mariia Chuprynska [TB Europe Coalition]

Interagency cooperation in the provision of medical and social assistance to TB in the Russian Federation
Irina Vasilieva, Vadim Testov, Tatyana Toichkina [National Medical Research Centre of Phthisiopulmonology and Infectious Diseases under the Ministry of Health of the Russian Federation, Russian Federation]

MAF-TB baseline assessment with the use of the Checklist and auxiliary data collection methods in Ukraine
Yana Terleyeva [TB Diagnosis and Treatment Coordination Department, Public Health Centre of the Ministry of Health], Sayohat Hasanova, Yuliya Chorna [WHO Regional Office for Europe], Iryna Koroieva, Liubov Kravets [joint UNDP and Ministry of Health of Ukraine project “Strengthening National Council on TB and HIV/AIDS in Ukraine”], Yuliia Kalancha, Mariia Chuprynska [TB Europe Coalition], Olga Klymenko [TBPeopleUkraine]

Rapid implementation of the WHO MAF-TB baseline assessment checklist for Members of Parliament in Ukraine
Alesia Matusevych, Tushat Nair, Deborah Ogwuche [Global TB Caucus]

WHO South-East Asia Region

Driving accountability and community ownership to accelerate TB elimination in India

Enabling Members of Parliament to take ownership of India’s TB programme
Indira Behara, Raman Sankar, Asad Ali, Divya Vaidyanathan [Global Health Strategies]

Civil society engagement in TB/COVID-19 service delivery for migrants
Nyan Win Phyo [World Vision Foundation of Thailand, WHO Civil Society Task Force member]
WHO Western Pacific Region

Promoting meaningful engagement of journalists for TB raising awareness and advocacy
Chanthorn Phorng, Sok Chamreun Choub (Khmer HIV/AIDS NGO Alliance (KHANA)), Vy Nop (Cambodian Journalists Alliance Association (CamboJA)), Huot Chanyuda (National Centre for Tuberculosis and Leprosy Control (CENAT))

Multisectoral collaboration to promote the End TB Action Plan (2019–2022)
Qu Yan, Wang Ni, Zhang Hui, Zhao YanLin (National Centre for TB Control and Prevention, China CDC)

High-Level multisectoral governance platform for TB elimination: adapting Multisectoral Accountability Framework for TB (MAF-TB) in the Philippines
Kristine Berlynn E. De Ramos-Afuang (FHI360, Philippines), Anna Marie Celina G. Garfin, Donna Mae G. Gaviola, Diana Jeane T. Mallari, Bricchio L. Echo Jr. (Department of Health, Disease Prevention and Control Bureau, Philippines), Rhodora A. Tiongson, Anup Kumar (FHI360, Philippines), Rajendra-Prasad Hubraj Yadav (WHO Country Office for Philippines), Kalpeshsinh Rahevar (WHO Regional Office for the Western Pacific)

National Commission to End TB: a mechanism for implementing the MAF-TB
Nguyen Binh Hoa, Nguyen Viet Nhung (National TB Programme and Viet Nam Association for Lung Disease, Viet Nam), Satoko Otsu, Hieu Vu (WHO Country Office for Viet Nam), Tauhid Islam (World Health Organization, HQ, Global Tuberculosis Programme), Kalpeshsinh Rahevar (WHO Regional Office for the Western Pacific)

Participation of Vietnam Farmers’ Union in TB prevention
Le Phan Hai Son (Global Fund’s TB project, Viet Nam Farmers’ Union)

Multisectoral collaboration with UN agencies: International Labour Organization
Afsar Syed Mohammad (ILO Geneva), Schaaf Dirkje (ILO Geneva), Magutu Hellen (ILO Kenya), Baqar Syed Mohammed (ILO India)
# Abbreviations and acronyms

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<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<tr>
<td>CSO</td>
<td>Civil society organization</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>MAF-TB</td>
<td>Multisectoral accountability framework to accelerate progress to end tuberculosis by 2030</td>
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<td>MDR-TB</td>
<td>Multidrug-resistant TB</td>
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<td>NSP</td>
<td>National strategic plan</td>
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<td>NTP</td>
<td>National tuberculosis programme</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>UHC</td>
<td>Universal health coverage</td>
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<td>UNHLM on TB</td>
<td>United Nations High Level Meeting on Tuberculosis</td>
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Introduction

Background

Tuberculosis (TB) is one of the world’s top infectious disease killers. Each day, over 4000 people lose their lives to TB and close to 30,000 people fall ill with this preventable and curable disease. Global efforts to combat TB have saved an estimated 74 million lives since the year 2000.

In recent years, political momentum to tackle the disease has grown. The political declaration of the 2018 United Nations High-level Meeting (UNHLM) on TB reaffirmed commitments to end the TB epidemic in line with the Sustainable Development Goals [SDGs] target. The declaration includes a commitment by Member States to enable and pursue multisectoral collaboration at the global, regional, national and local levels, across health and nutrition, finance, labour, social protection, education, science and technology, justice, agriculture, the environment, housing, trade, development and other sectors, to ensure that no one is left behind. A multisectoral approach to ending the TB epidemic is critical to enable the development of a comprehensive response that goes far beyond the health sector to address the social and economic determinants that fuel the disease. The impact of COVID-19 on health systems and economies across the globe has only emphasized the importance of multisectoral engagement. The political declaration also requested the Director-General of WHO to ensure the timely implementation of a multisectoral accountability framework for TB. In 2019, the WHO Global TB Programme released the Multisectoral accountability framework to accelerate progress to end TB by 2030 (MAF-TB). A WHO MAF-TB Baseline Assessment Checklist with three related Annexes was released in tandem to assist Member States in the adaptation and implementation of the MAF-TB and to evaluate the baseline situation of the four essential components of the MAF-TB: commitments, actions, monitoring and reporting and review.

The aim of the MAF-TB is to support effective collaboration and accountability of governments and stakeholders at the global, regional and country levels to propel progress towards ending the TB epidemic in line with the End TB Strategy and the 2030 Agenda for Sustainable Development. The framework helps to facilitate multisectoral action, mutual accountability, and measurement of progress towards TB commitments at all levels.

WHO at all three levels is providing technical support, coordination and policy guidance to Member States to adapt and implement the MAF-TB at the regional and country level, and for monitoring and review at the global, regional and country level. WHO’s multisectoral and multistakeholder platform is being leveraged to support countries with their reviews and in preparations for the High Level Meeting on TB, in collaboration with WHO’s civil society taskforce. WHO is also supporting capacity building activities on the MAF-TB through webinars and meetings with stakeholders, as well as creating a platform to exchange information, highlight best practices and share case studies.

The four essential components of the MAF-TB

- **Commitments**
- **Actions**
- **Monitoring and reporting**
- **Review**

The impact of COVID-19 on health systems and economies across the globe has only emphasized the importance of multisectoral engagement.
To this end, this document is a compilation of 25 case studies that brings together a wide variety of country and stakeholder experiences in implementing the MAF-TB at the national and local level. The case studies were collated following a "Call" launched by WHO’s Global Tuberculosis Programme on the adaptation and implementation of the MAF-TB in September 2021. The call aimed to collect case studies and best practices from countries on concrete examples of MAF-TB adaptation and implementation at the country level related to one of the MAF-TB essential components (commitments, actions, monitoring and reporting, and review), as well as the process of organizing and conducting MAF-TB Baseline Assessments using the WHO Checklist and Annexes. Details were sought on the engagement of key stakeholders including civil society and affected community with the evidence of the result and sustainability.

The best practices document is a valuable resource that shares experiences and lessons learnt that will support stakeholders in the scale-up of MAF-TB implementation. It complements a new MAF-TB operational guide that is being released alongside, that provides practical advice on key approaches and interventions needed to establish the MAF-TB at the national (and local) levels. The document will also inform preparation for a comprehensive review by Heads of State and Government for the next UNHLM on TB in 2023.

This is a living document that will be updated regularly with experiences from countries in implementing MAF-TB.
Meaningful engagement of civil society and TB-affected communities in undertaking a MAF-TB baseline assessment in Francophone Africa

Introduction

In West and Central Africa (WCA) critical gaps in TB case finding and treatment have contributed to a substantial burden of undiagnosed TB. Regional estimates indicate that more than 50% of people with TB go unreported or missing. In 2021, the African Region passed the 2020 milestone of the End TB Strategy, with a 22% reduction in the TB incidence rate compared with 2015, the Region accounts for one-fourth of the global burden of disease and has highest proportion of TB and human immunodeficiency virus (HIV) coinfection, according to WHO’s Global TB Report 2022. Across WCA, critical gaps in terms of awareness, community engagement, human rights and accountability exist. More specifically, people affected by TB do not know their rights; are not meaningfully involved in TB programming; and there are very few accountability mechanisms in place to ensure human rights are respected, protected, and fulfilled. In addition, the implementation of recommendations based on global initiatives including the Political Declaration of the UN High-Level Meeting on the Fight Against TB and the End TB Strategy is very weak.

Background

In 2018, national TB programmes (NTPs) in 12 WCA countries launched the Cotonou declaration to express concern that each year the Region fails to detect more than 50% of people with TB. The declaration calls on governments and stakeholders to implement a multisectoral response to end the TB epidemic. The Dynamics of the Response of Francophone Africa on TB (DRAF TB), a civil society organization (CSO) that is focused on empowering communities and TB survivors to participate in the TB response, carried out a regional adaptation of the MAF-TB to measure progress in the implementation of the UNHLM on TB in Francophone West and Central Africa countries. The countries include Benin, Burkina Faso, Burundi, Cameroon, Chad, Congo, Democratic Republic of Congo, Ivory Coast, Gabon, Guinea, Niger, and Senegal. The purpose was to empower TB-affected communities to measure progress made in the implementation of the UNHLM on TB using the MAF-TB Checklist and to conduct a basic analysis of the implementation of the MAF-TB in each of the 12 countries.

MAF-TB framework adaptation and implementation

The DRAF TB carried out a regional adaptation of the MAF-TB. The evaluation used a combination of quantitative and qualitative approaches. One TB civil society focal point in each of the 12 countries was trained by WHO to oversee the assessment in their respective country. The WHO MAF-TB Checklist was used to conduct semi-structured interviews with NTPs at the country level with the information refined with the support of TB focal points at WHO Country Offices. A statistician was contracted to adapt and configure the Checklist to generate graphs to assess the level of implementation of the different components of the MAF-TB and the three annexes. The process involved collaborating the WHO Global TB Programme, WHO African Region, West African Regional Network of NTP, Central African Regional Network of NTP, and parliamentarians of the Global TB Caucus Francophone Africa on the advocacy element. Data was analyzed by linking to the four essential components of the MAF-TB: commitments, actions, monitoring and reporting, and review.
Findings
The assessment found that global commitments are weakly implemented in all 12 countries. It identified several priority issues that require special attention. These include high level leadership; the establishment of multisectoral accountability frameworks; sufficient and sustainable funding; research and innovation; and considering the role determinants such as poverty, vulnerability and gender inequality play in the epidemic.

Regarding the four components of the MAF-TB, it found:

- Commitments: Planning on translating global commitments to national policies and targets is only 20% initiated or in process. There is strong dependence on external funding, particularly from the Global Fund.

- Actions: Efforts to implement recommended actions such as a national multisectoral coordination mechanism, relevant TB legislation and policy, carrying out assessments with civil society and multisectoral actions on risk factors and the social determinants on TB are are estimated at 53%. The development and adoption of the MAF-TB needs strengthening in most countries. The engagement of other ministerial departments outside of health and parliamentarians is limited, evaluations carried out by civil society are weak, and addressing risk factors and social determinants are limited in national TB control strategies.

- Monitoring and reporting: The elements needed at the local and national level to reliably monitor the TB epidemic are “in place” in 38% of countries. Very few surveys are carried out due to lack of financial resources and audits are almost non-existent.

- Review: Existing mechanisms as well as new elements identified in the UNHLM on TB and the End TB Strategy are “in place” in 33% of countries. Multisectoral collaboration remains very weak.

Regarding the annexes of the MAF-TB, it found:

- Ministries or bodies mobilized to end TB: On average, eight ministries or agencies collaborate with Ministries of Health. For those who do collaborate, no budget has been formally allocated.

- Participation of civil society and affected communities in the four components of multisectoral accountability: The level of participation of civil society and affected communities stands at 73% for the Political Declaration, with 100% reached in several countries. Efforts to strengthen participation in the four components of the MAF-TB is at 55%.

- Adoption and implementation of the WHO TB Guidelines: Various guidelines are being implemented at an average proportion of 54%.
Challenges, sustainability and implications for policy and practice

The primary challenge was the adaptation of the MAF-TB. Faced with a high probability of errors, Nvivo software was used to generate precise data with graphs to facilitate understanding of progress in the region. In addition, it was the first time many NTPs discovered the MAF-TB Checklist which made it difficult to fill out the forms. In response, the WHO Global TB Programme organized additional training with focal points. The process created more room for civil society to reinforce accountability for the implementation of the TB Political Declaration, which is now being tracked at the country level by NTPs. Regarding sustainability there is a need to produce a regional scorecard for the acceleration of the implementation of the Political Declaration in Francophone Africa. The following recommendations were made by the DRAF TB and endorsed by NTPs to enable WCA countries to remain on track with the WHO End TB Strategy:

- Develop and publish a clear plan outlining how the government will achieve its share of the global goals agreed to in the Political Declaration of the UNHLM on TB and establish an intergovernmental working group to monitor and assess progress against these goals.

- Commit to rapidly scaling up TB care and prevention programmes with the necessary accompanying funding to ensure that the government meets its fair share of the global goal of diagnosing and treating 40 million people with TB by 2022.

- Work through all diplomatic channels to ensure that TB remains on the agenda of heads of state around the world, especially through existing platforms where heads of state and government meet annually.
**Introduction**

The Democratic Republic of the Congo is in Central Africa with a population of almost 90 million. The Democratic Republic of the Congo is among the 30 countries that bear 87% of the global TB burden. In 2021, 305,000 people fell ill with TB, which translates into an incidence of 318 cases per 100,000 population, according to WHO estimates. Of these 305,000 people, 90,000 were missed by the national health system and 24,000 were also living with HIV. WHO estimates that 49,000 people died from the disease in 2021, with it being the number one killer of people living with HIV/AIDS in the Democratic Republic of the Congo and the third leading cause of mortality across the country.

**Background**

The Democratic Republic of the Congo has a fragile health system following years of conflict which has been further challenged by recurrent health emergencies including Ebola and the ongoing COVID-19 pandemic. While the country has a free TB care policy and has made progress with Universal health coverage (UHC) in recent years, both are insufficient to remove barriers to access to TB care and treatment adherence. In November 2017, the Ministry of Health of the Democratic Republic of the Congo was one of the 117 delegations to adopt the Moscow Declaration to End TB. Following this, in 2018 the Democratic Republic of the Congo announced the creation of the National Multisectoral Council for the Fight Against TB. The creation of the Council spurred on efforts to create the MAF-TB.

**MAF-TB adaptation and implementation**

Following the announcement of the creation of the MAF-TB in the Democratic Republic of the Congo, between July and December 2020, the country undertook a baseline assessment to enable MAF-TB adaptation and to generate evidence across the four essential components of the MAF-TB. The baseline assessment involved a literature review, semi-structured interviews using WHO checklists with a range of stakeholders including politicians, community members, nurses and other professionals and an analysis undertaken by the TB focal point at the WHO Country Office. In addition, to assess the economic burden of patients affected by TB and to provide valuable entry points to multisectoral action plans to control TB, including better linkages to social protections, the country’s first national survey was carried out. It was published in 2021 in the International Journal of Tuberculosis and Lung Disease.
Results

The baseline assessment found that the Ministry of Health is the only ministry engaged in the fight against TB and that there is limited ownership of global commitments to combat the disease. It recognized the valuable role civil society, and the TB-affected community can play in galvanizing high-level accountability at both the national and regional level and in the MAF-TB. It identified different ministries to be involved in the TB response such as labor and transport and made several recommendations including advocacy by community members to authorities and businessmen to increase local resources for TB; advocacy for the implementation of the law to protect people with TB and their jobs; developing an awareness plan for different ministries to be involved in the TB response; and advocacy for multisectoral action on TB among high-level authorities. Following the assessment, it was recommended that the MAF-TB be designed for provincial and local levels. As a result, a high-level parliamentarians’ caucus for the fight against TB was established.

Meanwhile, the national survey to assess the proportion of TB patients facing catastrophic costs found 56.5% of households affected by TB experienced costs above 20% of their annual household expenditure. It found that TB-affected households incur on average a cost of US$ 549 per TB episode, despite the country’s free TB care policy. The risk of catastrophic costs increased with hospitalization, drug resistance status and lower economic status. Half of households resorted to coping strategies and experienced food insecurity and only 7.5% received social support. The survey included 1118 patients in 43 treatment zones.

Challenges, sustainability and implications for policy and practice

The Democratic Republic of the Congo faces several ongoing challenges which include, but are not limited to, mobilizing a range of ministries and sectors in the fight against TB, ownership of global commitments on TB, and a lack of local resources. Moving forward there is a need to advocate for the establishment of the coordination structure for MAF-TB and to define roles and responsibilities for different sectors on their role in the TB response along with a framework for monitoring and evaluation. There is also a need to develop guidelines and policies in line with the findings from the economic burden of TB-affected households’ study which are geared to increase access to care and social protection among the poorest; develop a multisectoral national TB strategic plan; substantially increase the availability of local resources to tackle the disease; and ensure TB is prioritized in the first level of interventions supported by UHC. These actions will help to develop a MAF-TB in the country.
KENYA

Engaging civil society and TB-affected communities in the TB response: Kenya’s experience

Introduction
Kenya is a country in East Africa with a population of 50 million. It is among the 30 high burden countries for TB and TB/HIV. Kenya has transited out of the high burden list for MDR/RR-TB. By 2021, Kenya had passed the first milestone of a 35% reduction in TB deaths compared with 2015 as well as the first milestone of a 20% reduction in the TB incidence rate compared with 2015.

As of 2021, the estimated total TB incidence in Kenya was 133,000 TB cases. However, the country only notified 77,854 TB patients in 2021. Kenya is one of 26 countries that reported large absolute reductions in TB notifications in 2020 or 2021 that departed from pre-2020 trends. The COVID-19 pandemic may have resulted in a drop in TB cases due to the disruption of TB services, particularly diagnostics. Such indicators drive the country’s efforts towards ending the TB epidemic by 2030 in line with the WHO End TB Strategy.

Background
Leadership, governance, and coordination is increasingly being recognized as a key component of health systems, especially for TB and HIV. The Kenyan Constitution enshrines that all citizens have access to the highest attainable standards of health care services. The Ministry of Health through the NTP is mandated to ensure Kenyans can access a range of TB services including diagnosis, treatment, and care. To achieve this, the NTP is guided by the National Strategic Plan (NSP) for TB, Leprosy and Lung Health (2019–2023) which is aligned to global targets and commitments. Kenya is also signatory to the UNLHM Political Declaration on TB which set ambitious targets to be met by 2030.

MAF-TB adaptation and implementation
The process of MAF-TB adaptation and implementation is led by a secretariat domiciled at the Stop TB Partnership Kenya and chaired by the NTP. It is comprised of representatives from various institutions and partners including government sectors, civil society, development and implementing partners, the private sector and CSOs, including the Network of TB Champions. The MAF-TB development committee was initially formed in 2018 following a recommendation from the UNHLM on TB and the specific country MAF-TB framework realization roadmap. The committee was reconstituted in 2020, bringing more partners to strengthen and expand the scope of the stakeholders in the committee.

A baseline assessment and mapping exercise were conducted to list relevant sectors and stakeholders that have a stake in the TB response and that would be engaged in MAF-TB implementation. Some of the sectors mapped out include Ministries of Education, Sports, Transport, Judiciary, Finance, Home Affairs, and Foreign Affairs in addition to the Ministry of Health. Civil society, TB-affected communities and the private sector were also included in the mapping exercise. Subsequently, the development of a national MAF-TB document was initiated with technical and financial support from the WHO Country Office in Kenya and WHO AFRO in collaboration with other partners. Several workshops were held with representatives from the mapped stakeholders and sectors. An assessment was carried out to establish their core competences and which area of TB response they would best address. The report of this analysis informed the first draft of the MAF-TB framework.
Importantly, TB-affected communities and CSOs have been recognized as key stakeholders in the TB response in Kenya in line with WHO’s End TB Strategy. The NSP has specific targets for communities and CSOs that include advocacy related indicators and community-based indicators such as TB awareness creation, child contact management, screening for TB through home visits, facilitating access to diagnostic services, treatment adherence support and community-led local advocacy services. Their efforts complement the NTPs efforts towards achieving the national and global TB targets. The Stop TB Partnership Kenya coordinates the engagement of communities. It is the secretariat to the Network of TB Champions and provides a platform for advocacy and engagement between the Ministry of Health, CSOs, and community-based organizations from the national level through to counties and communities. The Network of TB Champions has a membership of more than 300 TB champions from all 47 counties. Since the initiation of TB advocacy in Kenya around 2006, TB-affected people have been engaged in TB advocacy and community-based activities with no recognition of their efforts, and with limited coordination. The Network of TB Champions was founded in 2018 to coordinate TB advocacy and harmonize their contribution to the TB response. It became the first platform to amplify the voices of those affected by TB. The objective of the network is to create a safe space for people infected and affected by TB, and to provide mentorship and solidarity while sharing experiences and life-saving information. It also aims to build the capacity of TB champions and influence change.

Findings

- When COVID-19 hit the country in March 2020, the delivery of TB services was hampered, with most resources redirected to the COVID-19 response. Members of the Network of TB Champions stepped in to conduct TB community activities including contact tracing and delivering treatment to patients in their homes as they feared going to health facilities. In addition, many members have been trained on human rights, advocacy, communication, and resource mobilization. An online course has been developed for TB champions to equip them with the skills and information necessary for advocacy and community engagement.

- The TB community has been instrumental in advocating for increased domestic resources at the country level. After capacity building facilitated by Stop TB partnership Kenya, TB-affected communities became involved in the budgeting processes in their counties. This resulted in additional TB funding in at least two of the counties in the 2021–2022 budget.

- The TB human rights landscape is slowly transforming, and stakeholders are becoming more aware and sensitive to human rights. This can be attributed to the involvement of TB communities in creating awareness on human rights and being vigilant in reporting cases of human rights violation to relevant authorities.
Challenges, sustainability and implications for policy and practice

Stigma remains a huge impediment to TB care and treatment due to its correlation with HIV and more recently COVID-19. Efforts are underway to build the capacity of communities, CSOs and healthcare workers to tackle stigma. In addition, lawyers have been sensitized on TB and related human rights to enable them to handle stigma and discrimination cases. There is also a gap in funding for community engagement especially from local funds. To achieve the targets of the UNHLM on TB, sustainable community engagement is crucial. There is also a need to strengthen the capacity of civil society so they can expand their reach. Most of the funding for community engagement comes from development partners. There is need for greater domestic resources allocation to support community engagement to propel progress towards achieving national and global TB targets. Kenya now has a draft MAF-TB framework awaiting finalization, endorsement and launch by the end of 2022. The MAF-TB is anchored on the principles of the law and human rights and recognizes various existing policies and international conventions enshrined in the Health Act, Kenya’s Health Policy (2014–20230) and the Constitution, among others.
Development and implementation of the MAF-TB in South Africa

Introduction
South Africa has a high burden of TB along with Multidrug-resistant TB (MDR-TB) and TB/HIV co-infection. With a population of over 60 million, it is among the eight countries contributing to two-thirds of global TB cases. In 2018, South Africa’s national TB prevalence survey found a prevalence of 737 cases per 100 000 people. In the same year, the TB incidence was 520 per 100 000 people. Having achieved a 36% reduction in TB incidence from 2015 to 2020, South Africa was classified among the six high TB burden countries that achieved the 2020 End TB Strategy milestone of a 20% reduction in TB incidence rate. However, TB remains the leading cause of death from communicable diseases, with an estimated 61 000 people dying of TB in 2020. Of those, 31 000 were living with HIV. The TB epidemic is driven by low socio-economic status, high TB/HIV co-infection, delayed health-seeking behaviour as well as a high burden of undiagnosed disease in communities, among other factors. South Africa’s response to HIV, TB and sexually transmitted infections (STIs) is guided by the NSP which is implemented by different stakeholders and coordinated by the South African AIDS Council (SANAC). The NSP seeks to address factors that contribute to the persistent high rates of infection, illness and death while recognizing the need for targeted approaches in areas with the highest disease burden. The primary purpose of SANAC is to facilitate discussion with the government, civil society, and stakeholders to tackle the HIV, TB and STI epidemics.

Background
Through SANAC, South Africa already had an established structure that facilitates the multisectoral implementation of HIV, TB and STI strategies. Having committed to the adoption and implementation of the MAF-TB, NTP and SANAC deliberated on existing structures and frameworks that could be used for its development. It was agreed that it would be ideal to leverage on the existing SANAC structures. The WHO Country Office was then requested to provide technical support and resources to support the development of South Africa’s MAF-TB.

MAF-TB adaptation and implementation
To drive the MAF-TB development progress, a MAF-TB reference group was formed. The NTP, SANAC and WHO identified the Department of Health, Civil Society Forum, people living with HIV and the Private Sector Forum as key stakeholders to form part of the group. The reference group advised stakeholders on the MAF-TB baseline assessment checklist and the development process. The group initially met bi-weekly for two months, then weekly to monitor progress. It will remain active until the MAF-TB is endorsed by the SANAC plenary – a high-level meeting attended by heads of the national government, provincial governments, and other stakeholders. It is chaired by the deputy president and its main purpose is to facilitate consensus among stakeholders on TB, HIV and STI policies, and monitor the progress thereof.
To inform the development of South Africa’s national MAF-TB, a desktop review of global and national TB commitments made by the country was conducted along with an assessment of the country’s progress associated global and national targets. WHO’s MAF-TB Checklist was used in tandem with questionnaires for stakeholder interviews. A total of 65 people from different sectors including relevant government departments, civil society, non-governmental organizations (NGOs), donors, development agencies, the private sector, affected communities, research institutions, and TB ambassadors were interviewed.

Results

Based on the outcomes of the consultative process and baseline assessment, the findings and recommended actions were compiled and included in South Africa’s national MAF-TB. The MAF-TB also includes a roadmap on the way forward to strengthen multisectoral involvement and accountability in the TB response. To this end, the MAF-TB process expedited the establishment of a new multisectoral TB technical working group (TWG) which brings together different stakeholders for the TB response. The TWG will facilitate joint planning, implement recommendations from the MAF-TB, and link various sectors to the NSP development process. It will also provide regular reports on agreed sector contributions at quarterly SANAC plenary meetings. The plenary’s high-level political leadership and governance will assist in overseeing sector contributions to the TB response and will strengthen accountability of all stakeholders.

Challenges, sustainability and implications for policy and practice

During the consultative process it was difficult to attain the participation of politicians despite attempts made through the TB Caucus, an existing network of nonpartisan political representatives that play a role in TB advocacy. The MAF-TB, however, provides an opportunity to strengthen the functioning of the TB Caucus. Similarly, engaging government departments outside of health throughout this process was challenging. For government departments involved in the TB response and the implementation of the NSP, it is critical that ongoing linkages be established for meaningful engagement. Going forward, the MAF-TB will be incorporated and embedded into the new NSP for 2023–2028 and will therefore be aligned to the existing review processes which include mid-term and end-term reviews. The active involvement of various stakeholders in the MAF-TB, facilitated through the TWG, will be critical as the MAF-TB is operationalized.
Multisectoral agenda for TB response and review mechanisms: the Brazilian experience

Introduction

Brazil is the largest country in the Americas with a population of more than 200 million. In 2021, the total TB incidence was 104,000 cases. The country accounts for 34% of all TB cases in the Americas region. The COVID-19 pandemic has affected TB control, with large absolute reductions in TB notifications in 2020 or 2021 that departed from pre-2020 trends. This has set back progress made in recent years and worsened existing inequalities. Brazil’s Unified Health System, otherwise known as Sistema Único de Saúde (SUS), is a government-run public health care system with universal access for the population. TB prevention, diagnosis, and treatment services are available through the SUS without direct costs to patients. But even with UHC, almost 50% of families affected by TB experience catastrophic out-of-pocket spending. Brazil is committed to the goals outlined in the Global Strategy to End TB and the SDGs. The country reaffirmed such commitments at the Global Ministerial Conference on ending TB and the Political Declaration of the High-Level Meeting on TB. At the national level, the Brazilian Plan to End TB aims for a 90% reduction in TB incidence and a 95% decrease in TB deaths between 2015 and 2035.

Background

Brazil’s national health action plans contain two TB specific goals: to increase cure rates among new TB cases to 77.5% by 2023 and to expand TB contact investigation. The Brazilian Plan to End TB, inspired by WHO End TB Strategy, is structured on three pillars for TB control: patient-centred integrated care and prevention; bold policies and supportive systems; and intensified research innovation. The multisectoral approach is a crucial aspect of SUS as it recognizes the role of social determinants play in the health-disease process. Besides universality, equity and comprehensiveness of health care, social involvement is a cornerstone of the SUS, highlighting the value of multisectoral engagement when providing health care.

The WHO End TB Strategy includes the target that no TB-affected households face catastrophic costs due to disease. Since 2015, WHO has provided guidance to NTPs and local research teams to implement national surveys on the direct and indirect costs faced by TB patients and their households. Between 2019 and 2021, the NTP and the University of Espirito Santo conducted a national survey of 603 TB patients. It found that around half of respondents experienced costs above 20% of their annual income during their TB episode. On average, patients incurred costs of US$ 1,573, with the largest cost stemming from foregone income followed by costs related to nutritional supplements as well as travel costs. To mitigate such costs, one-third of TB-affected households had to borrow or sell assets. In addition, poverty levels doubled with one in four patients living below the international poverty line during their episode. Survey’s findings are being used to design methods to alleviate the financial burden of TB on households, which will also promote multisectoral collaboration beyond the health sector in Brazil. Meanwhile, to meet WHO’s recommendations regarding the structuring of the MAF-TB, Brazil has sought to strengthen its existing multisectoral initiatives and to organize a review mechanism for the strategies foreseen in Brazil’s Plan to End TB.
Adaptation and implementation of WHO’s multisectoral accountability framework to end TB (MAF-TB): Best practices

MAF-TB framework adaptation and implementation

A strategic plan describing commitments and goals to address the TB epidemic is one of the first steps towards structuring a multisectoral agenda in response. The Brazilian Plan to End TB, developed in 2017, was a collaborative process that involved participation from academics, civil society, TB-affected communities and local TB programme coordinators. The Plan was updated in 2021 with multisectoral participation. In both 2017 and 2021, the plan went out for public comment, was agreed upon by SUS’s local, state and federal levels and was discussed at public hearings at the National Congress. Such processes and strategies strengthen cooperation with internal and external partners, advancing the strategic plan’s political role. Regarding monitoring and reporting, the national TB surveillance system provides data to the NTP, local TB programmes and the Plan to End TB to determine the magnitude of the disease burden and the performance of TB control activities. TB surveillance data are gathered through different information technology systems. Brazil’s Information System for Notifiable Diseases (SINAN) receives data on general drug-sensitive cases, the Special TB Treatment Information System (SITE-TB) records drug-resistant TB and other cases requiring special treatment regimens, and IL-TB is used to record latent infections. TB indicators are accessible online and updated regularly. Clinical and programmatic recommendations and strategies to promote the implementation of proposals for at-risk populations are developed with the National HIV Programme, Indigenous Population Health Secretariat, Primary Health Care Secretariat, and other intra-sectoral partners. Meanwhile, numerous ministries continue to be involved with the TB response. They include the following:

- Ministry of Social Development: in 2019, the National Health Surveillance Secretary signed a joint letter with the National Social Assistance Secretary detailing specific recommendations to improve access to social benefits by TB patients. In 2021, a cooperation agreement was established to upscale social protection for TB affected communities.

- Ministry of Justice and Corrections: a workplan focused on TB control among the prison population, which includes first steps to implement molecular diagnostics in the prison facilities, is in the process of being implemented.

- Ministry of Foreign Affairs: activities involving international cooperation such as technical cooperation and surveillance activities with Portuguese-speaking countries, the South American trade bloc, MERCOSUR and BRICS.

- Ministry of Science and Technology: actions aimed at research development including a public call with joint funding from three institutions for studies on TB-COVID co-infection.

- Ministry of Defense: TB activities for migrants, especially in the border areas of states in the north.

In addition, a National TB Caucus has worked since 2012 to improve political commitment in parliament with civil society participation. The NTP supports and recognizes the contribution of civil society and TB activists. The Brazilian National Community Advisory Board on Tuberculosis Research (CCAP TB BR), the Brazilian Social Mobilization in the Fight Against Tuberculosis (ART TB BR) and many other regional or local committees, organizations and groups are involved in activities in the fight against TB along with policy reviews. In 2020, a
task force of the above-mentioned civil society groups undertook an assessment on the impact of COVID-19 on TB and HIV/AIDS policies in Brazil, with the findings presented to the NTP and broader community. In addition, the Stop TB Partnership (Parceria Brasileira Contra a Tuberculose) brings together public and private partners and international bodies and programmes. The Brazilian Network of Committees against TB, founded in 2012, incorporates 13 local committees and is primarily focused on community-based activities and advocacy.

**Results**

Many of the measurable results relate to the multisectoral activities carried out in relation to the Brazilian Plan to End TB (2021–2025). For example, a public hearing in 2021 at the National Congress on the TB response (with involvement from congresspeople, researchers, civil society representatives, and the NTP coordinator) and other public events offered opportunities to unite partners around the common goal to end TB in Brazil. A cooperation agreement signed between the Ministry of Health and the Ministry of Social Development was a significant milestone achieved in 2021. Cooperation agreements are valuable because they are one of the best tools to get involvement from other ministries in the TB response. One of the major outcomes of the agreement was a guide to promote social protection for people affected by TB that was published in April 2022 and is directed at those working in health and social assistance policy. The Ministry of Health also signed a cooperation agreement with the Ministry of Human Rights in 2022 to fight stigma and discrimination. Regarding review mechanisms and social involvement, the Ministry of Health funded a community-based project for TB activists and CSOs on training in TB response monitoring throughout 2021. In 2021, the Brazilian TB Programme also provided financial support for the Community Committee for Monitoring Research on Tuberculosis in Brazil (CCAP TB BR) to promote community engagement in TB research.

**Challenges, sustainability and implications for policy and practice**

The establishment of a high-level review mechanism is an ongoing activity. In 2018, efforts were made to create an inter-ministerial committee focused on the TB response, but the attempt was unsuccessful due to administrative and legal limitations. Nevertheless, Brazil’s NTP sought to formalize its relationship with intra and intersectoral partners through workplans, joint letters, and cooperation agreements. Considering the already existing high-level review bodies for health policies in the country, there are opportunities to discuss TB accountability with the Health National Council and other technical or political commissions. There’s a need to improve Brazil’s surveillance systems to allow data to easily communicate with one another. The availability of TB data improves transparency and supports public review initiatives. Moving forward, the second phase of the Brazilian TB plan will be implemented in states and municipalities, with a focus on ensuring TB care and improving intra and intersectoral actions on accountability, surveillance, and governance. The NTP expects to support monitoring activities carried out by civil society and to set up a review mechanism with technical commissions and social control councils.
Introduction

Pakistan is the world’s fifth-most populous country with a population of almost 234 million in 2021. It ranks fifth among the 30 high TB burden countries with more than 600 000 new cases every year, accounting for more than 70% of the TB burden in the WHO Eastern Mediterranean Region. Every year, an estimated 48 000 people die of TB. Pakistan has the third highest burden of MDR/RR-TB with 36 000 patients developing resistance every year. The COVID-19 pandemic further exacerbated Pakistan’s challenge in finding cases. In 2020, the country notified 272 110 cases while the incidence was about 600 000. Nevertheless, due to the effective COVID-19 mitigation strategy adopted by NTP, case notification improved to pre-COVID-19 levels in 2021, with 339 256 registered.

TB is driven by poverty, undernutrition, smoking and diabetes, among other causes. In 2011, Pakistan decentralized its health system to the provincial level following the 18th Constitutional Amendment. A decentralized system enables provinces to make their own decisions as per their needs. The MAF-TB will benefit TB patients through the establishment of intersectoral and multisectoral linkages by offering an integrated PHC approach and community engagement, social protection, regulatory frameworks, rationale use of medicines and IPC measures. This is the first of two case studies on Pakistan’s experience of piloting the MAF-TB at the district level.

MAF-TB adaptation and implementation

Following the Moscow Declaration and the UNHLM political declaration, Pakistan has taken steps to implement multisectoral actions and essential components of the MAF-TB. In 2020, led by the NTP, a baseline assessment using WHO’s checklist was carried out with support from the WHO Country Office. The assessment involved an extensive literature review, consultations with key stakeholders and the development of an action plan for developing and implementing the MAF-TB that clearly defines the roles and responsibilities of different sectors. The action plan is the working template to adapt the MAF-TB to Pakistan’s context. The assessment was carried out taking cognizance of the current situation and the state of implementation of the MAF-TB in Pakistan through meetings with national and provincial stakeholders including, but not limited to, education, social welfare, communication, population welfare and the private sector to assess the situation and identify gaps and challenges in collaboration and coordination linkages.
WHO Eastern Mediterranean Region

WHO is supporting a three-month pilot of the MAF-TB at the district level in Hafizabad, Punjab. This district was selected because its TB case detection was low, and there were more notifications in the private sector. The initiative is led by Department of Health and district health management team. The piloting experiences and lessons learned will pave the way for country scale up. While adapting the MAF-TB, consensus building at the federal and provincial interface and a participatory approach in decision-making will be of paramount importance in accordance with the constitutional devolution of the Ministry of Health to provinces. District authorities in the pilot have exhibited leadership as well as ownership by engaging sectors like education, social and population welfare, prisons, religious affairs, labor, mass communication department, and the private sector which contributed towards an increase in presumptive identification and considerable improvement in case notification during the pilot.

Meanwhile, Pakistan has national and provincial strategic plans for TB that are aligned with WHO’s End TB Strategy and the UNHLM political declaration. National TB guidelines are regularly updated and aligned with WHO recommendations including TB preventive treatment. The inter-ministerial health and population council of Pakistan meets regularly on a rotation basis in provinces to discuss health issues and take action. An international joint programme review is carried out every three to four years with key stakeholders including WHO, the Global Fund, USAID and local NGOs. Importantly, mandatory TB notification has been implemented in three provinces: Punjab, Sindh and Khyber Pakhtunkhwa.

Results
- The WHO MAF-TB assessment resulted in ownership at both the national and subnational level for the implementation of the MAF-TB. Piloting experiences will further strengthen the spirit of multisectoral actions to End TB in Pakistan.
- Pilot study results were from October 2021 to March 2022. Baseline was October 2020 to March 2021
- During the three-month pilot in Hafizabad, Punjab, presumptive identification of TB cases increased by more than 35% compared with the baseline. In the pilot between October 2021 – March 2022, 10,662 presumptive cases were identified compared with 3746 between October 2020 – March 2021.
- The case notification rate increased in Hafizabad from 57% to 69% in the same period.
- The percentage of registered TB cases tested with a GeneXpert machine increased from 58% to 81%.

Challenges, sustainability and implications for policy and practice
The MAF-TB is part of Pakistan’s NSP on TB and is supported by COVID-19 response mechanism (C19RM) funding. While it has this support now, sustainable and continuous funding for TB is a challenge in Pakistan. Nevertheless, the pilot has shown encouraging results. Piloting experiences will guide the MAF-TB’s scale up and capacity building of stakeholders will also be an important element of the piloting and scale up. National leadership and commitment have been secured for piloting the MAF-TB which will extend to its national scale up and the mobilization of necessary resources. As the MAF-TB is scaled up across the country, challenges that arise during implementation will be addressed through with stakeholders at the district and provincial level. Long-term planning based on lessons learned could further improve the MAF-TB implementation process in Pakistan as per local needs and context.

This is the second case study on Pakistan’s experience of piloting the MAF-TB at the district level.
Evaluating the impact of MAF-TB implementation in Badin, Sindh province, Pakistan

Background
TB is a major public health challenge in Pakistan. After Pakistan decentralized health to the provincial level, Sindh province, in the south-eastern region of the country, abolished all provincial health programmes and recognized districts as hubs of health activity. In 2019, the MAF-TB was launched in Badin district following a consultative process with all relevant policymakers and stakeholders including, at the district level, executive district officers for health and other social sector departments, the private sector and TB activists, among others.

MAF-TB adaptation and implementation
In 2019, the DOPASI Foundation and Stop TB Pakistan supported by the Stop TB Partnership engaged Sindh’s provincial health minister, the speaker of the provincial assembly, legislators, and senior functionaries of social sectors including population welfare, women development, education planning, finance, labour, social welfare, and social safety nets in Sindh to highlight the importance of committing to TB elimination and to adapt the MAF-TB at the district level. As part of its development, a problem analysis, reviewing critical gaps, role of civil society and social security nets and mapping community services, was undertaken. The MAF-TB was endorsed by development partners, academics and public health experts seeking a TB Free Sindh. The goal was for Badin to become a model district regarding TB control in the country. Following the development of the plan, a two-day workshop was held in Badin to launch the project and define specific roles for all sectors in supporting the goal of ending TB led by the deputy commissioner.

Results
In 2020, 2519 TB cases were notified in Badin district compared to 2464 in 2019. The increase in case notification happened despite a 17% overall decline in TB notification in Pakistan due to the COVID-19 pandemic. The local adaptation of the MAF-TB at the district level illustrated the benefits of the pooling of resources to increase TB case notification despite adverse circumstances.

Challenges, sustainability and implications for policy and practice
To the best of our knowledge, this was the first time such a model using WHO’s MAF-TB has been developed and applied at the district level. Initial consultations were critical to secure buy in from all stakeholders outside the TB sphere, to ensure they work in tandem and understand the principles of the MAF-TB. When disagreements among technical team members arose, they were resolved through consultations and discussions at all levels. The COVID-19 pandemic presented an unprecedented challenge. Discussions are underway with federal, provincial and district governments to scale up the MAF-TB to more districts by demonstrating its benefits.
The development of Armenia’s National Strategic Plan for TB

Introduction
Armenia is a country in the southern Caucasus region between Asia and Europe. It has a population of 3 million. TB re-emerged in Armenia following the country’s independence in 1991 which led to a drastic socioeconomic crisis. While the country’s TB burden is decreasing, with an estimated incidence rate of 13.4 per 100 000 in 2021, Armenia has a high burden of MDR-TB. In 2021, almost one in five newly detected cases were drug-resistant while 44.4% of MDR-TB cases were among previously treated TB patients. The country has also reported cases of extensively drug-resistant TB (XDR-TB). A major factor contributing to drug-resistance are patients who are lost to follow-up. Many Armenians migrate, primarily on a temporary basis, to other countries to work.

Background
In 2013, the Ministry of Health began overhauling the country’s TB infrastructure, along with establishing new admission and discharge criteria and reviewing financing mechanisms. The reforms were based on WHO recommendations for moving towards a people-centred model of care with more emphasis on outpatient and community-based services. As the country’s NSP for TB was due to expire at the end of 2020, Armenia’s Ministry of Health requested the WHO Country Office for Armenia to support the development a new NSP for 2021–2025.

MAF-TB adaptation and implementation
In November 2019, the Ministry of Health established a multisectoral national working group to develop the NSP consisting of representatives from regulatory authorities and agencies, including the National Centre for Pulmonology (NCP), National Centre for AIDS Prevention, civil society and TB-affected community organizations, TB research centres, and the Global Fund Project Implementation Unit. The group worked in close collaboration with WHO experts in health system strengthening, health financing, TB, and HIV.

To ensure inclusivity and transparency, a wide range of stakeholders involved in the TB response in Armenia participated in a two-day national consultation in December 2019. The stakeholders included health and non-health government sectors, civil society, TB-affected community, academics, and international organizations. All ministries involved in the implementation of the NSP for 2021–2025 were consulted, including the Ministry of Justice, Ministry of Foreign Affairs, Ministry of Labor and Social Affairs, Ministry of Finance, State Educational Institutions, and the Ministry of Development and Investments. Despite restrictions imposed by the COVID-19 pandemic, work on developing the NSP continued via virtual meetings and teleconferences throughout 2020. The NSP development process was led by the NCP with overall coordination from the WHO Country Office and technical support from the WHO regional Office for Europe.
Adaptation and implementation of WHO’s multisectoral accountability framework to end TB (MAF-TB): Best practices

To strengthen the role and engagement of civil society and TB-affected communities, the TB European Coalition in coordination with the NCP and WHO organized a national policy dialogue in October 2020. Stakeholders were brought together to discuss the NSP, define areas of interest for civil society and TB-affected communities’ involvement in the response, and to identify practical initiatives to increase cooperation between the NTP and civil society to promote an integrated people-centred approach to TB in Armenia such as ensuring community capacity building.

Results

Armenia’s new NSP for TB for 2021–2025 aligns the national TB response with the latest evidence and national strategic policies and includes effective actions for TB prevention, diagnostics, treatment, care, and supervision for the implementation of the national policy for TB elimination in the country. It takes into account regional and global commitments and strategies and is aligned with the WHO End TB strategy and Tuberculosis Action Plan for the WHO European Region, as well the principles of UHC. The plan contains clearly defined goals, targets, and objectives to end TB as a public health problem in Armenia by 2025 through multisectoral action, including the adaptation and implementation of the MAF-TB, access to quality TB services, and integrated people-oriented care, with a particular focus on MDR-TB. The new NSP was the basis for a request for funding from the Global Fund 2021. The grant, titled Strengthening of Control of TB and HIV/AIDS in the Republic of Armenia is being implemented between October 2021 – December 2024.

Challenges, sustainability and implications for policy and practice

Armenia’s approach to developing its new NSP for TB is example of a highly inclusive, multisectoral and multi-partner process. It provides a model of alignment with national health sector plans and with WHO strategies and guidelines, emphasizing the importance of an integrated and people-centred model of TB service delivery. Between 2014 and 2021, Armenia’s TB reforms resulted in a three-fold reduction in the number of TB hospitalizations as well as a decrease in the average length of inpatient treatment by 1.7 times. In terms of sustainability, while the Global Fund continues to support Armenia with improving TB service delivery and partial drug procurement, 100% of first-line and 30% of second-line TB medicines are funded by the government. In addition, the share of outpatient TB services increased to 35% of the total TB budget in 2020 compared to 2019.
MAF-TB baseline assessment in Belarus with an auxiliary data collection tool to fill the Annex 1 of the MAF-TB Checklist

Introduction
Belarus is a landlocked country in Eastern Europe with a population of 9.3 million. In recent decades Belarus has increased its life expectancy at birth from 70.6 years in 1990 to 74.8 in 2019. Noncommunicable diseases (NCDs) have emerged as the biggest killer and are estimated to account for 80% of all deaths in the country. Belarus is among the 30 high MDR/RR-TB burden countries in the world. While Belarus recorded a 45% decrease in TB deaths from 2015 to 2021 from 4 to 1.2 per 100 000 population and the incidence rate declined by 43.1% in the same period, 37.8% of newly diagnosed TB patients in 2021 had MDR-TB. Nevertheless, Belarus's investment in health, education and social protection for its population demonstrates its commitment to achieve the SDGs. It has created a conducive environment to accelerate multisectoral collaboration to advance people-centred care and health equity in response to TB.

Background
In 2020–2021 the WHO Regional Office for Europe began technical collaborations with Belarus to operationalize and adapt the MAF-TB at the national and regional level. As part of these efforts, Belarus undertook a MAF-TB baseline assessment to identify strengths, gaps and opportunities for multisectoral collaboration to accelerate action towards ending TB by 2030. The assessment is crucial for MAF-TB adaptation as it helps countries to evaluate the baseline situation and generate evidence across the four MAF-TB essential components and key elements. The assessment evaluates whether global commitments have translated into national policies and targets; the status of multisectoral mechanisms for coordination and review; and the level of engagement among ministries, other key stakeholders, and bodies beyond the health sector for the TB response. Its findings and recommendations inform the formulation of a national MAF-TB.

MAF-TB adaptation and implementation
Coordinated by the Ministry of Health, Belarus undertook a baseline MAF-TB assessment that was implemented by the Republican Scientific and Practical Centre for Pulmonary and Tuberculosis (NTP) in partnership with a Country Coordination Mechanism (CCM). The assessment process took a participatory approach to ensure the voices of the TB community and public were included. The WHO Regional Office for Europe and the WHO Country Office for Belarus provided technical support to operationalize the MAF-TB assessment checklist along with support to align the different processes of the assessment. It involved filling out the WHO MAF-TB checklist and three Annexes.

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While not essential additional qualitative data collection methods were applied to fill out the checklist and Annexes with more in-depth analysis and data triangulation. Annex 1, “Government ministries/bodies involved in the TB response”, helps to assess the roles of ministries and bodies engaged in ending TB along with their engagement with the Ministry of Health, budget, defined activities, and indicators for performance management. To fill out Annex 1, the assessment team conducted a desk review combined with a self-administered questionnaire for ministries and bodies to provide insight into sector-specific engagement in the TB response and its potential for scale up. The questionnaire contained 13 open-ended and multiple-choice questions about the context and the nature of respondents’ engagement in the TB response along with their functional responsibilities which are directly or indirectly related to TB and their dedicated budget and participation in intersectoral health and TB-specific coordination mechanisms. Respondents were asked whether ending TB in Belarus should be a whole-of-government and whole-of-society priority, with all agreeing with the latter statement. Annex 2, which aims to assess the level of engagement of civil society and affected communities engaged in the TB response, was led by Defeat TB Together NGO with the support of a regional civil society network, TB Europe Coalition.

Findings

The data collected in the assessment has been invaluable to inform the development of Belarus’s national MAF-TB. The data collected for Annex 1 enabled the understanding and analysis of the function and roles of relevant governmental bodies in the TB response, particularly from the perspective of addressing TB risk factors within the social determinants and SDG framework. This insight has helped defined sector-specific recommendations for the MAF-TB process. For example, the Ministry of Health will implement a pilot to improve disaggregated reporting by tracking broad social indicators such as income level, family status, employment, education, gender, housing, and age, among others, while the Ministry of Education in collaboration with the Ministry of Health will update the medical post-graduate curriculum in line with the latest WHO TB guidelines. In addition, the Ministry of Finance will support the implementation of results-based financing for TB and the Ministry of Labour and Social Protection will improve the registration and reporting system for people and communities affected by TB in need of social support along with promoting employment for people with TB and strengthening cooperation with the Ministry of Health for active case finding among vulnerable communities.

Challenges, sustainability and implications for policy and practice

One of the biggest challenges is limited technical knowledge – the concept of multisectoral accountability is a relatively new concept for TB stakeholders in Belarus. In addition, MAF-TB processes, including the baseline assessment, are time and resource-consuming and with no dedicated budget for the assessment, the country has been reliant on the WHO Country Office and the WHO Regional Office for Europe for support. The baseline assessment found that despite steady progress in reducing the country’s TB burden, there’s a need to strengthen multisectoral collaboration to collectively address the social determinants of health and achieve better treatment outcomes. Disaggregation of data should be an essential component of sector-specific and state statistics to identify areas and populations where greater attention is required. The MAF-TB team has prepared a consolidated assessment report with findings and recommendations that will inform the development of the MAF-TB national roadmap. The report will be presented at the CCM meeting and endorsed by the Ministry of Health.
Introduction

Member States in the WHO European Region are making good progress towards reaching the goals laid out in the End TB Strategy. But while the Region carries less than 3% of the global burden of TB, it has one of the highest proportions of MDR-TB. In 2021, an estimated 230,000 people got sick with TB in the Region. Of those, the majority were from the 18 high priority countries of the Emerging Europe and Central Asia (EECA) Region. These countries have the highest rates of MDR-TB among all WHO Regions. Numerous studies have documented the link between MDR-TB and the social determinants of health such as poverty, poor living conditions and lack of access to health care. Compounding the problem is a gap in TB screening and prevention measures for key and vulnerable populations across the EECA Region.

Global commitments outlined in the SDGs, the Global End TB Strategy and the political declaration of the UN High-Level Meeting on TB promote the principles of public participation and include objectives to ensure meaningful engagement with civil society and affected communities in the TB response. As such, civil society and TB-affected communities play a critical role in tackling the epidemic, and their participation in the MAF-TB baseline assessment and all MAF-TB processes is paramount.

Background

Civil society and community-based organizations, supported by donor funding, play a critical role in the provision of care and support services for most hard-to-reach and vulnerable populations in the EECA Region. However, the Global Fund as the major donor in the Region is projecting a full transition away from financing the TB response by 2028 and thus EECA countries which are reliant on such funds are facing challenges related to the transition phase. While pilot countries are moving in the direction of allocating specific funds from their national and local health budgets to civil society and TB-affected communities, a move should be further cemented by the adoption of community-based care standards to enable the continuation of services for those most in need and to address the barriers in access to care along with stigma and discrimination.

The MAF-TB baseline assessment with the use of Annex 2 helped to examine the concept of meaningful engagement with civil society and TB-affected communities as well as to reflect on existing challenges in the Region. The findings from Ukraine along with findings from other pilot countries where a baseline assessment has been carried out have been compiled in a regional summary report on the vital role civil society and community organizations play in the TB response.
MAF-TB adaptation and implementation

MAF-TB baseline assessment – Annex 2

In collaboration with the WHO Regional Office for Europe, the TB Europe Coalition (TBEC), an umbrella organization that brings organizations and individuals together for action on TB, supported MAF-TB baseline assessments in five pilot countries of the EECA region: Belarus, Kazakhstan, Moldova, Tajikistan, and Ukraine. TBEC worked with civil society and TB-affected communities in the pilot countries which included the Republican Public Association “Defeat Tuberculosis Together” in Belarus; Kazakhstan Union of People Living with HIV; the Centre for Health Policies and Studies in Moldova; Stop TB Partnership in Tajikistan; and TBPeopleUkraine. TBEC developed the assessment protocol, including informed consent and an analysis framework and led data collection and analyses on the ground to help operationalize the MAF-TB Annex 2, with support from regional experts. WHO EURO supported the overall coordination of the process with Ministry of Health’s assigned MAF-TB focal points. The assessments used data collection methods such as semi-structured interviews with leaders of CSOs and TB-affected communities, focus groups and standardized surveys to capture more in-depth data. Such questions asked included: What are the opportunities for civil society and community organizations to engage in influencing the TB response? How do you understand multisectoral collaboration and accountability in the TB sphere? How would you describe capacity building needs for civil society and TB-affected communities? What are 1–3 good practices that exist in the country of meaningful engagement of civil society and TB-affected communities in the TB response? During the assessment, civil society and TB-affected community partners (as mentioned above) collaborated with NTPs at the Ministry of Health, CCMs and WHO Country Offices. This collaboration was instrumental for de-conceptualizing the commitment’s section suggested by Annex 2 and agreeing on participatory approaches for synergizing data from all related Annexes and the core MAF-TB Checklist as well as endorsing findings and recommendations. Civil society and TB-affected community assessment coordinators also engaged with other civil society and affected communities’ organizations to invite them for participation in the survey, interviews, and focus group discussions. The collaboration between civil society, community partners and a country’s NTP enabled joint reflection on what national legislation and policies are in place or what should be put in place or strengthened to facilitate meaningful engagement in the TB response.

Results

The MAF-TB assessment with the use of Annex 2 resulted in country-specific reports and a regional summary with major findings and recommendations. The assessments emphasised that the acute challenges of the TB response cannot be addressed by the health care sector alone, and that its findings should be used to inform the planning and implementation of multisectoral collaboration models. Its findings will further inform the development of national MAF-TB roadmaps. In addition, core elements seen to be fundamental to “meaningful engagement” were unpacked by civil society and TB-affected community representatives who took part in the baseline assessment. They included a safe environment to voice suggestions and concerns to authorities and decisionmakers to address barriers to access to care and to be involved in policymaking along with sustainable public financing. Such elements are linked with recommendations to ensure sustainable mechanisms for the delivery of services and to have in place adopted standards of people-centred care along with legislation on public participation, including secured seats for civil society and community organizations in decision-making bodies.

Challenges, sustainability and implications for policy and practice

For the successful implementation of the MAF-TB, it is vital to take a participatory approach from the outset. As the MAF-TB is a relatively new concept for EECA, different stakeholders had different opinions on what the concept implies. Continuous stakeholder dialogue with decisionmakers “on board” helped to overcome initial hesitancy and build a common vision. TBEC developed several guidance papers to support MAF-TB processes including a reference guide for civil society and TB-affected communities and a regional summary on key findings that may be useful for those initiating a baseline assessment in their respective country. Looking ahead, TBEC will provide input for the WHO Regional Office for Europe’s activities regarding the development and implementation of national MAF-TB roadmaps to facilitate engagement with civil society and TB-affected communities.
Interagency cooperation in the provision of medical and social assistance to TB in the Russian Federation

Introduction

TB is highly endemic in the Russian Federation, which has a population of more than 144 million. In 2021, the Russian Federation transitioned out of the 30 high TB burden countries but joined the list of 30 high TB/HIV burden countries for 2021–2025. It also remains on the list of 30 high MDR/RR-TB burden countries. It’s one of the 10 countries that account for 70% of the global gap between the estimated global incidence of MDR/RR-TB each year and the number of people enrolled in treatment. Nevertheless, in recent years the country has made significant progress towards ending TB. Between 2010 and 2019, the Russian Federation recorded a 10% decrease in deaths every year. In 2020, 15% increase of TB deaths was observed, but the country got back on track in 2021 (10% decrease compared to 2019). In addition, spearheaded by the Russian Federation’s decline in TB incidence of 6% per year between 2010 and 2019 (decline in 2020 was 4% and in 2021 – 2%), WHO EURO exceeded the 2020 End TB Strategy milestone and recorded a 25% reduction in TB incidence between 2015 and 2021 against the goal of 20%. The decline in incidence has been attributed to the disease being prioritized which has included taking a comprehensive multisectoral interagency approach to fight TB. In the face of the COVID-19 pandemic, the Government of the Russian Federation continues to carry out and support anti-TB activities aimed at achieving the SDGs and the goals outlined in WHO’s End TB Strategy.

Background

More than two decades ago a high-level working group on TB was established and is co-chaired by WHO and the Ministry of Health. The working group is multisectoral and multistakeholder in nature. It includes representatives from the penitentiary services, a body responsible for surveillance related to protection of consumer rights and human wellbeing, people affected by TB, research institutes, and international agencies, including the World Bank, International Labour Organization (ILO) and International Organization of Migration (IOM).

The Ministry of Health aims to achieve the targets of the WHO End TB Strategy along with the state programme titled “Health Development” and the departmental target programme titled “Prevention of and the fight against socially significant infectious diseases”. The TB Control Programme organizes activities and interactions among various authorities, local governments and organizations involved in the implementation of measures to combat TB.

All TB patients, including vulnerable populations such as prisoners, migrants, refugees and people living with HIV, have a guarantee of equal access to TB care from diagnostics to treatment. At the federal level, there is a continuous provision of free anti-TB drugs for patients with DS-TB, MDR-TB and extensively DR-TB in accordance with current clinical guidelines developed and approved in country. The Russian Federation is supporting the implementation of the MAF-TB at global and national levels, which is discussed below.
MAF-TB adaptation and implementation

The Russian Federation has all four essential components of the MAF-TB in place. Four key principles have enabled the MAF-TB’s implementation: political support; patient-centred approach; intersectoral and interdepartmental collaboration; and intensification of priority TB research.

Commitments

With high-level political support and cross collaboration, the Russian Federation has committed to national and global TB goals. On a national level, the country has committed to reduce TB incidence to 35 per 100 000 by 2025 compared to 54 per 100 000 in 2018. On the global level, the country has committed to the goals enshrined in the SDGs, End TB Strategy, and the Political Declaration of the UNHLM on TB. In addition, the first WHO Global Ministerial Conference on Ending TB in the Sustainable Development Era: A Multisectoral Response held in November 2017 in Moscow and the subsequent Moscow Declaration that followed demonstrated high-level political will and commitment. The Moscow Declaration to End TB is a promise to increase multisectoral action as well as track progress and build accountability.

Actions

Each region and regional government of the Russian Federation develops a programme to combat TB and monitors its implementation under the control of regional government bodies with the participation of various departments. As such, different ministries and departments carry out their respective work to improve the TB situation in the country. The below are some examples of actions from different sectors:

- Several anti-TB organization and institutions make up the primary medical network, the Centres for the Prevention and Control of AIDS, that provides care to patients with HIV, including the prevention and early detection of TB.
- For a uniform approach to the provision of medical care in the penitentiary and civil sector, services work in collaboration with the Federal Penitentiary Services.
- Quality control of anti-TB drugs is carried out by the Federal Service for Supervision of Medicines Circulation and the Ministry of Industry and Trade.
The social insurance fund makes payments to TB patients for the period of suspension from work due to temporary disability. In addition, the Ministry of Labor and Social Protection, the Russian Red Cross and community-based organizations are engaged with the provision of social support for TB patients, including allowance for transportation and food, rehabilitation, and assistance in obtaining social housing. Social services and the Ministry of Justice support patients who are at risk of low adherence to treatment. Targeted social and psychological support programmes are currently being developed to increase treatment compliance.

Together with Rospotrebnadzor, the Ministry of Internal Affairs monitors TB among vulnerable groups including migrants and refugees. Social workers issue temporary registration at the address of a medical organization for migrants and refugees who are on inpatient treatment. The state policy in relation to this category of citizens ensures infection control and the provision of emergency medical care such as the timely detection and treatment of TB when entering the country.

The Russian state guarantees at the legislative level to medical, veterinary and other workers directly involved in the provision of anti-TB care, as well as employees of organizations that produce and store livestock products that serve farm animals with TB, the right to reduced working hours and additional annual paid leave.

The Ministry of Education and the Ministry of Science and Higher Education are actively involved in the development and implementation of programmes on the prevention and control of TB in educational institutions. The Ministry of Science and Higher Education also aims to enhance scientific research in the field of prevention, early detection and diagnosis of TB, as well as the treatment and rehabilitation of patients. This includes the development of new generations of vaccines based on genetic engineering technologies and the development of new approaches for the detection of TB, including MDR-TB. In addition, it takes part in the development of new cost-effective models for anti-TB care. Educational institutions including kindergartens and schools conduct BCG revaccinations and immunological TB tests.

The Ministry of Digital Development, Communications and Mass media regularly educates the public on TB diagnosis, symptoms and treatment and also uses social media to spread awareness.

Impressively, 100% of the Russian Federation’s funding for TB comes from domestic resources. The budget increased to over US$ 1500 million in 2020 from around US$ 1200 million in 2017.

**Monitoring and reporting**

TB is monitored and reported through the electronic online monitoring system and the Federal TB Register for TB detection, treatment and management. The State Vital Registry records TB deaths which are compiled by the Federal State Statistics Service while DR-TB surveillance is carried out continuously through the Federal TB Register. The Russian Federation also reports annually on TB to WHO. Importantly, at the national level an annual analytical review of the main epidemiological TB indicators is carried out and compiled into a report. In addition, the Rospotrebnadzor, the Federal Services for Surveillance on Consumer Rights Protection and Human Wellbeing, produces an annual report “On the state of sanitary and epidemiological welfare of the population” is distributed to all relevant stakeholders. The aim of the report is to provide systematic information on the state of sanitary and epidemiological wellbeing of the population to authorities, including but not limited to the Ministry of Health, the Ministry of Justice, the Ministry of Internal Affairs, the Ministry of Industry and Trade, the Ministry of Labor and Social Protection, the Ministry of Education, the Ministry of Science and Higher Education, the Commissioners for Human Rights, local governments, and citizens.
Review
The Russian Federation has put in place several internal and external review activities to analyze progress, strengths, and gaps in the national TB review. A high-level review of the State Programme on Health is carried out annually with engagement from the President and government. High-level leadership under the direction of the head of government is essential for multisectoral action beyond the health sector. The TB Control Programme is reviewed quarterly, with regions reporting to the Ministry of Health on progress on implementation along with major TB indicators. In addition, all stakeholders involved in the TB response from the Ministry of Finance to the Ministry of Economic Development conduct reviews on the implementation of the TB Control Programme. In addition, WHO undertakes programme reviews on a periodic basis.

Results
Interdepartmental interaction ensures the availability of medical care and brings it as close as possible to patients. The well-coordinated work of each department involved in aiding TB patients has accelerated action towards TB elimination. This interactive mechanism allows transforming collective knowledge and experience into timely and effective actions aimed at reducing the burden of TB in the Russian Federation.

Its entire multisectoral machinery with the engagement and involvement of numerous different ministries is an impressive feat. The result is a well-coordinated mechanism to fight TB with multisectoral stakeholder engagement, free drugs and comprehensive social support. This has fueled the country’s decrease in TB incidence and deaths and its achievement of the End TB Strategy targets.

Challenges, sustainability and implications for policy and practice
At the beginning of the development of TB and HIV federal registries, there was a problem in transferring data on TB patients between different departments. To overcome this, the Government of the Russian Federation developed a document regulating the mechanism for the transfer of information about patients along with integrating both federal registries. In addition, throughout the COVID-19 pandemic there were new challenges related to the redistribution of capabilities and funds for departments and ministries to combat the new virus. At present, thanks to the long-term stable mechanism of interdepartmental interaction in connection with the stabilization of the COVID-19 epidemiological situation, the coordination of the TB programme is returning to its previous level and is incorporating lessons learned from the pandemic.
UKRAINE

MAF-TB baseline assessment with the use of the Checklist and auxiliary data collection methods in Ukraine

Introduction

Ukraine is a country in Eastern Europe with a population of 44 million. Ukraine’s TB incidence rate has significantly decreased in the past 15 years from 127 cases per 100,000 population in 2004 to 71 in 2021. Despite the decrease, however, the country has one of the highest TB incidence rate among the 53 countries of the WHO European Region. In addition, DR-TB has emerged as a public health threat. In 2021, 18,307 TB cases were recorded, among them there were 4,046 patients with DR-TB. Nevertheless, in recent years the country has made important steps towards providing all-oral safer treatment regimens for DR-TB and has also deployed mHealth solutions to support treatment compliance. In 2019, Ukraine adopted a National Strategy on the reform of TB health services which guides TB care transformation towards the prioritization of primary health care-based services for the period 2020–2023. However, the social determinants of health such as poverty, unemployment and food insecurity continue to impact exposure to TB infection and treatment outcomes.

Background

Ukraine has gradually been building a conducive environment to allow for the strengthening of multisectoral engagement in the TB response, following the signing of the 2018 Political Declaration at the UNHLM on TB. In 2020–2021, state and non-state actors undertook a MAF-TB baseline assessment to assist Ukraine in generating evidence across the four essential components of the MAF-TB: commitments, actions, monitoring and reporting, and review. The baseline assessment is a key element to inform the formalization of the country’s national MAF-TB, to identify future actions to be taken to strengthen multisectoral engagement, and for periodic monitoring of the MAF-TB implementation process. Instrumental to the process has been strong country ownership, which includes a report on the implementation of the Political Declaration of the UNHLM on TB, a communication and social mobilization strategy to address stigma and human rights, and a set of activities to support a national MAF-TB supported by the Global Fund.

MAF-TB framework adaptation and implementation

In late 2020, the Ministry of Health assigned MAF-TB national focal points to steer the MAF-TB baseline assessment with technical support from the WHO Regional Office for Europe that took a participatory approach. The National Council on TB and HIV/AIDS in Ukraine which acts as CCM led the approach in close coordination with MAF-TB focal points and civil society to support the collection and analysis of data. To complement the desk review undertaken for Annex 1 on the roles of different ministries and bodies engaged in ending TB, a survey was sent out to relevant stakeholders representing a wide variety of sectors including, but not limited to, economics, finance, education, social policy, internal affairs, international affairs, youth affairs, veterans affairs, defence, and culture to understand their perception of multisectoral collaboration and the practices they are deploying for the End TB response. Annex 2, which helps to assess the level of engagement of civil society and affected communities, was coordinated by the TB Europe Coalition, and implemented in partnership with TBpeopleUkraine. The process involved a mixed method study which involved interviews with key stakeholders such as heads of organizations/project managers and focus groups with people directly affected by TB, project coordinators and grass-root workers to capture more in-depth data. Developed by the Global TB Caucus, additional data was collected from members of Parliament on multisectoral collaboration and accountability with the use of the checklist and interviews.
Findings
The assessment helped to determine the strengths and gaps in the current approach towards multisectoral collaboration and accountability to end TB through assessing the roles of ministries and bodies beyond health as well as the engagement of civil society and affected communities, and the adoption and implementation of WHO guidelines at the country level. It found that while a multisectoral approach to addressing the social determinants of health and TB risk factors is key to addressing the epidemic, most state strategy targets are linked to medical interventions. Key recommendations include the development of a national roadmap for strengthening multisectoral collaboration and accountability (2021–2023) the formalization of a multisectoral coordination mechanism at the level of the CCM, and the formalization of a high-level review process.

Challenges, sustainability and implications for policy and practice
Like in other countries in the Region and beyond, the concept of multisectoral accountability is a relatively new notion for TB stakeholders so there is limited technical knowledge. In addition, MAF-TB processes including the coordination of the MAF-TB assessment are time and resource-consuming. With no dedicated budget, state, and non-state actors in the country along with the WHO Regional Office for Europe consolidated human resources and activity budgets to support the process. In March 2021, the Parliamentary Committee in charge of health issues held a hearing on sustainability of the TB response taking into consideration the COVID-19 pandemic. The hearing resulted in several decisions to further support MAF-TB processes including, among others, for Cabinet Ministers to organize a comprehensive review of TB legislation to align it with international strategies, to revisit Ukraine’s TB Law to ensure sure it is in line with a people-centered, rights-based and ethical approach to TB care, and to ensure the development of the national roadmap mentioned above. Moving forward, the MAF-TB assessment recommendations have been endorsed by the National Council on TB and HIV/AIDS and they will inform further formalization of the national MAF-TB.
Rapid implementation of the WHO MAF-TB baseline assessment checklist for Members of Parliament in Ukraine

Introduction
Ukraine is a signatory to the resolution passed at the 2018 UN High Level Meeting on TB held and has also committed to WHO’s End TB targets. Given the political nature of most TB commitments, it is crucial that parliamentarians are included as key stakeholders in the TB response. In their capacity as elected representatives, parliamentarians can vote on public spending budgets, develop, and pass TB-specific and social protection legislation, and ensure accountability for the End TB targets. Ukraine has several bodies for accountability including the Secretariat of the National Council on TB and HIV/AIDS and a National Ukrainian TB Caucus known as the Parliamentary Platform to fight TB in Ukraine.

Background
Following the publication of the WHO MAF-TB, the Global TB Caucus (GTBC) Secretariat used the existing MAF-TB checklist (Annex 1–3) as a template to develop a specific checklist for use at the national level in Ukraine. The Global TB Caucus is a unique international network of more than 2500 parliamentarians that has presence in more than 150 countries that works collectively and individually towards ending the TB epidemic. The objective of developing the specific checklist was to provide means to assess the level and extent of parliamentary engagement on TB in-country and to define the role of parliamentarians in the MAF-TB process. In late 2020, working closely with WHO EURO, the checklist was adapted for pilot implementation in Ukraine, alongside the ongoing implementation of the MAF-TB. Given the available resources, it was determined that the checklist would be conducted through interviews and supported by secondary research. With support from WHO EURO, the NTP, the Alliance for Public Health, the Ukraine TB Caucus and the Secretariat of the National Council on TB and HIV/AIDS, the Caucus was able to conduct three key interviews with individuals in mid-2021. The interviewees represented parliamentarians, the NTP and civil society.

MAF-TB framework adaptation and implementation
Utilizing the existing MAF-TB checklists as a template, the GTBC developed a specific checklist. Specific questions are nested under each of the four pillars of the MAF-TB, which provides a framework that can be further expanded if necessary.
Commitments

- What are the existing commitments at the global, regional and national levels that the country is a signatory to?
- What is the legal force of the commitments?
- Are there any commitments put into practice specifically by elected representatives or groups of elected representatives?
- Are there any commitments at the national level in line with end TB efforts which have been made by elected representatives, including through the programmes of their political parties, action plans of the National TB Caucuses etc.?

Actions

- Are elected officials involved in the development of the NSP? And if so, how?
- What is the role of elected representatives in determining national budgets for TB (for the domestic response and foreign financing)?
- What has been the role of elected representatives in passing legislation around TB?
- What do elected representatives do to ensure the continued visibility of TB as a social issue (focusing on high-visibility communications)?

Monitoring and reporting

- What is the role of elected representatives in the national monitoring and review process?
- Are there examples of parliamentarians using monitoring tools or being involved in review mechanisms?

Review

- Is there a formal periodic High-level Review mechanism for the TB response with Members of Parliament [MPs] membership/participation?
- Have MPs been part of the review of the NTP?
- Are there other types of reviews where TB is included or reviews on specific TB issues areas in which parliamentarians are involved?
The purpose of the MP’s checklist initiative is to close the gap in parliamentary engagement in the MAF-TB process in countries and to serve as an accountability tool for commitments made by governments. It aims to highlight pathways and challenges for parliamentary action on TB; to identify resources and capacity building needs for the successful implementation and monitoring of parliamentary engagement; and to determine the required technical support needed from NTPs, WHO, donors, technical partners, civil society, TB-affected communities, and the GTBC to ensure sustainable engagement of elected representatives.

Findings
The pilot collected a range of key insights regarding the nature and understanding of political engagement around TB in Ukraine. The three interviewees presented diverse perspectives on how they envisioned the role of elected representatives. They included the following:

- While MPs are unable due to the constitutional structure directly influence programmes, they can work on the sensitization of the executive branch of power and have a mandate to decide on budgetary allocations.
- MPs in Ukraine are part of the CCM and as members can access information about the work of grant recipients of the Global Fund.
- While Ukraine has social protection laws, social services are not usually extended to people with TB as they do not necessarily meet the criteria. Nonetheless, Ukraine has a Right to Health which can be leveraged to ensure freedom from discrimination in accessing health care.
- Parliamentarians are keen to increase engagement with international TB experts to better understand the processes and acts adopted by WHO and the EU and progress in implementing Ukraine’s international commitments.

The interview findings were developed into a series of key recommendations, as highlighted below:

- Strengthen engagement of the NTP and executive branch of power in Parliamentary Committee meetings;
- Consistent follow up of processes to ensure successful implementation of the Law of Ukraine ‘On TB Response’;
- Increase Parliament’s ability to pass TB legislation;
- Increase parliamentary capacity and understanding around domestic resource mobilization with specific focus on the need for increased action on TB budgets and public spending to address social determinants;
- Enhance parliamentary engagement with TB technical experts to increase their understanding of existing global frameworks and targets;
- Take strong legislative action on the integration of the rights of TB-affected communities in existing social protection laws; and
- Clearly define the role and position of TB-affected communities in national TB legislation to ensure their meaningful inclusion and participation in the TB response.

The recommendations were funnelled back to WHO EURO as well as through national channels to ensure they were included in Ukraine’s National TB Roadmap, which is in the process of being adopted.

Challenges, sustainability and implications for policy and practice
The key challenge was a lack of funding and limited resources. The Caucus Secretariat and partners did not have funding to carry out the pilot. Nevertheless, support from WHO EURO and the Alliance for Public Health was invaluable. An additional challenge was that the pilot began after the national MAF-TB implementation process had already begun. That meant that the GTBC Secretariat and partners had to adapt to complement the ongoing national process.

To effectively scale up the use of the MP’s checklist, it will be necessary to mobilize resources. The GTBC is currently working with national focal points and global partners to explore this possibility.
Indonesia is the world’s second most populous country with a population of 1.38 billion. India features in all three WHO global lists of high-burden countries for TB, HIV-associated TB and MDR/RR-TB for 2021–2025. In addition, according to WHO Global TB Report 2021, 10 countries collectively accounted for 74% of the global gap between estimated TB incidence and the number of people newly diagnosed with TB and reported, with India leading the way at 24%. Undernutrition is the biggest driver of India’s TB epidemic, with other risk factors including diabetes, smoking, poverty, pollution, and overcrowded living. In recognizing the seriousness of the situation, the Prime Minister Narendra Modi committed to eliminating TB by 2025, five years ahead of the global goal of 2030. In line with the PM’s vision, the Ministry of Health and Family Welfare (MoHFW) launched a NSP for TB Elimination (2017–2025), which marked a paradigm shift in the way it prioritized the disease, shifting the programme’s focus towards a more patient-centric and community-led approach. Following the launch of the plan, a TB-free India (TB Mukt Bharat) campaign was launched that aims to increase TB awareness, address stigma at the community level and generate demand for TB services.

Driving accountability and community ownership to accelerate TB elimination in India

This is one of two case studies from Global Health Strategies (GHS), an international consulting company that works closely with the Government of India and state governments and other stakeholders to ensure the prioritization of critical health issues among policymakers and programme managers.

Background

While there is high-level commitment to tackle TB, it is critical to supplement such efforts through cohesive bottom-up approaches. Against such a backdrop, leveraging local-level elected representatives – particularly at the district and subdistrict level – can increase awareness about TB and uptake of treatment services. Village leaders’ connection with the community can also improve health-seeking behaviour. This knowledge informed GHS’s strategy to leverage village leaders to amplify TB messaging and better monitor health services at the district and subdistrict level. With diverse sociocultural norms, vast income and urbanization disparity, and varying federal governance approaches, creating TB-free villages must become the primary goal for ending TB in India. As such, village leaders have a great responsibility since they drive health and other development outcomes at the village level.
MAF-TB adaptation and implementation

In 2019, GHS began engaging elected village leaders in select districts of Uttar Pradesh (UP), India’s most populous state that contributes approximately 20% of the country’s TB burden. A total of 278 village councils and their corresponding leaders were covered under the initiative which aimed to empower village leaders to ensure greater community awareness and accessibility of TB health services; activate and leverage existing community platforms to monitor and better track TB services; collaborate with government departments to generate convergence on TB; and ensure TB features regularly on the agendas of village leaders at the local level. A brief user-friendly curriculum was developed and administered through three visits to the village leaders. The curriculum covered disease knowledge and related myths, information about the NTP, and their responsibilities as elected representatives including the judicious use of allocated funds for TB-related issues, for which they are given the autonomy to decide how such funds are spent. An essential component of the curriculum was to increase village leaders’ awareness about the role of community health workers and how they can monitor their work on TB. They were also provided with an easy-to-carry pocketbook that reiterates information from the curriculum, guides them on creating community awareness, and provides checklists to monitor the NTP in their village. Village leaders are also encouraged to act as “monitors” at the local-level service delivery governance platform called Village Health Sanitation and Nutrition Committees (VHSNCs) to oversee health care services and ensure their availability. VHSNCs comprise a cross-section of stakeholders including elected village leaders, frontline workers, village administrative officers from different intersecting departments in the health space, and community-based organizations. They are responsible for monitoring health service delivery and grievance redressal. VHSNCs meet monthly. As such, the cornerstone of the initiative is the periodic review of the TB response through VHSNCs, the government’s village health service delivery mechanism. The MAF-TB has been adapted to the Indian rural governance landscape in the following ways:

- A grassroots service delivery-oriented platform such as the VHSNC can transform into a critical touchpoint within an active feedback mechanism. It reviews important programmatic indicators for TB in the community and helps to contextualize the information and relay it onwards for districts and states to analyze it as they deem fit. This is vital when it comes to keeping a close track of disease progress on the ground and watching out for disease patterns at the local level as it can inform what policy may or may not work in future. In this manner, VHSNCs essentially fulfill the roles of an on-ground monitoring platform for TB.

- VHSNCs also function as monthly multisectoral convergence opportunities that elicit inputs from the community. As such, they offer a space for knowledge exchange and collaboration between different departments such as education, women and children development, water and sanitation, and nutrition, among others. This an example of how the MAF-TB can be adapted to fit the rural governance structure that India follows. By activating previously non-functioning VHSNCs that were not operational for various local-level challenges and ensuring that village leaders are aware of their agenda, VHSNC meetings ensure that ground-level interdepartmental convergence meetings on TB happen monthly as they are supposed to. These meetings are intersectoral. They secure representation from other departments such as education, Integrated Child Development Services (ICDS), and local NGOs.

- The functioning of VHSNCs also feeds into the monitoring and reporting of TB cases through routine surveillance. Village leaders create community awareness about TB and inform potential patients about the ill-effects of TB, and the treatment services available. The presumptive TB patient is referred for testing and is followed up by frontline health workers known as Accredited Social Health Activists (ASHA). The process is tracked by the ASHA worker to ensure the patient accesses his or her entitlements under the nutrition support programme whereby money is deposited into their account regularly. During this process, village leaders also monitor ASHA workers, recording details including TB indicators such as case notifications in official registers and feeding this information into the national digital TB registry.
Results

Following the initiative, several critical advocacy goals have been realized which include:

- VHSNCs have been formed in all the intervention areas and meetings are being held regularly. Between October 2019 and March 2021, most village leaders attended a VHSNC meeting where TB-related issues were discussed. In fact, 98% of village leaders raised TB-related issues at VHSNC monthly meetings. In the same time period, a total of 21 village leaders wrote letters to government officials flagging gaps and challenges related to TB services and requesting for redressal.

- In terms of funds allocation, village leaders worked towards improving TB awareness levels which was evident when some leaders earmarked funds for TB-related IEC activities. More specifically, 54% of village leaders facilitated the display of key messages through wall-writings in prominent community spaces such as at school and government facilities. Messages focused on addressing stigma and dismantling misconceptions that often prevent people from seeking treatment. They also included information on TB symptoms, prevention and nutrition.

- Many community members started approaching village leaders for more information and guidance on TB. Between June 2020 and March 2021, 18 village leaders referred almost 30 people for testing or treatment. The capacity building of village leaders has increased their ability to proactively talk to their community about TB and to encourage people to go for testing if they have symptoms.

- Certain village councils ensured that while implementing screening drives for COVID-19, local health workers also screened for TB. Dual screening helped to leverage a pandemic countermeasure to detect TB at the grassroots as well.

- Following the training of village leaders, most of them became active in making public statements related to TB issues, using print media and social media platforms to share messages related to stigma, myths and misconceptions, prevention and symptoms, nutrition, and crucial government schemes and entitlements.

Challenges, sustainability and implications for policy and practice

The initiative began in September 2019 across 73 village councils in one block in Lakhimpur Kheri district in UP. In March 2020, the same initiative was scaled-up in two other blocks (Bansi and Mithwal) in Siddharth Nagar district, covering an additional 205 village councils. A total of 278 village councils with a population of approximately 1 million have been covered under this initiative. The pocketbook that was developed for village leaders was recognized for its merit in reinstating the review responsibilities of local elected representatives and was certified for government usage by village leaders. However, a massive challenge at this point had appeared in the form of the COVID-19 pandemic which drastically disrupted all on-ground activities and made physical engagement impossible. To counter this, GHS ensured that all COVID-19 information which was disseminated online also included information on TB. In addition, social media engagement was ramped up via Facebook and WhatsApp to reach as many people as possible.
One of the most high-impact results of the intervention was the recognition and subsequent inclusion of TB in the training modules for the state government’s village leader training sessions. The state health department and the state TB office became cognizant of the potential of village leaders in the effective implementation of programmes at the grassroots level. Importantly, the Department of Panchayati Raj which oversees the self-government of villages has ensured it will include relevant TB-information as a new module in the training curriculum to sensitize newly elected village leaders. Their training curriculum now includes a separate five-page section on TB programming, taken from the intervention’s inputs on how village leaders can steer TB elimination at the community level. Between September and October 2021, as part of the induction process, more than 59 000 elected village leaders were trained using this module (as part of the larger induction training) by the Uttar Pradesh Government to support TB elimination efforts at the village level. This is the first time that such focus has been given to TB at a village leaders’ orientation session. Looking ahead, the module will be refined further, with the larger objective being its inclusion in trainings across all states and union territories of India.

Enabling Members of Parliament to take ownership of India’s TB programme

Background

India’s NSP for TB Elimination (2017–2025) marked a paradigm shift in how the country would respond to the epidemic, moving to a patient-centric approach to TB elimination. The NSP brought in new policy interventions such as engagement with private sector health care providers, the provision of a social support scheme for TB patients, and an upgrade of the programme’s diagnostic capacity, among others. While these interventions were crucial, it was imperative to ensure that all policies were translated into action at the grassroots level to have the greatest impact. An important way of ensuring the implementation of disease policies at scale is to have a network of leaders on the ground who can closely monitor disease progress, review programmatic exercises, and create a feedback loop by taking the learnings and challenges from the ground and relaying it onwards to relevant state and national authorities.

Members of Parliament, in this regard, act as a crucial interface between the government and the citizenry. They wield a high level of authority and influence in their local community and are well-positioned to ensure policies are implemented to the final mile. Making elected representatives monitors of the programme through the use of appropriate digital tools ensures a sense of ownership and is a further enabler of periodic programme reviews at the district level.

MAF-TB adaptation and implementation

In 2018–2019, GHS, in consultation with the National TB Elimination Programme (NTEP) and WHO Country Office representatives developed a TB dashboard (an automated excel sheet) with relevant disease indicators for MPs to use as they engage with their local authorities. MPs have periodic review meetings with district authorities and health programme officials, including those from the TB department. The dashboard has key programmatic indicators related to various aspects of the NTEP including notifications, case detection, private sector engagement, social support, and treatment outcomes amongst others. The dashboard was shared with MPs who further shared it with their District TB Officers. Once the data pertaining to the indicators featured...
in the dashboard was keyed in by District TB Officers or Chief Medical Officers, an analysis of the data was carried out and findings were presented to MPs. Between July 2019 and February 2020, GHS engaged with 11 MPs to encourage them to use the dashboard to track progress of the programme in their districts. Using the analysis, the elected representatives – spread across six states and 12 districts – organized consultations with the district administration including the District Magistrate, Chief Medical Officer and District TB Officer to understand challenges at the local level and to deliberate on potential solutions. Actions were soon taken to overcome such challenges, which are detailed below. The aim of the intervention was to empower MPs with a tool that could sharpen their ability to become independent monitors of TB in their communities. The larger goal was to demonstrate that MPs, by leading periodic reviews of the programme, can help address challenges at the grassroots level and help India to realize its national TB goals.

Results

Multiple elected representatives took action to address challenges faced by the NETP, which include the following:

1. In Churu district, Rajasthan, the MP during a district review meeting emphasized that while academic studies highlighted the private sector as the first point of contact for TB patients, the proportion of patients notified from the sector was very low: either private providers were not properly diagnosing TB, or they were not reporting patients to the system. To address this challenge, the MP and the district administration agreed to establish a special taskforce to identify private sector patients and ensure they receive free diagnostics and treatment, and social support as outlined under the NSP.

2. In Kheri district, Uttar Pradesh, the MP during a review meeting also highlighted the lack of TB cases being reported from the private sector and advised the district administration to issue a letter to all private sector health care providers within the district reminding them of the mandatory notification policy. In 2019, the private sector reported 1361 cases; in 2020, this increased to 1574. The MP also raised the issue of delayed incentive payments to private providers who reported TB cases at the meeting and requested officials to ensure the release of payments was expedited.

3. In Gonda district, Uttar Pradesh, the MP focused on the disbursement of social support via the “Nikshay Poshan Yojana” scheme which gives 500 Indian rupees per month to TB patients throughout the course of their treatment in the form of direct benefit transfer. The MP asked the district administration to proactively support the NTEP in the timely disbursal of payments.

4. In Nandurbar district, Maharashtra, the MP was informed that the district’s two GeneXpert machines were installed in the same hospital, leading to delays in transportation of samples from other areas. To address this challenge, the MP wrote to the NTEP, which then expedited the request for the relocation of the molecular diagnostic machine.

5. Despite the COVID-19 lockdown period, MPs remained engaged with the TB situation on the ground. Review meetings with district administrative officials helped to increase community awareness about both TB and COVID-19 and the need for early diagnosis.

The intervention increased MPs’ awareness levels about the range of TB services available under the NTEP and the challenges faced by the programme in effectively delivering TB services to the population. Importantly, following the intervention, MPs were empowered to more effectively lead efforts to review disease progress within their communities, holding cross-departmental consultations. These review meetings, helmed by the elected representatives and aided by insights from the dashboard from their respective districts, not only became a way to closely monitor disease patterns at the local level, but they became a space for exchange of ideas between multiple stakeholders. Importantly, two MPs who engaged in district consultations on TB in their respective communities went on to establish an inter-departmental taskforce at the district-level. The idea of the taskforce was to see how other departments through their existing schemes and resources can support TB elimination efforts.
Challenges, sustainability and implications for policy and practice

A core challenge was to ensure that the intervention successfully navigated the competing social and public health priorities of different departments including logistical, human resources and financial. As long as there are considerable health and development priorities, such challenges will remain. In addition, coordination across multiple sectors to ensure district and subdistrict level officials are available for review meetings and are on the same page regarding TB elimination strategies has been a significant hurdle. To that end, the 2025 elimination goal was leveraged to drive a sense of urgency across the board. When it came to elected representatives who have a wide range of public issues to oversee and be accountable for, regular sensitization meetings were held to further increase their awareness on TB and ensure they understood their ability to review and monitor the disease at the local level. Encouragingly, in a first-of-its-kind in 2021, a sensitization meeting was held for Members of Parliament on TB by the MoHFW which was chaired by the Vice President of India and Chairman of the Upper House of Parliament and attended by the Speaker of the Lower House of Parliament, 55 MPs and the senior leadership of the MoHFW. Aside from urging MPs to amplify their engagement with communities, the meeting also informally launched the dashboard, ensuring a mechanism of effective community monitoring is available for elected representatives to review progress. Importantly, the TB dashboard has been integrated into the government’s existing review platform, DISHA, thus providing a formalized mechanism for all MPs to review the programme at the district level, and thus become part of an active feedback loop which relays ground-level information that can refine state and national-level policies.
Civil society engagement in TB/COVID-19 service delivery for migrants in Thailand

Introduction
Thailand is a country in the WHO South-East Asia Region with a population of almost 70 million. The country is a major hub for migrant workers in the region. There are between 4 and 5 million migrants from Myanmar, Cambodia, the People’s Democratic Republic of Lao (Lao PDR) and Vietnam working in Thailand. In 2021, Thailand had a TB incidence of 143 per 100,000 and recorded 71,488 new and relapse cases. Thailand is still classified as one of WHO’s 30 TB, TB/HIV high burden countries but it left the list of 30 high MDR/RR-TB burden countries in 2021. The country transitioned out of the high MDR/RR-TB burden countries list in 2021 but remains on the other global lists. However, of the 30 high TB burden countries, those with the highest levels of treatment coverage in 2020 included Thailand. In addition to standing out as having a high service coverage index (SCI) of 80, the country also stands out as having a low level of catastrophic health expenditure, with just 2% of households experiencing it in 2017.

Background
Approximately 70% of migrants in Thailand are documented. However, during the third wave of the COVID-19 pandemic between June and October 2021, number of undocumented migrants grew due to restrictions placed on movement by the Royal Thai Government. That meant that previously documented migrants were unable to extend their legal status as they are required to renew it every two years. As a legal worker, migrants can access government health resources but when their documents expired, their rights to access also expired. This had severe implications for migrant TB patients and service delivery. In addition, many TB patients – both registered and unregistered migrants – were unable to continue their TB treatment due to COVID-19 patients overloading health facilities across the country. Moreover, TB prevention and control activities such as health education, active case finding, follow-up visits, patient care and support, social welfare and protection were suspended.

MAF-TB framework adaptation and implementation
In response, the NTP of Thailand launched a bid to fight TB and COVID-19 together as both diseases are airborne. With the assistance of CSOs and migrant health volunteers, TB facilities were supported to maintain their services. During the third wave of COVID-19 in 2021, outpatient TB clinics were adapted to telemedicine units that provided video call consultations, with medicines provided through migrant and Thai health volunteer TB drug messengers. At telemedicine units, TB and COVID-19 diagnostics were set up for new patients and a hotline for migrants was also established in native languages for migrants from Myanmar, Cambodia and Lao PDR, with WHO Country Office support. The NTP also launched a mobile GeneXpert for both TB and COVID-19 screening at migrant hotspot clusters in urban areas and border areas. An electronic based follow up system was also set
Adaptation and implementation of WHO’s multisectoral accountability framework to end TB (MAF-TB): Best practices

Electronic patient follow up data reviewed from World Vision on 871 patients from seven provinces across Thailand found the number of patient follow up visits were not only maintained, but they slightly increased during Thailand’s third wave of COVID-19 compared with earlier in the year. The data found that 82.7% of patients received follow up visits by migrant health volunteers, with 17.3% conducted via phone. A total of 4.3% TB patients were also diagnosed with COVID-19 while 16% were newly diagnosed with HIV during the third wave of COVID-19. More than 55% were covered by health insurance, with the remaining not covered due to insurance expiration or a lack of insurance due to their undocumented status. Just 26.5% were enrolled in social security which provides free COVID-19, TB and HIV treatment to migrants.

Challenges, sustainability and implications for policy and practice

One of the biggest challenges is the unclear government payment policy for migrants with TB and/or COVID-19 who are not covered by insurance and are unable to afford treatment services. However, most cases were paid for with support from the Global Fund 5% initiative, the US CDC and the WHO Country Office. Meanwhile, an insufficient number of interpreters for emergency TB/COVID-19 patients along with an inadequate number of health facilities and human resources in some clusters were additional challenges. Moreover, some health volunteers became infected with COVID-19 during their outreach activities despite wearing personal protective equipment (PPE). Other challenges remain, including stigma and discrimination towards migrant patients, a lack of social protection for migrants, and the ongoing conflict along the Thai-Myanmar border. Three interventions to secure long-term sustainability of TB services for migrants have been proposed. They include the integration of migrant health volunteers within government health facilities for the delivery of TB services, COVID-19 vaccination and health communication between health facilities and migrant communities; advocacy by civil society to secure interpreters for migrants at hospitals frequented by migrants; and the mobilization of business sectors to provide health insurance, social security and social protection in line with existing laws for migrant workers they employ. Nevertheless, this case study demonstrates that governments and civil society can adapt quickly to provide effective TB/COVID-19 services for hard-to-reach populations in the time of crisis.
CAMBODIA

Promoting meaningful engagement of journalists for TB raising awareness and advocacy in Cambodia

Introduction
Cambodia is a country in the WHO Western Pacific Region with a population of almost 17 million. Thirty years ago, Cambodia had one of the world’s highest TB rates and a health system weakened by decades of conflict and economic hardship. In 2020, Cambodia reached the first milestone of the End TB Strategy of a 20% reduction in TB incidence between 2015 and 2020. According to WHO’s 2022 Global TB Report, Cambodia has a TB incidence of 288 per 100 000. As such, Cambodia was removed from WHO’s list of 30 high TB burden countries. Following the UN High-Level Meeting on TB in 2018, CSO, KHANA, that supports community ownership and empowerment on health, has worked to enhance advocacy initiatives to ensure TB is a top priority in Cambodia’s health development agenda.

Background
KHANA has been working to increase meaningful engagement of journalists and celebrities in Cambodia’s response to TB. The aim has been to build the partnership platform of the national TB response by facilitating and coordinating key actors including government agencies, donors, UN agencies, TB organizations, affected-TB communities, the private sector, journalists, and celebrities to come together to end TB. Journalists and celebrities are influential figures and thus they can be leveraged to not only take part in TB platforms such as the Stop TB Cambodia but to play leading roles in the dissemination of key messages and advocacy materials on TB.

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MAF-TB framework adaptation and implementation

With joint support from the USAID-funded /COMMIT and CFCR-R9 Project funded by the Stop TB partnership, KHANA organized a virtual dialogue session for journalists and celebrities. The aim was to raise awareness on TB and to promote their engagement in the country’s response. It is hoped that journalists and celebrities could play an effective role in contributing to active TB case finding and stigma reduction through the dissemination of TB messages, articles and sharing stories. Fifty-five participants attended the event that also included UN agencies, NTP staff, CSOs and TB-affected people. The session was part of Cambodia’s efforts to support the implementation of the MAF-TB which is included in the National Strategic Plan on TB (2021–2030) and to help the country towards realizing the 2030 end TB goal.

Results

Following the session, KHANA developed a joint workplan with the Cambodian Journalists Alliance Association (CamboJA) for increased and meaningful engagement with journalists on TB awareness, particularly among key populations including the elderly, children, people living with HIV, miners and those living with diabetes. The primary objective of the workplan is to sustain, align and strengthen the engagement of different actors in the fight against TB at the national level through several interventions. The interventions include a reporting contest to encourage the participation of media professionals in covering TB and the production of two video reports focusing on governance and accountability in TB eradication.

Collaboration between the two partners have also enhanced advocacy efforts to ensure TB is a top priority in the national health development agenda. Through the joint workplan, KHANA has held a TB sensitization workshop for journalists and celebrities alike. KHANA also conducted a two-day online training for 20 journalists and other media professionals, especially for those covering the health beat, to increase their health journalism skills and knowledge of TB and its related issues. This case study highlights KHANA’s efforts to promote the MAF-TB by engaging with influential members of society and in developing a joint workplan.

Challenges, sustainability and implications for policy and practice

Engaging journalists in the TB response is a challenge because some lack understanding of TB from prevention to diagnosis and treatment. This is why engagement through workshops and trainings is crucial. A joint workplan is used as a tool to promote continuous engagement with journalists. The Cambodia Journalists Association is recognized as a long-term cooperative partner on the TB response. It has published articles on TB and continues to monitor journalists, especially those who participated in the training, to ensure the public is informed on key TB issues.
Multisectoral collaboration to promote the End TB Action Plan (2019–2022) in China

Introduction
With a population of more than 1.4 billion, China is the world’s most populous country. Over the past 30 years, China has significantly reduced its TB incidence and mortality. However, it is still far from achieving the targets set out in the WHO End TB Strategy and remains among the 30 high-burden TB countries in the world. The 2022 WHO Global TB Report found that China had the third highest TB incidence by numbers, constituting 7.4% of global cases. China recognizes that multisectoral coordination and collaboration is fundamental to galvanize efforts to achieve the targets and milestones laid out in the WHO End TB Strategy and the target of ending the epidemic by 2030. To this end, China is implementing an adapted version of WHO’s MAF-TB to accelerate progress.

Background
In 2016, China published its Healthy China 2030 blueprint that puts health at the centre of the country’s entire policy-making machinery. Three years later, the State Council of China issued the Healthy China Plan (2019–2030), a corresponding action plan, that proposed 15 special campaigns to popularize health knowledge, participate in health actions, provide health services, and prolong life expectancy, of which TB is highlighted. The Plan put forward the need to strengthen TB prevention and control, reduce TB incidence and mortality, and eliminate catastrophic household expenditure on care. In response to the 2017 Moscow Declaration and the 2018 Political Declaration at the UN High-Level Meeting on TB, China’s National Health Commission led the development of the country’s End TB Action Plan (2019–2022). The Action Plan establishes mid-term action targets along with review and evaluation mechanisms and six specific actions including intensifying active screening for TB in key areas and high-risk populations and developing a multisectoral collaboration mechanism and comprehensive national TB strategic plan, among others. It was developed in collaboration with eight governmental departments including the National Health Commission, National Development and Reform Commission, Ministry of Education, Ministry of Science and Technology, Ministry of Civil Affairs, Ministry of Finance, the State Council Leading Group Office of Poverty Alleviation and Development, National Healthcare Security Administration. In the past three years, through multisectoral cooperation and well-functioning mechanisms (Fig.1), significant headway has been made in the provision of universal access to TB prevention and control services, along with implementing early detection, diagnosis, notification, and treatment measures, and tackling high health expenditure and reducing poverty.
### MAF-TB adaptation and implementation

**Figure 1. Tuberculosis control and prevention strategy and MAF-TB in China**

**Overall goal:** to reduce TB incidence and TB deaths and the economic burden of TB for patients

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<thead>
<tr>
<th>Prevention</th>
<th>Diagnosis, treatment and management</th>
<th>Multi-sectoral cooperation</th>
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<td></td>
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<td>CDCs and medical institutions</td>
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<td></td>
<td>Preventive treatment</td>
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<td>Medical institutions</td>
<td>Infection control</td>
<td>Medical institutions</td>
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<td>Monitoring</td>
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<td>Response</td>
<td>CDCs and designated hospitals</td>
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<tr>
<th>Working Mechanism</th>
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<th>Research and innovation</th>
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<tr>
<td><strong>Under government’s leadership,</strong> different sections take their <strong>respective responsibilities,</strong> and the <strong>whole society participates</strong></td>
<td><strong>With clear division of labor,</strong> CDCs, medical institutions and primary health institutions closely <strong>collaborated</strong></td>
<td><strong>Multi-channel fund-raising dominated by governmental investment,</strong> incorporated into the <strong>social development plan</strong></td>
<td><strong>Close integration of basic research and applied research to accelerate the transformation of scientific and technological achievements</strong></td>
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Patient-centered “prevention, diagnosis, treatment, management and education” whole-process care service

Policy Support System
Inter-ministerial joint working mechanism
Following the inclusion of TB as a disease under key prevention and control in the Healthy China Action Plan (2019–2030) and the subsequent development of the End TB Action Plan (2019–2022), an inter-ministerial joint conference system was established to coordinate nationwide TB prevention and control work, conduct macro-guidance on TB control work, develop policies, and collaborate to solve major TB problems and challenges. It is a multi-departmental collaborative working mechanism to coordinate the prevention and control of major diseases under the leadership of the State Council. The National Health Department is the commander-in-chief of the multisectoral system with the participation of multiple ministries and agencies who carry out their work according to their assigned responsibilities. The Joint Conference Office, located in the National Health Commission, monitors and reviews the work in progress and provides timely reports on the implementation of the work.

Multisectoral cooperation in TB prevention and control
China recognizes the importance of taking a multisectoral approach to translate commitments into action. The National Health Commission oversees the implementation of the National Plan for TB Prevention and Control along with monitoring and evaluating the development of the National TB Prevention and Control Service Network. The Network comprises of national, provincial, city and district level TB prevention and treatment institutions and primary health institutions that primarily focuses on delivering services at the local level. Meanwhile, the National Development and Reform Commission is responsible for planning, building and monitoring TB control institutions; the Ministry of Education together with the National Health Commission develops joint TB prevention and control interventions; the Ministry of Science and Technology supports major national scientific and technological TB prevention and control projects and assists on TB research on vaccines, diagnostic reagents and drugs; the Ministry of Finance allocates funds to central and local governments to financially support TB patients; the National Healthcare Security Administration and the Ministry of Civil Affairs promote the introduction of medical insurance policies and social assistance for TB patients; the State Council Leading Group Office of Poverty Alleviation and Development provides poor TB patients who have been cured and are able to work with employment assistance; and NGOs and the Red Cross provide social support and poverty alleviation support. These interventions are implemented and evaluated under government leadership.
Results

- **Continuous decline in TB incidence across the country:** Between 2015–2020, TB incidence decreased from 67 per 100 000 to 59 per 100 000. From 2019 to 2020, more than 1.3 million TB patients were registered for treatment with a 90% success rate.

- **Increasing investment in TB control:** The Ministry of Finance continues to increase its investment in TB control year by year. National funding has climbed from US$ 290 million in 2015 to US$ 380 million in 2020.

- **Improved financial and social protection policies for patients:** In 2021, the National Healthcare Security Administration and the Ministry of Finance jointly issued a document to specify TB as an outpatient chronic and special disease meaning the reimbursement proportions for inpatient and outpatient services are the same. At present, almost 90% of counties have done this, and more than 60% have included drug-resistant TB in the protection scope of major diseases.

- **Addressing TB in schools:** A national early warning system for single cases of TB in schools has been established which plays a critical role in implementing prevention and control measures and in improving the detection and treatment of young patients in over 530 000 schools in the country.

- **Increased support for research and development:** Between 2017–2020, a wide range of TB research was carried out on topics including new strategies for key TB populations and a new vaccine. The National Natural Science Foundation of China has invested more than US$ 5 million to support 40 scientific research projects.

Challenges, sustainability and implications for policy and practice

Due to uneven socio-economic development across the country, investment in TB prevention and control and human resources needs to be strengthened in some regions to counteract the urban, rural, and regional disparities in TB prevalence. In response, the End TB Action Plan (2019–2022) has adopted a classified management mechanism in which targeted annual incidence decline rates for provinces are different based on current incidence rates. This strategy aims to ensure an overall decline in TB incidence while considering regional differences. Many patients, particularly those with MDR-TB, face catastrophic health expenditure which places patients at risk of dropping out or failing deeper into poverty. This remains an ongoing challenge. However, in recent years several provinces have explored a multi-channel financing strategy that allows overspending results from medical insurance to be covered by financial funds at the local government level.

The COVID-19 pandemic has had a devastating effect on global TB control, which remains an ongoing challenge. Data compiled by WHO from 84 countries estimates that 1.4 million fewer people received care for TB in 2020 than in 2019 – a 21% reduction from 2019. In response to the pandemic, China’s investment in the public health system has increased significantly. China has placed the prevention and control of key infectious diseases to the level of national security, which brings news opportunities for TB prevention control, funding, and strengthening the implementation of the multisectoral joint prevention and control mechanism. Lastly, public health programmes that can sustain themselves with the government at the helm are far more likely to produce lasting – and better – outcomes. There is strong political commitment from the government to end TB in China, evident in its long-term policies with clearly defined targets. The End TB Action Plan (2019-2022) was formulated in response to the MAF-TB to accelerate progress towards ending TB worldwide while the country also has in place its Healthy China Initiative (2019–2030) that includes TB as a priority. The General Office of the state Council has formulated five-year plans for TB since 2011, and the new 14th Five-Year-Plan strives towards ending the TB epidemic by 2030 in line with global goals.
PHILIPPINES

High-level multisectoral governance platform for TB elimination: adapting Multisectoral Accountability Framework for TB (MAF-TB) in the Philippines

Introduction
The Philippines is one of the 30 high TB, TB/HIV and MDR/RR-TB burden countries with TB incidence of 650 per 100,000 population in 2021, ranking it fourth worldwide in TB incidence. Every day, an estimated 80 Filipinos die from the disease, which is fuelled by overcrowded living, the HIV epidemic and lack of access to health care, among other social determinants. In 2016, the Philippines’ national TB patient cost survey reported that 42% of TB patients’ households and 90% of DR-TB patients’ households faced catastrophic costs, propelling more Filipinos into poverty. The COVID-19 pandemic has further exacerbated the situation with a 37% drop in TB case notifications in 2020 compared with 2019. The TB-related targets of the SDGs, the End TB Strategy and political declaration of the UNHLM have been incorporated into the Philippine Strategic TB Elimination Plan (PhilSTEP), which launched in 2017 and was updated in 2020. PhilSTEP aims to achieve a 15% reduction in TB mortality between 2020 and 2023. Gaps and challenges remain, particularly related to DR-TB and the implementation of TPT. In parallel to various efforts to tackle TB, and with the overarching goal of achieving UHC, in 2019 the Government of the Philippines enacted the UHC Act, guaranteeing all Filipinos access to quality, equitable and affordable health care through health system reforms.

Background
In 2016, the Congress of the Philippines passed a Comprehensive Tuberculosis Elimination Plan Act. The Act strengthens the mandate and capacity of the National Coordination Committee (NCC) and regional coordination committees to coordinate stakeholder efforts in the public and private sectors. These national and subnational mechanisms serve as venues for coordination, monitoring, and review of multisectoral actions to end TB. The NCC was set up in 2019 and brings together 10 government agencies that serve as core members and nine expanded members composed of other government agencies, medical societies, and development partners. The NCC aims to collectively implement multisectoral national and local programme actions to eliminate TB by 2035 and to reduce the financial burden of TB on households.
MAF-TB adaptation and implementation

The MAF-TB has been instrumental in guiding the NCC to steer national government agencies, the private sector and patient support group representatives towards a concerted effort to end the TB epidemic. As part of the process to adapt the MAF-TB, a membership and roles assessment was carried out using the WHO baseline assessment checklist and sectoral engagements for TB initiatives to determine if the composition of the NCC was appropriate for the recommended multisectoral involvement of various agencies and to enable the development of the NCC Performance Assessment Framework (PAF). As such, 19 agencies and bodies that are part of the NCC were reviewed. Their inclusion in the NCC was based on these parameters: 1) engagement with DoH in activities related to TB; 2) budget assignment for the corresponding agencies’ defined roles/activities; 3) performance measurement indicators; 4) ministry/body counterpart in the country (if applicable); and 5) recommendation for inclusion as expanded NCC members. The process led to a proposal to include the following bodies as expanded NCC members: Gender and Women’s Affairs; the Human Rights Commission; ministries and bodies addressing specific populations; and labor for the public sector. Among these, the Civil Service Commission (CSC) was formally included in the NCC in 2021 to ensure that policies for TB screening, and other TB-related activities among government employees will be developed and implemented.

In addition, the PAF was formulated in June 2020. The NCC PAF considered the provisions stated in the MAF-TB which aims to identify the commitments and specific actions of key players crucial in ending TB by 2035 and emphasizes the role of the different organizations in the country to achieve specific targets. The PAF, which serves as a monitoring mechanism to track the progress of targets for different sectors working on TB elimination, is anchored in the DoH Refreshed Organizational Strategy Map Framework which guides strategic focus in line with the UHC Act, FOURmula1 Plus for Health, a strategy for implementing health reforms, and the Performance Governance System (PGS). The PAF was envisioned within the lens of acknowledging the mandate, incentives, and relationships of different member agencies by mapping and analyzing their organizational mandates and strengths to inform PAF approaches to tackle the shared problem of TB in the country. It catalyzes the provision of multisectoral support needed to address the multi-faceted nature of TB which goes beyond health.

In addition, the DoH conducted TB elimination objective roadmap development workshops using the PAF which was conducted with technical assistance from USAID’s TB Innovations and Health Systems Strengthening Project (TBIHSS). With regards to monitoring under the localized PAF, the NCC is responsible for consolidating all reports submitted by various agencies. The review of the programme is conducted under the chairmanship of the Secretary of Health on a periodic basis. Four NCC member agencies were prioritized to develop their objective roadmaps using the PAF to contribute significantly to finding missing TB cases. These are the Department of Social Welfare and Development (DSWD), Department of Labor and Employment (DOLE), the Philippine Information Agency (PIA), and the private sector.
Results

- Integration of TB awareness in the DSWD’s 4Ps programme, a poverty reduction strategy that provides grants to extremely poor households, developed an innovation called the electronic Family Development Sessions (eFDS) to continue providing educational and psycho-social interventions supporting the improvement of the programme beneficiaries’ wellbeing. Their commitment is expected to be ratified through a Joint Administrative Order (JAO) together with the DoH and Department of the Interior and Local Government (DILG) detailing the guidelines on how to implement FDS on TB awareness.

- As a response to COVID-19, the DILG released a Technical Advisory instructing LGUs to resume active TB case finding activities and more importantly, provide budgetary support for TB and COVID-19 co-screening. It also integrated TB in the World Bank and DILG-initiated “LGU Guide for Rehabilitation and Recovery from COVID-19” which can facilitate the inclusion of TB in local recovery plans.

- The DOLE issued several workplace policies taking into consideration COVID-19 adjustments which inadvertently benefits TB control as well.

- The PIA committed to using different modalities for health promotion such as social media platforms, small neighborhood group sessions, radio broadcasts and SMS messages, along with integrating and disseminating the DoH’s national health promotion and communication strategy.

Challenges, sustainability and implications for policy and practice

The COVID-19 pandemic set back some of the gains made in previous years in the fight against TB. To adapt to the challenging context, NCC priority member agencies’ TB elimination objective roadmaps were revisited through virtual consultations. This led to adjustments to ensure continuity of service delivery. In terms of implementing the PAF, some NCC member agencies cannot extend beyond their routine output level commitments as their institutional mandates will not allow them to commit to specific outcome-level targets.

The following have been outlined as critical areas to be addressed in order to develop and sustain the delivery of services and existing best practices through the NCC: amending the TB law; refining the NCC governance manual to include operational procedures for PAF development cascading tools that can be used by member agencies’ regional offices and counterparts; aiding at the subnational level through the provincial and regional coordinating committees; and capacitating DoH Centers for Health Development (CHDs) to influence local government units (LGUs) to allocate and mobilize resources for TB.

New considerations need to be taken into account for further amendments to the existing TB Law to align it with the UHC Law. Such considerations include: the inclusion of TB infection in the list of notifiable conditions for mandatory reporting; expansion of the PhilHealth (national insurance company) TB benefit package; transfer of the provision of commodities for TB screening, testing, diagnosis, treatment, and prevention to LGUs; and encouragement of network accreditation of private health facilities offering TB services. Importantly, the NCC Manual of Procedures detailing provisions of the TB Law Implementing Rules and Regulations, the NCC PAF, and monitoring mechanisms is currently being drafted. Looking ahead, existing tools that have been tested and which are being used at the national level such as the PAF can be cascaded down to the member agencies’ regional counterparts to ensure the translation of commitments into measurable performance products. In addition, technical assistance will continue to be provided to NCC by USAID’s TBIHSS project in line with the DoH’s directives. This will also include capacity building for PCCs and RCCs who will in turn capacitate LGUs to ensure commitments at the national level are cascaded to the regional and local level. Commitments are not only limited to policies and services but also include financing and resource mobilization for TB in their local investment plans for health (LIPH) and operationalization of this in their annual operational plans, as applicable within agencies’ mandates to ensure sustainability and ownership of these commitments both at the national and sub-national levels. The journey of localising WHO’s MAF-TB has empowered the DoH, NCC member agencies and other counterparts to combat TB in the Philippines.
National Commission to End TB: a mechanism for implementing the MAF-TB in Viet Nam

Introduction
Viet Nam is a country in the WHO Western Pacific Region with a population of more than 96 million. It is among the 30 high TB and MDR/RR-TB burden countries identified by WHO for 2021–2025. In 2021, estimates of total TB incidence in Viet Nam was 169 000 cases with more than 12 000 deaths with a treatment coverage of 46%. The country has one of the highest population densities in the world which is contributing to public health issues including the spread of TB. While Viet Nam has a well-developed social protection system and health financing policies that aim to improve equity, efficiency and development, TB patients incur huge out-of-pocket expenditures. The Government has committed to ending TB by 2030 and has developed a National Strategy to End TB in alignment with global goals and has allocated responsibilities for different sectors to reach the target.

Background
In late 2019, the Prime Minister decided to establish the National Commission to End TB, with 21 members representing different sectors such as the Ministry of Health, Ministry of Labor, Invalids and Social Affairs and the Ministry of Finance, and leaders of civil society, among others. The National Commission is a mechanism to implement Viet Nam’s MAF-TB and is responsible for assisting the Prime Minister in directing, coordinating and guiding ministries, agencies such as the Women’s Union and localities on implementing TB prevention and control activities across the country.

To document the magnitude of costs incurred by TB-affected households, in 2016 a national survey was carried out among 735 participants that was published in the International Journal of Tuberculosis and Lung Disease in 2018. It found that 63% of households affected by TB or MDR-TB experienced costs that were more than 20% of their annual household income. It found on average that households with a DS-TB patient incurred costs of US$ 1054, while households with an MDR-TB patient incurred costs more than four times this amount. The proportion of households living below the international poverty line increased from 3.7% before TB diagnosis to 21.4% after the disease struck. The biggest drivers of costs were lost income, travel, accommodation, and nutrition.
MAF-TB framework adaptation and implementation

The National Commission to End TB held its first meeting in early 2020 during which members discussed and endorsed the 2020 workplan that includes 29 key activities. It includes implementing interventions that require multisectoral collaboration such as the development and implementation of a social protection policy for TB patients; an annual TB programme review; monitoring and evaluation of TB activities; advocacy for integrating TB into a revised law of infectious disease prevention and control; TB education and communication; and mobilizing sustainable domestic resources for the response. The workplan also includes the development of several policies and plans, including the NSP for TB (2021–2025). The NSP aims to reduce TB incidence by 50% and TB mortality by 75% between 2018 and 2025, to maintain the proportion of MDR-TB cases among newly diagnosed patients, and a 50% reduction in the proportion of families incurring catastrophic costs due to TB in the same timeframe.

The NSP was developed in 2019–2020 in collaboration with a range of partners including the US CDC and FHI360. It was developed based on the patient central pathway approach and multisectoral engagement. The NSP clearly defines the roles and responsibilities of different sectors. This includes prison medical staff undertaking TB screening among prisoners, the Ministry of Industry and Trade undertaking TB screening among miners; civil society carrying out education and awareness-raising activities; and the private sector’s role in TB detection and treatment.

In addition, as part of the workplan, in 2020 the NTP with partners conducted an assessment on implementing social health insurance (SHI) in TB services to support the Ministry of Health to revise its SHI policy to ensure sustainable funds for anti TB drugs and care. The NTP is also implementing and expanding active case finding activities by using new mobile CXray cars and applying a new strategy of deploying both chest x-rays and GeneXpert machines for diagnosis.

Results

While Viet Nam’s MAF-TB is yet to be developed, a National Commission to End TB has been set up and a NSP for 2021–2025 developed. The Global Fund approved a grant of US$ 67 million for TB activities for 2021–2023 which will allow partners such as MOLISA, police and the Viet Nam Farmers’ Union continue to expand their work on TB prevention and control.

Using the results of the national survey on the cost of TB care, Viet Nam’s NTP defined a roadmap (2017–2020) involving non-health actors to address access barriers along with developing an operational plan to implement the roadmap itself. The roadmap aimed to facilitate policy guidance and interventions to reduce and compensate for costs faced by TB patients and their households. It included the development and costing of a package of ambulatory TB services to be explored for inclusion in the revised National Health Insurance scheme and the launch of a charity fund for TB patients. As such, the Patient Support Foundation to End Tuberculosis (PAS-TB) has provided hundreds of TB patients with monetary support.
Meanwhile, collaboration between the Ministry of Health and MOLISA has been strengthened to scale up and adapt existing social protection mechanisms for TB patients including the extension of social protection eligibility to MDR-TB patients. As part of this collaboration, MOLISA has reviewed the files of 2195 TB patients to identify those who are disadvantaged to develop a support plan. MOLISA consulted 1350 TB patients to identify the best way to support treatment adherence and provide TB prevention to household contacts. So far, MOLISA has provided nutritional support to 474 TB patients, health insurance cards to 137 TB patients, and employment opportunities to 45 patients. In addition, the PAS-TB, which was created in 2018 to raise domestic funding for patients in need, recently expanded to the provincial level. So far, more than 6 billion Vietnamese Dong have been allocated to purchase 360 health insurance cards for TB patients who did not have one, and to support about 2900 people in difficult socio-economic conditions across the country.

Challenges, sustainability and implications for policy and practice
While the National TB Commission to End TB has been set up, meetings are irregular and engagement with other sectors remains limited. Moreover, the participation of the private sector is weak, and there is limited knowledge of the disease. A lack of coordination between sectors and between government levels continues to hamper TB prevention efforts. Despite national commitments and efforts to improve services, TB treatment coverage is still lagging. Further compounding the problem is that the rate of loss to follow up among MDR-TB patients is high at 15%. Moving forward there is a need to decentralize the health system, increase domestic funding, expand active case finding and strengthen engagement among civil society and community-based organizations for TB education and awareness.

Participation of Viet Nam Farmers’ Union in the MAF-TB

Introduction
Vietnam has committed to ending TB by 2030. The Ministry of Health has established several TB control indicators that requires health workers at all levels – from the central to local and public to private – to participate in TB prevention. For example, new techniques for TB diagnosis and treatment for MDR-TB have been deployment, with free TB examination and treatment at all levels. Multisectoral engagement and collaboration is the bedrock of the TB response. As such, civil society, TB-affected communities and patient groups have a fundamental role to play in all components of accountability related to TB, as acknowledged in the SDGs, the End TB Strategy, the Moscow Declaration and the political declaration of the UNHLM on TB in 2018. Viet Nam Farmers’ Union was established in 1930 and is recognized as playing a central role in farmer movements and rural construction. Given that more than 60% of Viet Nam’s population lives in rural areas, it also plays an important role in public health, including TB.

Background
On average, a family which experiences an early death from TB can lose up to 15 years of income, propelling families into poverty or further exacerbating their existing economic stress. With a nationwide network, the Vietnam Farmers’ Union plays an important role in TB prevention across the country, especially in rural and remote areas. The Farmers’ Union has more than 11 000 guilds, 200 000 collaborators and over 10 million members across the country. The Farmers’ Union participates in the three stages of TB: monitor and support to patients during their course of treatment, nutrition and awareness. It focuses on changing individual and community awareness on TB screening and treatment and supports livelihoods through nutrition along with TB detection and treatment support.
MAF-TB framework adaptation and implementation

The engagement of civil society and TB-affected communities in the TB response is paramount, along with its participation in all MAF-TB processes. With a network of members and branches across Viet Nam, the Farmers’ Union has coordinated with the NTP and the Global Fund for almost 20 years and 11 years respectively. In collaboration with partners, several TB prevention models have been developed including “Supporting TB patients, DR-TB and monitoring patient compliance in areas with high dropout rates” and “Farmers detect TB early – counselling and treating people with TB according to DOTS”. The farmers’ model was one of the first and most effective models to mobilize patients to go for TB screening and treatment. Tan Trao commune in Kien Thuy district in Hai Phong City in north-eastern Viet Nam is a purely agriculture commune with a population of 10,282. Prior to the participation of the Farmers’ Union, the TB detection rate was low with inadequate attention placed on prevention and addressing stigma. In 2018, in collaboration with the Farmers’ Union TB prevention and control project, the Hai Phong City Farmers’ Union’s TB prevention and control team and the Tan Trao Committee People’s Council, and the Commune People’s Union, “Farmers detect early TB” was established with 50 members including farmer members, commune health officials and government officials. Its primary activities include organizing quarterly IEC materials on TB prevention, treatment and communication skills; daily broadcasts through radio on the signs of TB infection, along with information on prevention and treatment; arranging community meetings to raise awareness on TB and change attitudes towards screening and treatment; visiting patients at home to help with treatment adherence; and distributing leaflets and posters in villages on TB.

Findings

Following the implementation of the project in Tan Trao commune between the third quarter of 2018 and the end of 2020, more than 558 people were mobilized to go for TB screening, with 54 confirmed cases. In addition, the number of TB at-risk or suspected patients participating in screening and treatment increased from 9 in 2017 to 28 at the end of 2018. Thanks to widespread awareness-raising and outreach, stigma against TB patients has been addressed. In addition, thanks to encouragement and support from voluntary Farmers’ Unions’ members for patients completing treatment, lower dropout rates were recorded. In 2017, the dropout rate was 10%; in 2020, it was 4%. To ensure that no patients were left behind with regards to the economic losses related to a TB diagnosis, in addition to funding from the Global Fund, the Farmers’ Union mobilized financial resources from local authorities to support patients with direct cash support, seedings and livestock. The Union also worked with banks to support TB patients’ families to get loans with lower interest rates. The project has led to all 18 communes implementing a model of counselling and support, along with mobilizing people with TB symptoms to go for testing and if infected to begin DOTS.

Challenges, sustainability and implications for policy and practice

The biggest challenge in implementing the TB prevention project has been fear of the disease, with some patients refusing to meet with Farmers’ Union members. With persistent advocacy and awareness-raising, members can convince patients to be treated and for those who come into contact with confirmed cases to get screened. The project was funded by the Global Fund between 2018 and 2020. The executive committee of the Commune Farmers’ Union continues to provide information and advocacy to mobilize the community in TB prevention. To ensure the project’s sustainability, some suggested interventions have been made. They include:

- For the state to play the lead role in ensuring sustainable resources for TB prevention and control;
- For policies and laws to be reviewed and amended in line with reality;
- Ensuring that people with health insurance cards can receive TB screening and treatment;
- Coordinating with organizations to raise awareness about TB; and
- Mobilizing international organizations to support TB prevention and control activities.
Introduction

TB is the world’s leading infectious killer. In 2021, an estimated 10.6 million people fell ill with TB and 1.6 million people died. Further innovations and multisectoral actions are needed to reach WHO’s End TB Strategy targets and other global goals. Multisectoral action and accountability is crucial to address the broader social and economic determinants and consequences of TB and to move away from purely a health response. As such, all three levels of WHO are working closely with various organizations to build capacity, increase awareness and share best experiences of multisectoral engagement and accountability. Such efforts are taking place in several countries with support from UN agencies and in close collaboration with national governments and partners. The collaborating UN agencies include the International Labour Organization (ILO), International Organization for Migration (IOM), UN High Commissioner for Refugees (UNHCR), World Food Programme (WFP), and the UN Children’s Fund (UNICEF).

The economic impact of a TB diagnosis cannot be understated. Many TB patients are men and women in their most productive years. Sick workers mean the loss of skills and experience, disrupted production, and reduced productivity. The WHO End TB Strategy includes the target that no TB-affected households face catastrophic costs due to disease. Multiple national cost surveys have found that a TB diagnosis can have a devastating economic impact on families, swallowing up huge proportions of annual incomes and loss of wages. As a result, households around the world have had to borrow or sell assets, with poverty levels drastically rising during a TB episode. Grounded in the 1958 ILO’s Convention Number 111 on Discrimination, Employment and Occupation, the ILO’s work is centred on protecting the human rights of workers and strengthening prevention with a focus on early detection and treatment, care and support of workers living with HIV and TB. The workplace is an ideal location for the prevention and control of TB, a “win-win” situation for both workers and the employer. The ILO has long been at the forefront of leveraging the potential of the business sector and facilitating its involvement in TB control interventions.

Here we share two case studies on the ILO’s experience in protecting the rights of workers with TB and HIV.
Working with the labour sector: Protecting the employment and income of people with TB in India

Background

India is committed to ending the TB epidemic by 2025 and the AIDS epidemic by 2030. TB and HIV have emerged as a major threat to the world of work in India, where more than 90% of TB and HIV infections are reported from the most productive age group of 15-49 years. In addition, most TB and HIV deaths in India occur among young adults. TB and HIV can adversely affect employees and negatively impact businesses due to increased absenteeism, disruption of operations and increased expenditure on employee treatment, replacement, and other associated costs. Having secure employment and the assurance of no discrimination in the workplace contributes immensely to treatment adherence of workers affected by TB and HIV/AIDS. A qualitative study conducted by the ILO in 2021 on the impact of TB on workers in Delhi and Chennai showed that the majority (67%) of TB patients were working in the informal economy in construction, manufacturing and transport sectors and were below poverty line. Nearly half were not working or were on leave at the time of the study. Majority (83.5%) had faced economic losses, and nearly half of the patients said they had to take loans from friends or money lenders.

MAF-TB adaptation and implementation

India’s National TB Control Programme and National AIDS Control Programme, under the Ministry of Health and Family Welfare (MoHFW), envisage a multisectoral response to both diseases which engages the private sector, employers, enterprises, and trade unions.

As part of this, ILO is supporting the implementation of the World of Work Programme. The programme aims to strengthen the integrated policy framework for TB and HIV/AIDS at the workplace, to secure employment and assure that workers with TB and HIV can continue medical treatment without discrimination. It is being implemented in collaboration with the MoHFW, the Ministry of Labour and Employment (MoLE), CSOs, employers’ and workers’ organizations, enterprises in the public and private sectors, and various development partners such as the Union, supported by USAID, WHO and Joint United Nations Programme on HIV and AIDS (UNAIDS).

Building on India’s experience with HIV, the Central TB Division (CTD) of the MoHFW has been included in the national steering committee on addressing HIV and TB in the world of work.

Results:

A national policy framework on addressing TB and HIV in the world of work was developed through multisectoral engagement and consultations.
The MoLE has disseminated this policy framework to different ministries and departments, highlighting the importance of multisectoral engagement to end TB. Progress on the implementation of the policy framework is monitored by the national steering committee. A memorandum of understanding has been signed between CTD and MoLE to scale up workplace programmes on TB and HIV.

A “Statement of Commitment of Indian Employers’ organizations on addressing TB and HIV in the world of work”, signed by national level employers’ organizations and chambers has been developed and is being used to mobilize public and private enterprises to start/scale up their workplace response to TB and HIV.

A training manual for enterprises was published alongside the documentation of related good practices, advocacy, communication, and training tools. Trainings have been conducted in major public and private sector companies, and over 100 corporates are now engaged in TB workplace programmes.

“I could beat TB because I had job security. The support of the employer has a big impact. In BEST, benefits like paid leave, free medication and hospitalization, and thoughtful colleagues bring great comfort”, – says Preeti Sawant from The Brihanmumbai Electric Supply and Transport (BEST), a public sector company in Mumbai, India.

India experiences benefits of a comprehensive response to TB and HIV

**Challenges, sustainability and implications for policy and practice**

Despite the challenges posed by the COVID-19 pandemic that have affected the delivery of TB services, several activities are being carried out in 2022. They include the following:

- The dissemination of the policy framework at the state level in coordination with the central TB division, employers’ organizations and MoLE;
- The development of model corporate sector interventions on addressing HIV and TB in the world of work.;
- A guidance note is being developed for corporates to help them develop/scale up their workplace TB response in partnership with CTD/state TB cells.

**Working with the labour sector:**

**Protecting the employment and income of people with TB in Kenya**

**Background**

Between 2017 and 2019, ILO’s work in Kenya has focused on both occupational promotion and prevention, and the social protection of people affected by TB. Occupational activities were launched in response to findings from the 2016 national TB prevalence survey. The survey found that 40% of people living with TB were undiagnosed, the majority of whom were men in their productive age. Almost 70% of cases were among men below the age of 44. The workplace therefore seemed an opportune environment to conduct case finding activities among men. Meanwhile, the VCT@WORK initiative, a partnership between ILO and UNAIDS, is a global strategy to use the world of work to encourage workers, their families, and communities to know their HIV status. In Kenya, the VCT@WORK initiative includes TB response, and also encompasses social protection, health, and wellbeing. The initiative is a collaboration among the ILO, the Ministry of Health’s National TB, Leprosy and Lung Disease Programme (NTLD), Stop TB Partnership, and the Centre for Health Solutions – TB Accelerated Response and Care Project supported by USAID, Swedish Workplace HIV/AIDS Programme, Federation of Kenya Employers, and the Central Organization of Trade Unions. While TB treatment is offered free of charge at public health facilities, Kenya’s first national cost survey in 2017 found that 27% of TB patients and their households faced catastrophic costs during a TB episode. This figure was three times higher for those affected by MDR-TB. Direct non-medical costs, particularly food and nutritional supplements beyond the patient’s normal diet, were the largest costs, followed by productivity losses. Over 60% of TB patients lost their job due to the disease.
MAF-TB adaptation and implementation

As 84% of Kenyan workers are in the informal economy, TB screening was organized at both formal and informal workplaces supported by county health management teams through the provision of testing equipment and other commodities in different counties. Over 60% of those reached through this initiative were men. In addition to screening at the workplace, the initiative also focused on providing social protection to people with TB. Given the large informal economy, the majority of the workforce are not part of social protection programmes, either contributory or non-contributory. Following the national cost survey, a stakeholder consultation was held in July 2018. It was held to disseminate the survey’s findings and discuss actions needed to be taken to achieve the goal of eliminating catastrophic costs for TB patients and their households. The inclusion of TB care in the National Hospital Insurance Fund (NHIF) benefit package, the primary provider of health insurance in Kenya, and increased NHIF coverage among TB patients were among the six priority actions identified. The initiative led by ILO, NTLD and partners established a collaboration with NHIF and the National Social Security Fund (NSSF) to sensitize workers on the process of registering and on the benefits of enrolling in the schemes. Including the NHIF in the partnership provided a solution for social health insurance coverage as the scheme includes an enhanced medical benefit package which caters for both inpatient and outpatient services. The NHIF facilitated onsite registration of workers through their digital platform with contributions paid through mobile money transfer. A feedback mechanism on the services offered by the schemes for workers was put in place.

Results

As a result of this initiative, Kenya is in the process of developing a National TB Policy at the Workplace. The policy will enhance the approach and sustainability of the TB response in the world of work in line with Kenya’s TB Strategic Plan (2019–2023). While the policy is being finalized, a social protection framework for TB has been developed to address aspects such as health insurance, nutrition, and cash transfers. In addition, existing social protection programmes have been made TB sensitive. For example, targeted cash transfer programmes for orphans and vulnerable children, persons with severe disability and older persons use a harmonized targeting tool that includes chronic illnesses such as TB as part of their selection criteria. More specifically, a universal social pension (Inua Jamii 70+) introduced in 2018 provides cash transfers to all people of 70 years of age and above and includes those with chronic diseases; a cash transfer of US$ 60 per month, funded by the Global Fund, is given to MDR-TB patients and a food basket is provided to malnourished TB patients; and a universal child benefit is being piloted in three countries.

Challenges, sustainability and implications for policy and practice

To address challenges in retaining active insurance contributions from workers in the informal economy – particularly seasonal workers in the agricultural sector with low contributory capacity when out of work – ILO and the Food and Agriculture Organization (FAO) have supported the Government of Kenya to conduct an assessment of social protection coverage in the informal and rural economy and identified barriers to access with policy options developed for extending coverage.
For further information, please contact:

Global Tuberculosis Programme
World Health Organization
20, Avenue Appia
CH-1211 Geneva 27
Switzerland
Web site: www.who.int/tb