As the world faces the ongoing health, social and economic impacts of the COVID-19 pandemic, the WHO Global TB Programme (GTB) convened the 6th WHO End TB Strategy Summit on 19 and 20 October 2020. It brought together more than 200 participants. National TB Programme leaders of 29 of the 30 highest TB burden countries[1] were joined by representatives of the WHO Civil Society Task Force, key partner agencies, and WHO staff from all levels of the Organization.

The Summit took place over two days with two cohorts of countries meeting each day. The meeting involved plenary sessions, and multi-country breakout group discussions. At this time, when international travel is not feasible, having the opportunity to informally discuss common experiences and learn from colleagues were among the major benefits of the virtual meeting.

Background

Ending the TB epidemic by 2030 is a target of the United Nations Sustainable Development Goals and the World Health Organization’s (WHO) End TB Strategy provides the framework and specific targets for Ending TB including a 90% decline in TB deaths, an 80% decline in the TB incidence, and the elimination of catastrophic costs faced by TB-affected households. The political declaration of the United Nations General Assembly high-level meeting (UNHLM) reaffirmed these targets and set ambitious additional targets aligned with the SDGs and the End TB Strategy. These new targets are reaching 40 million people with TB treatment between 2018-2022, and 30 million people with preventive treatment over the same period; mobilizing $13 billion annually by 2022 for TB implementation and closing the gap in research financing such that US$ 2 billion is available annually for TB research. The declaration included other explicit commitments, including relating to protecting and promoting human rights, advancing public health capacity and health systems, global collaboration for action, research and innovation, and strengthening accountability of all stakeholders and across sectors, for commitments made and actions taken.

In October 2019, the 5th WHO End TB Strategy Summit of the highest TB burden countries focused on efforts countries were taking to update strategic plans aligned with the political declaration and financing efforts, and to adopt new guidance from WHO, including use of new diagnostics and drugs.

Agendas were dramatically re-framed in 2020 as the world faces the ongoing COVID-19 pandemic, and associated economic and social distress. This 6th Summit took place just after the UN Secretary-General

[1] The 30 High Burden Countries are: Angola, Bangladesh, Brazil, Cambodia, China, Central African Republic, Congo, DPR Korea, DR Congo, Ethiopia, India, Indonesia, Kenya, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russian Federation, Sierra Leone, South Africa, Thailand, Viet Nam, UR Tanzania, Zambia, and Zimbabwe. Note: Though a government representative of DPR Korea was unable to participate, a Medical Officer of the Office of the WHO Representative to DPR Korea participated and provided information from the programme.
UNSG) released a 2020 progress report on TB for the UN General Assembly, and WHO published its 2020 Global TB Report. Both include attention to the implications of the COVID-19 pandemic and address the progress made towards 2020 milestones and 2022 targets.

**Objectives of the 6th Summit**

**Diana Weil**, GTB Cross-cutting Lead for multisectoral accountability and End TB Strategy presented the background on the Summit and the key objectives to start the Summit sessions in the morning and afternoon.

1. **To reflect on the key challenges and opportunities posed by the ongoing COVID-19 pandemic** for national TB programmes and affected people and vulnerable populations, including in leadership, management, accountability and financing.

2. **To consider opportunities for strengthening quality TB care and prevention** given innovations during the COVID-19 pandemic (e.g., infection control, digital technologies, contact-tracing).

3. **To define priority actions for 2021**, in line with national strategic plans, to address these challenges and take advantage of the opportunities at country level, and across countries

The Summit Agenda is attached as **Annex A**. **Annex B** provides the List of Participants, and **Annex C** provides the participants grouped in multi-country working groups.

**Opening Plenaries**

**Dr Tereza Kasaeva**, Director of the Global TB Programme, gave a plenary talk on “Where we go from here”. She presented on the findings and recommendations of the UN Secretary-General (UNSG) report, which was developed with the support of WHO. She also gave an overview of the 2020 Global TB Report. Both reports presented overall epidemiological and programmatic progress in fighting TB and showed that strides in 2019 were not yet on track to reach 2022 targets. The reports also addressed the implications of the COVID-19 pandemic, including the expected excess TB deaths in 2020 and setbacks in diagnosis and reporting. She noted the value of data reported by countries and civil society on the impacts of the pandemic.

Dr Kasaeva then presented on work of WHO this year in updating WHO consolidated TB diagnostic and treatment guidance, and in providing interim guidance for prevention and care for TB during the COVID-19 pandemic. She outlined support for national TB strategic planning and for major initiatives including Find.Treat.All#EndTB, the new WHA-approved Global Strategy for TB Research and Innovation, as well as the new checklist supporting roll-out of the Multisectoral Accountability Framework for TB (MAF-TB). She emphasized the strides made by the WHO Civil Society Task Force and their contributions to WHO’s work, to national strategic plans, accountability efforts, new tools such as to promote human rights for those affected by TB and research promotion. She applauded efforts taken by countries and partners during this difficult year. To open the work of the Summit on urgent next steps in 2021, she reinforced the 10 recommendations of the UN Secretary-General’s report, including their time-bound proposed detailed actions by 2022. See **Annex D**.

Two National TB Programme Managers laid out examples from their countries on priority-setting and actions taken in 2020 in the context of the pandemic. **Dr Imran Pambudi**, Manager of the National TB Programme of Indonesia focused on “accountability with a purpose” to improve care and prevention, and efforts “to step up” during the COVID-19 pandemic. The President of Indonesia called for the preparation of a decree and doubled the budget of the national TB programme for 2021. The Ministry of Health issued
joint guidance on TB and COVID-19, and the National TB Programme led development of a new TB national strategic plan engaging a wide range of partners to “solve collective challenges”.

Dr Lindiwe Mvusi, Chief Director of the National TB Programme of South Africa, reflected on lessons learned during these months of the pandemic. Treatment and prevention services for TB continued but well below levels to reach 2020 targets. Social media strategies and for community social mobilization can be used moving forward as can expanded social support packages, if sustainable. “So much was done in area of infection control,” she said and in using mobile-health and contract tracing approaches. She warned that stigma related to TB, to HIV and to COVID-19, is great and needs to be fought, while also much more needs to be done to address mental health concerns.

Two representatives of the WHO Civil Society Task Force spoke in the opening plenaries. Ms. Blessi Kumar, CEO of the Global Coalition of TB Activists, endorsed the recommendations on the UNSG Report and WHO’s 2020 TB report showing “there is no ambiguity, we are not on track...and all of us have collective responsibility.” She urged everyone, “not to move our eyes from a focus on TB” and “to move away from blaming”. She noted that it will be critical to maintain “a human touch in this world that is so virtual”. Ms. Kumar concluded that holistic approaches in some countries are beginning to break down barriers, including stigma and challenges to human rights, especially for marginalized populations. Yet, she reinforced that this work needs to be scaled up dramatically.

Another member of the Task Force, Mr Bertrand Kampoer, joined Ms Kumar in describing civil society actions. He noted lessons learned from a civil society survey of TB-affected people in Francophone Africa. He spoke to approaches to “humanize TB”, and the need to further reinforce financial and capacity building support for more community engagement. Such engagement, he said, is required to assure accountability of all.

Ms Cheri Vincent, TB Division Chief at USAID, applauded efforts by national TB programme managers, as “unsung heroes” in the fight against TB during the COVID-19 pandemic. She highlighted how systems built for TB prevention and care were being used in the COVID-19 response in many countries including many of the national TB programme staff. She also noted that those involved in the TB response are “inspiring, dedicated professionals”, trying to do their best to meet the UNGA targets with far too little resources. She concluded that the TB response needs more investments, a holistic and inclusive approach with a role for all country level stakeholders, and prioritization of TB diagnostic networks to expand access.

The Executive Director of the Stop TB Partnership, Dr Lucica Ditiu, reflected on urgent financing needs at this time. She stated, “We need to ensure that we will do whatever it takes to secure the funding needed and we will have this entire ADVOCACY focus on funding and pushing to sustain TB BUDGETS... 2021 should be a very important year for catching up. Is it possible? Probably. Will it happen? Who knows -- but we need to do whatever it takes”.

Dr Ariel Pablos-Mendez, Professor of Medicine, Columbia University and Chair of the WHO Strategic and Technical Advisory Group for TB (STAG-TB), reflected on changes in the political economy that are influencing global health actions now. He noted that National TB Programmes are at the frontline of stewardship of public health programmes, and they will be critical to “rebuilding better” after Covid-19. He concluded that “the world has changed, and we need new ways of working and new areas” of focus, including on preventive therapy and to seek other new solutions. “We need to explore. Not everything will pan out, but we need to try.”
Multi-Country Group Discussions:

Following the plenaries, Marzia Calvi, GTB Technical Officer, guided participants on the approach to the multi-country group discussions that formed the core of the Summit. Participants broke into working group discussions on 19 October and continued into the 20 October sessions of the Summit. Countries and Civil Society Task Force Members mixed across regions in six working groups, along with WHO staff and key partners from the agencies represented (USAID, The Global Fund, Stop TB Partnership, UNITAID, KNCV TB Foundation, and The Union). Four groups met during the morning cohort sessions on the 19th and 20th, and two groups met during the afternoon sessions.

Each working group discussion began with introductions from WHO HQ and Regional Office facilitators, followed by lead-off perspectives given by the high-burden country representatives and Civil Society Task Force representatives, and then open discussion, as well as Chat-room questions and comments. Rapporteurs from among the NTP managers were selected to report back group discussion summaries.

The groups discussed two themes, as noted in the first two Summit objectives.

The first theme was Activating leadership and accountability and addressing management and financing concerns for the TB response in the time of the COVID-19 pandemic. The objectives of the working groups were to discuss key challenges faced in 2020 by programmes and civil society, and some good practices in response. Common challenges and good practices are shown below and the key points raised by each group are shown in Table 1 on pages 8-11.

Common challenges during the COVID-19 pandemic

- Drawing leadership attention to the grave issues in TB prevention and care, during the pandemic;
- Economic distress and worsened stigma for the vulnerable populations affected by TB and Covid-19;
- Weakened management capacity given reassignment of staff required in the COVID-19 response;
- Logistics changes required to enable continuity of drugs and diagnostics supply, and work slowed in TB diagnosis, as well as in rolling out oral regimens and preventive treatment for TB;
- Management decisions and support needed to enable drug access and continuity of care for patients at home.

Good practices

- Work with government leaders on high-level decrees and TB plans during COVID-19, and creation of a “TB situation room”;
- Innovative action by civil society in documenting needs of those affected and seeking social support, ongoing advocacy and anti-stigma efforts, as well as dialogue with Ministries of Health to formalize multisectoral accountability mechanisms;
- Practical provisions designed to overcome drug supply bottlenecks and secure personal protective equipment/strengthen infection prevention and control, and initiating virtual training of staff;
- Intra-ministerial collaboration to use available health workers engaged in both COVID-19 response in TB outreach and care.

The second theme addressed was Strengthening quality TB care and prevention given innovations during the COVID-19 pandemic (e.g., infection control, digital technologies, contact-tracing).
Here are some of the common opportunities and good practices in TB care and prevention that were discussed. **Table 1**, on pages 8-11, provides the full list by group.

**Opportunities and good practices in improving quality care and prevention:**

- **Digital applications** are being scaled up in the COVID-19 response and there is further potential to adapt these for TB, or to share TB digital tools where in use already, such as for faster collection and analysis of data, in contact-tracing and in enabling safe/supported home-based treatment;
- Increased access to rapid **diagnostic platforms**, as long as TB testing capacity is assured, will help in improving case finding;
- Other basic public health functions such as **infection prevention and control** are also benefitting from joint learning and from COVID-19 investments;
- The power of **civil society engagement** and investment is evident, and examples of engaging community-based workers on both diseases were important;
- Addressing stigma, the social determinants of disease, and social support needs of patients will benefit from more **inter-programmatic collaboration and integrated care** opportunities;
- Civil society and parliamentarians are giving more voice to need for **transparency/accountability** in public health decision making, such as priority-setting in access to testing and care;
- Work on advancing **multisectoral engagement and review bodies** is relevant for TB and for COVID-19.

**Key actions to be taken in 2021**

In line with the third objective of the Summit, each working group then discussed what national TB programmes and civil society and partners **need to do in 2021** as priorities to get back on track at **national level**, and what actions can be taken at **global level** by partners to support success at national level.

Group summary presentations, as noted above, were given in plenary on 20 October, by the nominated NTP Managers, Drs Lungu, Sachdeva, Pambudi and Garvin in the morning session, and by Drs Dockhorn and Kaswa in the afternoon. Their group summaries, as shown in **Table 2** (pages 12-14) highlight the actions proposed within each group.

Below are some **common priority actions** that come through in these summaries:

1) **Cross-government and cross-stakeholder coordination and accountability**, including for financing, to strengthen delivery on commitments, and access to essential services. Some of the lessons learned during the COVID-19 pandemic include the importance of leadership in driving coordination mechanisms and delivery, such as through delivery protocols/policies, enabling supply platforms, use of “situation rooms” and stakeholder bodies.

2) **Civil society will be playing a greater role in all aspects of End TB actions and accountability**. Civil society, including affected people and communities, will be involved in planning and delivering prevention, care and social support services, and they will be working with NTPs and governments broadly, as well as parliamentarians, to design and assess accountability mechanisms, in advocacy and outreach to new
partners. **Capacity-building and financing** are critical needs to take forward these actions by the broadening array of civil society partners.

3) **Adoption of WHO guidelines**: As in 2020, a top priority is to initiate/continue the formal adoption of new WHO recommendations, and/or their further roll-out, especially for **all-oral MDR-TB regimens** and moving forward with locally-appropriate approaches for **preventive treatment** delivery to people living with HIV, child contacts and other household contacts.

4) Further work on enabling **better patient delivery models**, building on learning during the COVID-19 period, including regarding diagnostics and drugs procurement and supply, infection control and prevention and use of digital platforms, for a wider array of needs including treatment support.

5) **Priority global/regional actions**: Among the priorities for WHO support, and that of other partners, commonly noted across groups were reinforced advocacy with well-crafted messages, resource mobilization to fill significant gaps and address the priorities noted above, further guidance on digital technologies, better understanding insurance coverage-based financing for TB, and ongoing civil society and private sector engagement efforts.

### Concluding perspectives

After the NTP managers delivered their group summaries as summarized above, some concluding perspectives were provided by civil society representatives, by the Global Fund representative and by WHO leadership.

**Ms Esty Febriani** and **Ms Yulia Chorna** spoke on behalf of the WHO Civil Society Task Force members, in the morning and in the afternoon cohorts respectively. The following are consolidated key points they made on priorities for achieving success in 2021:

1) TB needs still to be **raised as a political priority**; with **joint messages coming from programmes, civil society and affected communities** on the urgency of action and financing will make a difference. Ms Chorna said that getting more stakeholders, beyond the health sector, engaged in **mechanisms for multisectoral accountability by using the MAF TB**, “will increase our chances to win – bringing progress with TB back on track and saving the lives of people affected by tuberculosis”. Ms Febriani called also for complementary financing for independent community efforts will help identify our problems, find solutions and monitor results.”

2) “**Recovery plans**” are needed during the Pandemic, including for support of TB patients and involved CHWs including economic, psychosocial support, and personal protective equipment.

3) **Digital technology is “our big hope”**, Ms Febriani said, to enable real-time data, and breach the limitation of geographical access and patient barriers;

4) Further **documentation of innovations** can drive adoption of changes, including enabling real-time data, contact tracing, decentralized service delivery, stigma reduction, and a stop to delayed diagnosis;

5) Joint efforts to advance **TB preventive treatment, where world is “farthest off 2022 targets”**, as noted by Ms Chorna, including via public awareness and campaigns for timely access to care and more community acceptance of TB preventive treatment;

**Dr Eliud Wandwalo**, Head for Tuberculosis at The Global Fund to Fight AIDS, Tuberculosis and Malaria, responded to the summary actions for 2021 presented by participants, by confirming the Global Fund’s ongoing commitments to strengthening the TB response. He noted that **The Global Fund has worked with eligible countries in 2020 to address urgent needs through grant flexibilities and the new special**
mechanism support response at time of COVID-19. US$ 800 million has been provided to date. In addition, about 100 new grants will have gone through approval process by end of year. Matching funds for special efforts of 20 countries and a planned new strategic initiative are on their way too, with joint agency guidance to support catch-up planning.

Dr Tereza Kasaeva, Director of the WHO Global Tuberculosis Programme, reinforced the importance of NTPs role in the continuation of TB services. She reinforced how the investments in TB programmes throughout the world in past years have contributed to the COVID-19 response in 2020, for example via the use of strengthened laboratory networks. Dr Kasaeva reiterated the commitment of WHO to provide updated guidelines in line with the new challenges. She concluded, “Despite of all the challenges, we still have all the means to overcome our problems and continue our work towards ending TB.”

Dr Ren Minghui, WHO Assistant Director-General for UHC, Communicable and Noncommunicable Diseases, gave closing remarks for the Summit. He noted that he was impressed by the good practices noted by the country group discussions. “Whether in government, in civil society, in technical agencies or academia, this is a time of perseverance and ingenuity. You provide frontline leadership for an integrated, whole-of-government response and are serious about integrated care and prevention. You are working with far fewer resources than you need and fewer personnel, yet work is getting done. At WHO, we stand with you and aim to support you in taking your urgent plans forward in 2021.”

In ending each of the two virtual closing sessions, participants applauded each other on screen, and the Secretariat noted the aim of holding the 2021 Summit in person.
# TABLE 1: Working group summary points on the 2 themes

<table>
<thead>
<tr>
<th>Group</th>
<th>Challenges and good practices for NTPs and civil society during COVID-19 pandemic</th>
<th>Strengthening quality TB care and prevention: Opportunities and good practices</th>
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</thead>
<tbody>
<tr>
<td><strong>Group A</strong>&lt;br&gt; <em>Cambodia, China, Kenya, Lesotho, Viet Nam, Zambia</em>&lt;br&gt;&lt;br&gt; <em>Rapporteur: Dr Patrick Lungu, National TB Programme Manager of Zambia</em></td>
<td><strong>Challenges:</strong>&lt;br&gt; - All countries are impacted and had human and financial resources diverted to COVID-19, and access to TB services was reduced resulting in decreased TB notification.&lt;br&gt; - General impact of pandemic on economy as well as financial impact on patients and vulnerable populations (catastrophic costs).&lt;br&gt;&lt;br&gt; <strong>Good practices:</strong>&lt;br&gt; - Implementation of a survey to assess impact on TB services;&lt;br&gt; - Implementation of a national TB situation room and dissemination of WHO guidance on maintaining essential services</td>
<td><strong>- Adoption of digital technologies, injectable free regimens,</strong>&lt;br&gt; <strong>- AI for chest x-ray reading,</strong>&lt;br&gt; <strong>- Larger supply of medicines, contact tracing and screening for both diseases,</strong>&lt;br&gt; <strong>- Increased awareness about infection prevention and control,</strong>&lt;br&gt; <strong>- Strengthened clinical perspectives of respiratory diseases.</strong></td>
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<tr>
<td><strong>Group B</strong>&lt;br&gt; <em>Angola, India, Nigeria, Thailand, UR Tanzania</em>&lt;br&gt;&lt;br&gt; <em>Rapporteur: Dr Kuldeep Singh Sachdeva, Deputy Director-General-TB and National TB Programme Manager, India</em></td>
<td><strong>Challenges:</strong>&lt;br&gt; - Focus of leadership on COVID-19;&lt;br&gt; - Reallocation of resources (Human resources, funds, equipment, diagnostic/treatment sites);&lt;br&gt; - Supply chain issues for availability of drugs&lt;br&gt; - Stigma and discrimination&lt;br&gt; - Exacerbation of social determinants of disease&lt;br&gt;&lt;br&gt; <strong>Good practices:</strong>&lt;br&gt; - Systems to further integrated approach to service delivery, including work with private sector&lt;br&gt; - Joint advocacy</td>
<td><strong>- Increased use of community health volunteers,</strong>&lt;br&gt; <strong>- Use of digital technologies;</strong>&lt;br&gt; <strong>- Increased use of multi-plex platform for diagnosis;</strong>&lt;br&gt; <strong>- Attention on infection prevention and control</strong></td>
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**Group C**

*Indonesia, Mozambique, Pakistan, Papua New Guinea, WHO Country Office/DPR Korea*

**Rapporteur:**

Dr Imran Pambudi, National TB Programme Manager of the National TB Programme of Indonesia

**Challenges:**

- **Diversion and disruption** of TB financial, logistic, programmatic and human resources to COVID-19 response
- With exception of two countries, **lack of high-level political commitment** to ongoing TB response
- **Disruption** of implementation of patient-centered care (including gaps in addressing stigma for TB patients)
- **Lack of digital solutions** for LMIS at national and subnational levels to avoid stockouts

**Good Practices:**

- All countries reported either improvement in, or the need for more, **engagement with members of civil society** in development of strategic plans for TB and in TB service delivery
- Development of a **Presidential Decree** for TB and a threefold **increase in NTP budget** in one country; **funding commitment** of USD 300 Million for HTM in another country;
- Exploring the opportunities of lessons learnt from **multi-sectoral** engagement from COVID-19 response for TB;
- A **TB parliamentary caucus or champions**

**Group D**

*Bangladesh, Myanmar, Namibia, Philippines, Zimbabwe*

**Rapporteur:**

Dr Celine Garfin, National TB Programme Manager of The Philippines

**Challenges:**

- **Decreased TB service delivery** including:
  - screening, diagnosis and treatment - due to movement restrictions, perceived risk of infection, reduced private sector availability, and disrupted reporting
  - Patients are blocked in their home \(\rightarrow\) increased household exposure
  - **Interrupted supply of essential commodities** (drugs and lab supplies), and routine activities
  - Diversion of human, financial and infrastructure **resources** from TB towards COVID response
  - COVID-19 **stigma** that complicates TB stigma and hinders people affected by TB from accessing TB services
  - Increased **vulnerability** to TB as a result of economic contraction, decreased access to nutrition, job loss

**Review modality** of care (people-centred care, innovative regimens)

- **Use of digital technologies** for treatment support
- **Capacity building**
- **Information dissemination**
- Real-time **monitoring of TB data** (use of apps)
- Engagement of community and partners in TB response for supporting programmatic planning and activities
- Supporting **people affected by TB** (including family and communities)
- Risk communication and **stigma reduction** (e.g. dual messaging for COVID-19 and TB)
- Joint **TB and Covid-19 service delivery** for diagnosis, treatment, care, contact investigation and infection control.
- Tapping opportunities of **multisectoral response** to COVID (e.g. "Catching up" with TB case-finding in light of UNHLM targets and carrying out TB diagnosis in COVID-19 conditions in health centers;
- Leveraging resources of COVID services for TB care, including to catch-up with TB case finding towards UNHLM targets;
- Using **innovative technologies** in delivery of TB care and treatment;
- **Infection control** (including use of masks) newly prioritized in health centers, community.
| **Group E**  
**Brazil, Ethiopia, Russian Federation, South Africa**  
*Rapporteur:*  
Dr Fernanda Dockhorn, Coordinator of the National TB Programme, Brazil |
|---|
| **Challenges:**  
• **Lockdowns** with limited access to health services; reorganization of services to attend COVID-19; cutback of staff, drugs and supply logistics: challenges to TB services sustainability and visibility during the pandemic  
• **Data not available in a timely manner:** data timeliness/notification compilation problems  
• **Infection control:** lack of Personal protective equipment for health staff, risk for COVID-19 for TB patients  
• **Need to improve collaboration** and integration between vertical programme / PHC service to promote access and continuity of care  
• **Poverty:** lack or limited amount of social benefit packages to help lessen economic toll  
• **Civil Society and affected people:** urgent needs for timely detection and continuity of care; strategies to address increased poverty (including food shortages and lack of social support for TB patients on treatment) and stigma  
**Good practices:**  
• **Civil society and affected people:** pursuing surveys to assess quickly needs of patients; increased national TB programme-civil society collaboration and joint innovations in care  
• **Digital/video staff trainings** |
| **Off track** from reaching targets and increased burden of morbidity and mortality due to TB  
**Good practices** (see right column, some underway and some envisioned only)  
*Resource mobilization* from domestic and international sources (funding, diagnostic tools and HR)  
*Documenting* and disseminating experiences |
| **Integration and synergic approaches of TB and COVID-19 response** (testing for TB and COVID-19; scale-up of contact tracing and diagnosis; improvement of infection control measures; discussing occupational health)  
**Innovative ways to move forward:** digital health solutions – video-observed/aided treatment, telemedicine for follow-up, and trainings, such as virtual meetings; online courses and trainings;  
**Real time monitoring of the COVID-19** pandemic represents an opportunity to scale-up real time monitoring of TB prevention and care;  
**Further joint advocacy** with Civil Society |

| **Group F**  
**Central African Republic, Congo, DR Congo, Liberia, Sierra Leone** |
|---|
| **Challenges:**  
• **Reduction** in national TB budget;  
• **Weakened focus on TB response** due to COVID-19 (including drop in case finding, contact tracing);  
• **Shortage** of Xpert cartridges linked to flights disruptions;  
• **Partial/full reassignment of NTP staff** to COVID-19 response;  
• **Xpert use for both TB and COVID-19 & additional Xpert machines procured** (and mitigation plans to reduce the risk of TB testing disruption);  
• **Personal protective equipment scale-up** for infection prevention and control;  
• **Mobile-phone-based** coordination/support between |

| social protection, nutrition support, etc.) |

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<thead>
<tr>
<th>Rapporteur: Dr Michel Kaswa, Coordinator of the National TB Programme Manager, Democratic Republic of Congo</th>
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<tbody>
<tr>
<td>• Stigma and challenges in access to &amp; availability of TB services;</td>
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<tr>
<td>• Slow take-up of m-health and e-health technologies</td>
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<tr>
<td>• Slow-down in the implementation of Xpert decentralization plan &amp; transition to new WHO recommendations for treatment of TB/MDR</td>
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<td><strong>Good practices:</strong></td>
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<tr>
<td>• NTP involved in COVID-19 multi-sectoral response bodies in some countries</td>
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<td>patients-clinicians, in one case for MDR-TB and other for all TB cases</td>
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## TABLE 2: Working group summaries of priority actions for 2021

<table>
<thead>
<tr>
<th>PRIORITY ACTIONS FOR 2021</th>
<th>National Level</th>
<th>Global Level</th>
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</table>
| **Group A Cambodia, China, Kenya, Lesotho, Viet Nam, Zambia** | - Case detection & care (including active & enhanced case finding, and demand creation)  
- Scaling-up access to oral regimens for MDR-TB  
- Providing TB Preventive Treatment (TPT) (introduction of 3HP, scaling-up TPT for household contacts)  
- Improving access/services for vulnerable and key populations (including children)  
- Pursuing multisectoral approaches & community engagement | - Engaging civil society, and private sector & patient organizations  
- Increasing demand, create awareness, health education  
- Facilitating cross-border activities  
- Supporting UHC, including addressing health insurance for TB treatment  
- Advancing resource mobilization:  
  - Combining TB & Covid-19 resources;  
  - Sharing experiences and lessons learned of innovative approaches among countries |

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<th><strong>Rapporteur: Dr Patrick Lungu, National TB Programme Manager of Zambia</strong></th>
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| **Group B Angola, India, Nigeria, Thailand, UR Tanzania** | - Pursuing advocacy for increased domestic resources  
- Integrating TB program within “inter-pandemic” preparedness, strengthening decentralised decision making and action, as well as community systems for health | - Promoting and supporting greater use of digital technology;  
- Supporting scaled-up private sector and community engagement  
- Supporting approaches for further decentralisation of activities |

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<tr>
<th><strong>Rapporteur: Dr Kuldeep Singh Sachdeva, Deputy Director-General-TB and National TB Programme Manager, India</strong></th>
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</table>
| **Group C Indonesia, Mozambique, Pakistan, Papua New Guinea (with WHO/CO participating for DPR Korea)** | **Advocacy and financing**  
- Mobilizing new and leveraging existing resources in sustainable manner  
- Pursuing high-level advocacy for TB in the post-COVID-19 era (e.g. from leadership) and use global attention on COVID to bring renewed focus to TB, involvement of community, civil society, media, other sectors in TB response  
**Accountability**  
- Expanding MAF-TB application  
- Resetting and decentralizing national targets (to make them achievable and accountable)  
**Technical**  
- Expanding diagnostic and laboratory capacities (e.g. molecular tests), utilize | - Supporting countries in advocacy for higher resources  
- Monitoring impact of pandemic on TB epidemic  
- Providing technical support to ensure regularisation of TB services, scale-up of innovations  
- Ensuring regular and uninterrupted supply of TB drugs and other consumables  
- Adapting TB care for more accessible and safer care (including digital technologies)  
- Mobilizing financial resources (applies to all three levels)  
- Involving media to elevate TB response at all levels |

<p>| <strong>Rapporteur: Dr Imran Pambudi, National TB Programme Manager of the National TB Programme of Indonesia</strong> |  |  |</p>
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<tr>
<th>Group D</th>
<th>Bangladesh, Myanmar, Namibia, Philippines, Zimbabwe</th>
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<tbody>
<tr>
<td><strong>Rapporteur:</strong> Dr Celine Garfin, National TB Programme Manager of The Philippines</td>
<td></td>
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<tr>
<td>- Pursuing advocacy and sensitizing policy makers</td>
<td></td>
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<tr>
<td>- Supporting expansion of HR and lab functions</td>
<td></td>
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<tr>
<td>- Communicating at community level</td>
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<tr>
<td>- Enhancing patient follow up and support</td>
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<tr>
<td>- Increased use of digital technology (virtual platform, m-supply, IT)</td>
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<tr>
<td>- Securing supplies of drugs and consumables</td>
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<tr>
<td>- Strengthening screening and contact investigation</td>
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<tr>
<td>- Launching social and behavioral change campaign(s)</td>
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<tr>
<td>- Enhancing community-based care and decentralized care</td>
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<tr>
<td>- Establishing national catch up plan to reach the targets</td>
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<tr>
<td>- Engaging communities in review of plans and establishment of catch-up plan targets</td>
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<tr>
<td>- Rethinking advocacy messaging to mobilize resources</td>
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<tr>
<td>- Framing Initiatives to make possible additional funding</td>
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<tr>
<td>- Gathering information (including monitoring) on impact and initiatives at country level</td>
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<tr>
<td>- Helping centralize and disseminate resources (e.g. lessons learnt, evidence for COVID/TB management, training, stocks, etc.)</td>
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**Priority actions from civil society**
- Supporting MAF-TB role-out
- Capacity-building of TB survivors and communities on human rights principles
- Moving on Cross-disease mobilization
- Advocacy and engagement with parliamentarians and other leaders.

<table>
<thead>
<tr>
<th>Group E</th>
<th>Brazil, Ethiopia, Russian Federation, South Africa</th>
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<tbody>
<tr>
<td><strong>Rapporteur:</strong> Dr Fernanda Dockhorn, Coordinator of the National TB Programme, Brazil</td>
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<tr>
<td>- Integrating TB and COVID-19 responses and addressing social determinants</td>
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<td>- Making data available (real time monitoring, strong R&amp;R systems)</td>
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<tr>
<td>- Strategies to ensure continuity of care, scale-up screening and promoting an adequate structure for TB activities (labs network, decentralization of care with emphasis in PHC services)</td>
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<tr>
<td>- Securing funds for TB even with the budget cuts and economic crisis context</td>
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<td>- Keeping political visibility on TB by high-level authorities (<em>role of international stakeholders</em>)</td>
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<tr>
<td>- Investing (<em>with sustainable and flexible strategies</em>) in Civil Society Organizations and Community Health Workers to reach key affected people and promote social protection</td>
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<tr>
<th>Group F</th>
<th>Central African Republic, Congo, DR Congo, Liberia, Sierra Leone</th>
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<tbody>
<tr>
<td><strong>Rapporteur:</strong> Dr Michel Kaswa, Coordinator of the National TB Programme Manager, Democratic Republic of Congo</td>
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<tr>
<td>- Accelerating TB case finding, prevention &amp; care;</td>
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<td>- Pursuing (Civil Society) advocacy for increased domestic funding;</td>
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<td>- Establishing or strengthening effective multisectoral bodies;</td>
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<td>- Improving quality of evidence on barriers to access services to be able to inform programming &amp; ensure quality services tailored to needs of persons/families affected by TB;</td>
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<tr>
<td>- Engaging of community in TB care &amp; support, advocacy, accountability, empowerment of affected persons,</td>
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<td>- Reviewing &amp; refining of targets;</td>
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<td>- Promoting advocacy (including CS advocacy) for procurement of better-quality health products;</td>
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<td>- Strengthening support to multisectoral action;</td>
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<tr>
<td>- Supporting advocacy for resource mobilization in countries;</td>
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<tr>
<td>mainstreaming, quality of service monitoring</td>
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<tr>
<td>• Innovating to strengthen TB leadership &amp; governance for multisectoral action learning from/using COVID response;</td>
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<tr>
<td>• Improving data systems for laboratories; adoption of all-oral MDR treatment regimen</td>
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</table>
Annex A – 6th End TB Strategy Summit Agenda

Annex B – List of Participants

Annex C – Participants within each multi-country working group

Annex D – Ten Recommendations of the 2020 progress report on ending TB of the UN Secretary-General