Developing a draft TB multisectoral accountability framework

Stakeholder consultation convened by the Global TB Programme, World Health Organization Geneva, 1-2 March 2018

Meeting report
This meeting report was prepared by Katherine Floyd, Marzia Calvi, Kristijan Marinkovic and Diana Weil, WHO Global TB Programme, based on presentations given during the meeting and notes taken during group and plenary discussions.
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BACKGROUND

The first WHO Global Ministerial Conference on TB, called “Ending TB in the Sustainable Development Era: a multisectoral response”, was held in Moscow, Russian Federation in November 2017. The aim was to accelerate implementation of the WHO End TB Strategy and inform the United Nations (UN) General Assembly High-Level Meeting (UN HLM) on TB in 2018.

The Moscow Declaration to End TB,1 with both commitments by Member States and calls to global agencies and other partners to accelerate efforts towards targets set in WHO’s End TB Strategy and the SDGs, was adopted by 118 national delegations. It addressed four broad areas for action, one of which was multisectoral accountability. Member States committed to “supporting the development of a multisectoral accountability framework” in advance of the UN HLM on TB in 2018, and called on WHO to develop such a framework for the consideration of WHO governing bodies, working in close cooperation with partners.

The WHO Secretariat prepared a report (EB142/16) on preparations for the UN HLM on TB for the 142nd WHO Executive Board (EB) meeting in January 2018. Based on this report and the Moscow Declaration, the EB requested WHO to work with key stakeholders to develop a draft TB multisectoral accountability framework for consideration by the World Health Assembly (WHA) in May 2018 and presentation during the UN HLM on TB in 2018.2 The EB resolution also put forward a related draft resolution for consideration by the WHA.3

As a first step in the process of developing a multisectoral accountability framework for TB, WHO organized a stakeholder consultation on 1–2 March, in Geneva. The meeting had four objectives:

1. To present and discuss what is meant by an “accountability framework” and common core elements of such a framework.
2. To share perspectives on why an accountability framework is needed for TB and to learn about experiences with the development and use of accountability frameworks in other areas of global health.
3. To discuss what elements of a multisectoral accountability framework already exist for TB and what might be missing.
4. To propose major elements of a multisectoral TB accountability framework at global and country levels.

A comprehensive background document was prepared for the meeting, and is available from the WHO Global TB Programme.

This document is the meeting report, structured according to the six major sessions of the meeting:

1. **An overview of accountability and accountability frameworks**, in which the key content of the background document that was developed for the meeting was presented.
2. **Country examples of accountability**. Six examples, from Belarus, China, Nigeria, Pakistan, the Russian Federation and South Africa, were presented.
3. **Stakeholders perspectives**. All participants were given the opportunity to share their views on why an accountability framework is needed for TB, and the elements that may be particularly important.
4. **Panel with experts**. Staff from UNAIDS and WHO that have worked on accountability in HIV/AIDS and women’s, children’s and adolescents’ health, respectively, shared their insights and took questions from participants.
5. **Group work**. The background document for the meeting included a diagrammatic illustration of the major elements of an accountability framework that already exist for TB (mapped to the building blocks of commitments; actions: monitoring and reporting; and review) alongside ideas about what might be missing. Participants were divided into four groups, and asked to comment on whether anything that had been included should be modified, and to focus in particular on suggestions for what might be missing. All groups shared their ideas in plenary.
6. **Next steps**. The timeline between the consultation and the UN HLM on TB was presented.

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2 See EB Resolution EB142.R3.
3 See EB Resolution EB142.R3.
1. OVERVIEW PRESENTATION, BASED ON BACKGROUND DOCUMENT

The overview presentation covered the three major topics of the background document, which were:

1. What is an accountability framework?
2. Examples of accountability in global health and beyond, summarized using a common framework.
3. What elements of a multisectoral accountability framework for TB already exist and what might be missing?

The key points were:

- Accountability means being responsible (or answerable) for commitments made or actions taken.

- An accountability framework defines how a specific entity (or entities) will be held accountable for commitments made or actions taken. This includes making it clear who is accountable (e.g. an individual, department, company, organization, national government), what commitments and actions they are accountable for, and how they will be held to account.

- Very broadly, across many units of interest, mechanisms for how specific entities are held to account fall into two major categories. These are: a) monitoring and reporting; and b) review.

- An accountability framework can be visualized as shown in Figure 1. Conceptually, commitments should be followed by actions; monitoring and reporting is used to track progress towards commitments and whether planned actions based on commitments were implemented; and review is used to assess the results from monitoring that are documented in reports, and to make recommendations for future actions. The cycle of action, monitoring and reporting, and review can repeat many times.

- In global health, review of existing approaches to accountability shows that it can be helpful to distinguish accountability for all countries (or country groupings) from accountability at the level of individual countries (i.e. the diagram shown in Figure 1 can have two parts: a) global/regional and b) national).

- Many elements of an accountability framework for TB are already in place, even if they have not been formally conceptualized as an “accountability framework”. There are also elements that, especially based on comparisons with other global health priorities, might be considered “missing”.

Figure 1: Generic version of an accountability framework
(title indicates topic and who is accountable)

Commitments

Review

Actions

Monitoring & reporting

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4 This figure is derived from the unified accountability framework for Women’s, Children’s and Adolescents’ health. This is a nicely conceptualized framework that shows the action-monitoring-review cycle in a circle, as depicted in Figure 1, for both the global and country levels separately. During background work on the development of a multisectoral accountability framework for TB, it was considered important to explicitly add a box for “commitments”, above the action-monitoring-review cycle. This is in line with the definition of accountability (being answerable or responsible for commitments made or actions taken), and is important to show the high-level, longer-term commitments that have been made in the context of TB (in particular, goals and targets, which are distinct from actions). During discussions among country missions to the UN in Geneva about the draft resolution presented to WHO’s Executive Board in January 2018, it was agreed to explicitly add the words “and reporting”, after “monitoring”.
These points were illustrated using multiple examples from global health (women’s, children’s and adolescents’ health, polio and HIV/AIDS) and beyond (individual behaviour, national governance, climate change). Several more examples, also on global health (immunization, malaria and tobacco control) and beyond (e.g. WHO staff member, a WHO donor agreement for an individual department, international civil society organization, private company), were provided in the background document.

There was agreement that the conceptual framework shown in Figure 1 provided a good basis for the development of a multisectoral accountability framework for TB. As summarized by the Chair, there is “no need to reinvent the circle”.

2. COUNTRY EXAMPLES OF ACCOUNTABILITY

Representatives from six high TB or high MDR-TB burden countries presented national examples of accountability: Belarus, China, Nigeria, Pakistan, the Russian Federation and South Africa. Four of these did so according to the conceptual framework presented in the background document and the overview presentation. In the case of South Africa, ideas about what might be missing at the global level were also shared. The main points are summarized here; country presentations are available from the WHO Global TB Programme on request.

Belarus
National commitments are aligned with the SDGs, the End TB Strategy, and the Tuberculosis Action Plan for the WHO European Region 2016–2020. Belarus has a National TB Programme, a National Plan on M/XDR-TB Prevention and Control, and a Global Fund Country Coordinating Mechanism (CCM) which includes its own elements for actions, monitoring, and review. Monitoring and reporting operates through routine TB recording, national vital registration systems, annual national and WHO reports, drug resistance surveys, and monitoring by Global Fund Portfolio Managers. External programme reviews were conducted in 2011 and 2016 (led by the WHO/EURO).

China
National commitments are set out in the Healthy China 2030 Planning Outline, which was an outcome from the National Health Conference in August 2016 and is endorsed by China’s Central Party Committee and the State Council. It includes a commitment to end the TB epidemic by 2035 and reduce incidence to below 58/100 000 by 2020. The National TB Programme is supported by the 13th five-year TB plan, a National Guideline for TB Control, and financing from central and local governments, while a National Action Plan for TB Control (that goes up to 2035) is currently in development. Routine data collection and reporting is done through the TB Information Management System (TIMBS), annual reports, national TB prevalence surveys, and investigations on specific topics such as drug resistance or the percentage of TB patients and their households that face catastrophic costs. The State Council meets to discuss prevention and control of major diseases including TB; the National Health and Family Planning Commission also reviews progress on TB.

Nigeria
National commitments are aligned with the SDGs, the End TB Strategy, and the Moscow Declaration. The Ministry of Health produced a declaration in 2017 that called for accelerated TB case finding and treatment, while the National Council on Health issued a resolution for compulsory TB notification. Nigeria has a National TB Strategic Plan 2015–2020, an End TB Strategy Operational Framework, a National PPM Action Plan 2018–2020, a National Plan on M/XDR-TB Prevention and Control 2016–2020, an implementation plan for the Ministry of Health declaration, working groups and a planning cell for partner coordination and resource mobilization, and a Global Fund CCM that includes its own elements for actions, monitoring, and review. Monitoring and reporting operates through routine National TB and Leprosy Control Programme (NTBLCP) recording and reporting (done quarterly, based on both paper and electronic systems), annual national reports, annual reporting to WHO, and surveys of drug resistance, TB prevalence, and the percentage of TB patients and their households that face catastrophic costs. The National TB Strategic Plan goes through mid- and end-term review; there are also GLC reviews, Global TB Drug Facility reviews, an annual Joint International Monitoring review, and additional reviews for other thematic areas.
Pakistan

The principal national commitment is to end the TB epidemic by 2035, while reducing incidence by 20% by 2020 compared with 2015. There is national legislation for mandatory TB notification. Pakistan has a National Strategic Plan 2017–2020 and prioritizes rapid uptake of WHO-recommended rapid diagnostics and engagement of the private sector. The National TB Control Programme operates at different levels, with national, provincial, and district level structures and functions. The Global Fund CCM includes its own elements for actions, monitoring, and review. Monitoring and reporting uses the DHIS2 health management information system; there are annual national reports, quarterly surveillance as well as monitoring and evaluation tools and structure at national, provincial, and district levels, and supportive supervision to private partners at facility level. Review is carried out by a national strategic and technical advisory group, a Health and Population Think Tank for TB 2018, a joint programme review every two years, GLC reviews, and Global TB Drug Facility reviews.

Russian Federation

In 2012 President Putin signed the “May Decrees”, which include objectives on foreign, social, economic, housing and health-care policy. One of the specific commitments was to lower TB mortality and morbidity, with targets to lower the number of TB deaths to 11.2 per 100,000 population per year and TB incidence to 35 cases per 100,000 population per year by 2020. This very high-level commitment is in line with the country’s demographic policy and overall goal of increasing population growth (to above rather than below replacement levels), and has led to strengthening of national efforts to end TB, a federal registry, and calculations for budgets that can be transmitted to the Ministry of Finance.

Actions on TB are included in the Federal Programme on Development of Health Care, the National TB Strategy, regional action plans on decreasing TB deaths (part of a wider Action Plan on Decreasing Mortality in the Russian Federation), and on social support and protection, and an overall, well-developed patient-centred approach. Monitoring, reporting, and information exchange take place at national and regional levels through a state statistical system (TB notification, deaths, prevalence, etc.) with annual reports, a federal online TB register, a Ministry of Health TB monitoring system (TB registration, treatment, laboratory quality, etc.) with quarterly reports, monitoring of action plans on decreasing TB deaths with monthly reports, and special on-demand reports. Review takes place at the level of the Russian Government under the responsibility of the Deputy Prime Minister; progress on ending TB is reviewed at monthly meetings and recommendations are issued which regional authorities then implement.

South Africa

National commitments are aligned with the SDGs, the End TB Strategy, and the 90-90-90 targets of the Stop TB Partnership, with a focus on finding missing cases and rolling out new tools. South Africa has a National TB Programme, National Strategic Plan on HIV, TB and STIs 2017–2022. National TB Management Guidelines were published by the Department of Health in 2014, and there is a Global Fund Country CCM that includes its own elements for actions, monitoring, and review. Monitoring and reporting takes place through electronic recording and reporting systems for drug-susceptible TB (ETR.net) and drug-resistant TB, annual reports, and periodic surveys such as the National TB Prevalence Survey 2017-2018. Regular reviews of the National Strategic Plan are done at the level of the Department of Health.

Missing elements, based on all country examples

In the presentations, countries identified any major elements that they considered to be missing. The main things that were mentioned were: insufficient funding; lack of or inadequate legislation for TB; an absence of dedicated parliamentary and ministerial structures for high-level review; and limited engagement of civil society at all levels (actions, monitoring and reporting, and review). Suggestions to address these issues included a “national TB commission” at the highest level, including with civil society representation; the tabling of TB reports during government or parliamentary meetings and making such reports widely available; and regular WHO-led reviews of country programmes.
3. STAKEHOLDER PERSPECTIVES

The Moscow Declaration called on WHO to develop a multisectoral accountability framework for TB, for consideration of WHO governing bodies, by working in close cooperation with partners. The partners that were specifically mentioned (in the order they were listed) were: the UN Special Envoy on TB; Member States, including, where applicable, regional economic integration organizations; civil society representatives; UN organizations; the World Bank and other multilateral development banks; Unitaid; the Stop TB Partnership; the Global Fund to Fight AIDS, TB and Malaria; and research institutes.

Stakeholders invited to the 1–2 March meeting and who were able to attend (see Annex 1) included the UN Special Envoy on TB and staff from his office; Member States (10 were represented, by a mixture of missions to the UN in Geneva, national TB programmes, and national ministries of health); civil society representatives (4 people); other UN organizations (International Organization of Migration, UNAIDS); Unitaid (1 person); the Stop TB Partnership (3 people); The Global Fund (1 person); universities (2 people); and representatives from leading international technical agencies working on TB (the Union, and KNCV Tuberculosis Foundation). Several other participants (listed in Annex 1, and that included additional representatives from Member States, a representative from the World Bank, and additional representatives from civil society organizations) were invited but not able to attend. From WHO, staff from headquarters and representatives from all six Regional Offices participated. Recognizing that not all of those invited could attend and that others (including Member State representatives) need to have the opportunity to contribute, other mechanisms for providing input have been defined and scheduled (see section 6).

In the third session of the meeting, all participants were given the opportunity to share their views on why an accountability framework is needed for TB, and the elements that may be particularly important. The major themes, based on all interventions, were:

- **The need for attention to TB at the level of Heads of State, at both global and national levels.** In contrast to HIV for example, most heads of state are not aware of the problem of TB, even in high TB burden countries (very good examples of where the head of state is aware and committed - India and the Russian Federation - were also provided). In this context, options that were mentioned for high-level review at global or regional levels included disease-specific reporting at UNGA; UNGAs focused on groups of health priorities, such as universal health coverage or communicable diseases (and the “ending the epidemics” agenda of the SDGs); and reviews during other meetings of heads of state - the example of the African Leaders Malaria Alliance (ALMA), within which heads of state review progress on malaria (using a scorecard) during meetings of the African Union, was given. One specific idea was a “Global TB Cabinet”, which would have heads of state as members. Regional groupings and other existing country groupings such as the BRICS (Brazil, Russian Federation, India, China, South Africa) and the G20 were also mentioned. The potentially important role of using such meetings to share success stories was highlighted; one concrete idea was a “Compendium of Best Practices” that could be used to share positive experiences. The WHO African Regional Office is currently working on a prototype of a “Scorecard for TB”, which could be used in the region and ideally would be endorsed by the African Union. The importance of using numbers and timelines that matter to politicians was highlighted.

- **Besides heads of state, ministers across government must also be engaged, preferably through a mechanism that goes beyond the Ministry of Health.** This multisectoral aspect is crucial if an accountability framework for TB is to be “multisectoral”. Suggested options included national TB commissions, or national TB cabinets.

- **The weakest link in accountability (out of commitments, actions, monitoring and reporting, and review) at both national and global levels is probably the “review” component.** It was stressed that a strong “feedback loop” between review of progress based on data and associated reports, and consequent and meaningful recommendations for actions (such as budget allocations and concrete plans for technical assistance), is essential. This applies at both global and country levels, but is of particular importance at the country level. Capacity to analyse and use data at country level needs to be increased.
• **Engagement of civil society needs to be increased.** Civil society must be involved at every level and in every component of an accountability framework. Civil society should have ownership of some accountability processes, as well as mechanisms in place to ensure accountability for their own work.

• **Legislative frameworks may need to be strengthened.** Examples include legislation with respect to private sector engagement, such as mandatory case notification. It was suggested that one of the “asks” at the UN HLM on TB could be the passing of laws specifically related to TB.

• **The role of the media and public health information systems could be enhanced.** These can be used to better educate the public and spread greater awareness about TB.

• **Robust national systems for notification and vital registration are needed.** Without these, it is difficult to hold countries accountable for their commitments to reductions in TB incidence and TB deaths. Strengthening of national vital registration with coding of causes of death is especially needed in the African Region.

• **Greater use of alternative presentations of data is required, including in formats particularly suited to heads of state and the public at large.** Clear and powerful messages, in formats readily understandable to politicians and the general public, can help to raise awareness and build commitment. Two examples were making an investment case for TB, and use of patients’ stories. It was argued that if ideas are “big and bold”, they will reach the right people.

• **TB efforts in some high TB burden countries are largely or entirely domestically funded, and identification of appropriate global and national review mechanisms for TB (including independent review mechanisms) needs to be done in this context.** Accountability mechanisms that have been established for other global health priorities, such as an independent monitoring board at global level for polio, may not be readily adaptable to TB.

• **TB service delivery should always focus on quality, concretely centred around the “three As”: affordability, availability, and accessibility.** A qualified and trained health work force is necessary to deliver the tools and implement policies. Strong mid-level management can help in this context.

### 4. PANEL OF EXPERTS

Staff from UNAIDS and the WHO Department of Maternal, Newborn, Child and Adolescent Health (MCA) who have worked on accountability in the fields of HIV/AIDS and women’s, children’s and adolescents’ health, respectively, joined the consultation to share their insights and take questions from participants. Points particularly relevant to the development of an accountability framework for TB are listed below.

**UNAIDS**

• The Political Declaration from the UN HLM on HIV/AIDS in 2016 is a “hugely” important document. This is where the global targets are set, with commitments from all countries. Targets have been set for 2020.

• For HIV/AIDS, a UN HLM has been held every five years since 2001, and been accompanied by a political declaration. There is also an annual process of reporting to UNGA.

• What happens at country level is critical.

• A national composite policy index has been a very useful component of global monitoring for HIV/AIDS, which also engages civil society. This index is updated every two years, based on a process in which civil society and partners are invited to make inputs to reporting, which increases stakeholder engagement and validation.

• Shadow reporting is not ideal. This was common in the early years of the HIV response, but it is preferable for civil society to be an integral part of global and national monitoring, rather than producing separate reports.

• Allowing countries to profile their successes can be very helpful, especially for middle-income countries.
WHO Department of Maternal, Newborn, Child and Adolescent Health (MCA)

- The Unified Accountability Framework for women’s, children’s and adolescents’ health is conceptually nice, but remains a work in progress. There is a wide array of stakeholders and target populations involved in the “action”, “monitoring” and “review” components of the framework.
- The Independent Advisory Panel (global level) is helpful for galvanizing high-level attention. Who chairs such panels matters.
- Reaching heads of state means nothing unless the head of state holds others accountable.
- Civil society has a key role to play in accountability. Examples of mechanisms being used in the field of women’s, children’s and adolescents’ health are citizens panels and citizens hearings.
- Feedback loops at country level are critical. Data play a key role here, at both national and sub-national levels.
- An accountability framework should be built on clear communication, cooperation, and trust.
- Standardized indicators that everyone agrees upon are essential. In the context of women’s, children’s and adolescents’ health, there are 60 agreed indicators (to date, not all are used). They are aligned with the Every Woman Every Child Global Strategy, which is closely aligned with the SDGs.

5. GROUP WORK

The background document for the meeting included a diagrammatic illustration of the major elements of an accountability framework that already exist for TB and ideas about what might be missing, mapped to the four building blocks of a framework identified in the background document and in the overview presentation (i.e. commitments; actions; monitoring and reporting; and review). The diagram is reproduced here as Figure 2 (Figure 4 in the background document). The diagram is deliberately presented in this report such that each part (global and national) can be easily viewed (when printed) alongside the respective tabular summaries (global and national) of the suggestions for additions that came from the group work.

Participants were divided into four groups, each with a facilitator and note taker. Every member of the group was provided with a copy of the diagram (one page for global level, one page for country level). Participants were then asked to discuss (i) whether there was anything included as an existing element that should be modified, and (ii) their suggestions for what elements were missing and should be added.

All groups were asked to spend most time focusing on (ii), and to prepare 2 slides (one for global level, one for country level) showing their suggestions regarding missing elements, for reporting back in plenary. Groups were also invited to prepare a third slide to summarize any other specific points arising from the group work, if needed. Almost the whole of Day 2 of the meeting was allocated for this work (see also the Agenda, Annex 2). Groups incorporated regional elements as appropriate (e.g. regional commitments, region-based actions such as summits).

In the last session of the meeting, one member of each group presented their slides on behalf of the group. The slides that were presented by each group are shown in Annex 3. A summary of suggestions for additions to the framework shown in Figure 2 (i.e. additions beyond the text shown in black) is provided in Table 1 for the global level, and in Table 2 for the national level. A summary of suggestions for things that could be removed is provided in Table 3.

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5 In a few instances, the suggestion has been included in a different “box” in the summary tables, from that presented in the slides at the meeting, because it was considered to fit better in a different box.
Figure 2: “Accountability Framework” for TB – what already exists and what might be missing?

a) Global level – all UN Member States

**Commitments**
SDG Target 3.3: End the TB epidemic
WHO End TB Strategy, adopted by WHA in 2014. Includes targets for 3 indicators e.g.
- 90% reduction in TB deaths by 2030 compared with 2015
  - 35% reduction by 2020
- 80% reduction in TB incidence by 2030 compared with 2015
  - 20% reduction by 2020
- No TB patients and their households face catastrophic costs due to TB by 2020
Moscow Declaration adopted by 118 Member States in 2017
Regional commitments made through relevant Regional bodies, including WHO regional office plans and strategies based on the End TB Strategy
UNGA HIV HLM endorsement of the three 90s targets of the Stop TB Partnership Global Plan to End TB, 2016-2020
UNGA or SG commitments specific to TB, e.g. at UN HLM on TB

**Actions (major examples)**
Guidance, strategic and operational plans, budget allocations, e.g.
- “The Essentials” - operational guidance on implementing End TB Strategy
- STP Global Plan to End TB 2016-2020
- Global advocacy and TA
- Global TB Drug Facility
- Global Fund - resource allocation and grant process, strategic initiatives
- Bilateral programmes/projects
- Major funding initiative beyond GF

**Monitoring & Reporting**
WHO framework for recording and reporting: TB cases, treatment outcomes
WHO TB-SDG monitoring framework
(14 indicators under 7 SDGs)
WHO global TB data collection
(~200 countries each year)
WHO Global TB Report
WHO Global TB Database
WHO reports to EB and WHA
UN reports on SDGs
TAG reports: R&D funding, pipelines
MSF/STP “Out-of-step” report
STP report on Global Plan progress
UN report

**Review**
WHO STAG-TB
WHA reviews of progress reports on End TB Strategy (every 3 years)
Regional Advisory Groups
High-level Political Forum (HLPF) reviews selected SDGs every year
High-level political review focused on TB e.g. at UNGA, regional meetings of Heads of State
Independent review mechanism
Table 1: Summary of suggestions for additions to the draft framework shown in Figure 2, global level

<table>
<thead>
<tr>
<th>Suggestion, grouped according to the major boxes of the draft framework</th>
<th>Groups that proposed it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“Commitments” box</strong></td>
<td></td>
</tr>
<tr>
<td>Any new commitments from the UN HLM on TB will need to be added</td>
<td>1, 2, 4</td>
</tr>
</tbody>
</table>
| Add targets for the year selected for global review at the UNHLM on TB  
*NB. This applies only if such a review is agreed upon and if the year is different to the current End TB Strategy milestones of 2020 and 2025 (e.g. 2023, five years after the UN HLM on TB)*. | 3, 4 |
| Expand text re SDG targets to all SDG targets (not just the TB target specifically, although this does need particular emphasis) | 1 |
| Regional commitments (e.g. South-East Asia Regional Office Call to Action) | 3 |
| **“Actions” box** | |
| Establishment of new global/regional funding mechanisms, beyond the Global Fund  
e.g. regional banks, innovative funding initiatives, trust fund | 1, 2, 3, 4 |
| Meaningful engagement of civil society, including affected communities  
e.g. a global coalition of civil society, and systematic inclusion in decision-making processes | 1, 2, 4 |
| Global TB research network and associated action | 1, 2, 4 |
| Global advocacy, communication and (differentiated) technical assistance based on the latest evidence and state-of-the-art presentation/use of data | 1, 2 |
| Strategic partnerships with other sectors to enhance synergies with those working on other SDGs (e.g. on human resources) | 1, 2 |
| Regional/country-group based actions  
e.g. WHO regional summits | 3, 4 |
| An “intermediate” Global Plan to End TB, 2018–2023 | 3 |
| Practical WHO guidance beyond “The Essentials” document | 3 |
| **“Monitoring and reporting” box** | |
| Global report to UN or high-level group for TB (the latter could also apply at regional level)  
one group noted this would be less technical than existing reports | 1, 3, 4 |
| Inclusion of civil society perspective in reporting  
e.g. out-of-step report | 1, 2 |
| Dashboard of politically-relevant indicators suitable for review at the highest level | 3 |
| Regional reports | 3 |
| Stigma Index for TB | 3 |
| Monitoring and reporting related to accountability of donors/multilaterals | 3 |
| Monitoring and reporting related to the legal environment | 2 |
| Linking TB monitoring to international health regulations | 2 |
| **“Review” box** | |
| High-level body to review the global TB response  
e.g. by high-level group for TB, such as one based on the H6 (group 3); a reformed WHO STAG-TB (group 2); WHA with a link to a higher level mechanism (group 2); UNGA as is currently done for HIV (group 2); Global TB Board (group 4)  
*Group 2 noted that civil society should be part of the review, and that high-level review could also be done at regional levels (e.g. African Union, ASEAN)* | 1, 2, 3, 4 |
| Independent review of the global TB response  
*Group 3 noted that this could focus on the highest burden countries, and be voluntary (this would imply exploring what would encourage countries to participate e.g. opportunity to share success stories)* | 1, 2, 3 |
Figure 2: “Accountability Framework” for TB – what already exists and what might be missing?

b) National level – individual UN Member States

**Commitments**
- SDG targets including ending the TB epidemic (target 3.3) and achieving universal health coverage (target 3.8) by 2030
- End TB Strategy and associated targets, with adaptation of targets at national level (more ambitious national targets?)
- Moscow Declaration for those countries who adopted it (and proposed WHA resolution with commitments building on Moscow Declaration, for consideration in May 2018)

**Actions (major examples)**
- National strategies and national (and subnational) strategic and operational plans - development and implementation
- Budget allocations (larger allocations?)
- Development partners’ plans at national level - development and implementation
- National TB Commission

**Review (major examples)**
- National TB programme reviews
- Green Light Committee (for MDR-TB)
- High-level review e.g. by Commission, Head of State, parliament
- Independent review (beyond national TB programme review)
- Civil society engagement in review

**Monitoring & Reporting (major examples)**
- Routine recording and reporting - TB notifications, treatment outcomes (from quarterly to real-time reporting)
- Routine death registration within national vital registration systems
- Special studies e.g. national TB prevalence surveys, drug resistance surveys
- Annual reporting to WHO
- National reports including analysis of SDG indicators that influence TB
- Shadow report
- Global Fund monitoring visits by Fund Portfolio Managers, CCM dashboard
- GLC monitoring missions
- Reports to bilateral donors
<table>
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<tbody>
<tr>
<td><strong>“Commitments” box</strong></td>
<td></td>
</tr>
<tr>
<td>Translation of global commitments (in %) into national numbers</td>
<td>1</td>
</tr>
<tr>
<td>(however, group 4 noted that targets at national level should be specified in the same way as the global ones)</td>
<td></td>
</tr>
<tr>
<td>Regional commitments (e.g. SADC, BRICS)</td>
<td>1</td>
</tr>
<tr>
<td>Reporting of quality data on core indicators</td>
<td>1</td>
</tr>
<tr>
<td>Adoption of international guidelines</td>
<td>3</td>
</tr>
<tr>
<td>Countries could adopt more ambitious targets than the global ones</td>
<td>4</td>
</tr>
<tr>
<td><strong>“Actions” box</strong></td>
<td></td>
</tr>
<tr>
<td>Increased domestic financing</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td><em>Group 2 noted that this could be based on investment cases, and that ear-marked sources of revenue generation (e.g. sin taxes, social impact bonds) could be explored. Group 3 mentioned that actual expenditures as well as allocated budgets are important.</em></td>
<td></td>
</tr>
<tr>
<td>TB research agenda at national level</td>
<td>1, 2</td>
</tr>
<tr>
<td>Support for civil society</td>
<td>2, 3</td>
</tr>
<tr>
<td><em>Group 2 mentioned a specific budget could be provided.</em></td>
<td></td>
</tr>
<tr>
<td>National legislation for TB</td>
<td>1, 4</td>
</tr>
<tr>
<td><em>Group 1 noted that this should include supportive regulations on TB programmatic actions, such as mandatory notification and patient support.</em></td>
<td></td>
</tr>
<tr>
<td>Declare TB a “health security” issue, to prompt parliaments to pass legislation on TB as appropriate for the country context</td>
<td>4</td>
</tr>
<tr>
<td>Establishment of a national multisectoral TB Task Force with a clear, time-limited mandate to accelerate the TB response</td>
<td>4</td>
</tr>
<tr>
<td>Subnational ownership of actions and budgets – local accountability without fragmentation</td>
<td>4</td>
</tr>
<tr>
<td>Linkage of TB plans to national health plans</td>
<td>3</td>
</tr>
<tr>
<td>National plans for TB need specific targets on human rights</td>
<td>4</td>
</tr>
<tr>
<td>UN agencies country-level multisectoral action (e.g. national H6)</td>
<td>3</td>
</tr>
<tr>
<td>TB part of essential health package in context of UHC</td>
<td>2</td>
</tr>
<tr>
<td><strong>“Monitoring and reporting” box</strong></td>
<td></td>
</tr>
<tr>
<td>National reports (technical and political i.e. one for health community, one for political audience)</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td><em>Group 2 noted this should include the topics of R&amp;D and financing analysis; Group 3 mentioned the importance of local analysis in general, and financing analysis in particular; Group 4 noted that a third layer of reporting – media reports and public information to all citizens – could be considered.</em></td>
<td></td>
</tr>
<tr>
<td>Shadow reports or other mechanisms civil society can use to hold governments accountable</td>
<td>2, 4</td>
</tr>
<tr>
<td>Better measurement of inequity including focus on key populations</td>
<td>2</td>
</tr>
<tr>
<td>UN agencies country-level monitoring (e.g. national H6) e.g. using a dashboard</td>
<td>3</td>
</tr>
<tr>
<td>Dashboard (linked to global dashboard) of politically-relevant indicators</td>
<td>3</td>
</tr>
<tr>
<td><strong>“Review” box</strong></td>
<td></td>
</tr>
<tr>
<td>High-level body to review the national TB response (National TB Commission or similar), with representation from different stakeholders (e.g. multisectoral, civil society)</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td><em>Group 1 additionally stated that this should report to the head of state, and could build on existing high-level bodies/review mechanism for health; Group 3 stated that this should be politically driven (in the “political” space).</em></td>
<td></td>
</tr>
<tr>
<td>Independent review</td>
<td>2, 3</td>
</tr>
<tr>
<td><em>Group 2 noted this should include representation from civil society; Group 3 noted that there are questions re the acceptability of such reviews – they should be voluntary, and are not a priority in all countries; Group 3 also noted that the media and civil society can help with “shadow” reviews; Group 4 suggested an external independent review that is broad in scope and goes beyond periodic national internal reviews.</em></td>
<td></td>
</tr>
<tr>
<td>Special reviews for specific priorities</td>
<td>1, 2</td>
</tr>
<tr>
<td><em>Examples given by Group 2 were the private sector, and R&amp;D</em></td>
<td></td>
</tr>
<tr>
<td>TB review as part of national health reviews</td>
<td>4</td>
</tr>
<tr>
<td>UN agencies country-level multisectoral review (e.g. national H6 review)</td>
<td>3</td>
</tr>
</tbody>
</table>
Table 3: Summary of suggestions for possible removals from or simplifications to the draft framework shown in Figure 2

<table>
<thead>
<tr>
<th>Suggestion, grouped according to the major boxes of the draft framework</th>
<th>Group that proposed it</th>
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</thead>
<tbody>
<tr>
<td>“Commitments” box</td>
<td></td>
</tr>
<tr>
<td>Avoid new asks – remain based on existing ones, strengthening them if appropriate (there is no need to add commitments that are based on/extensions of existing SDG and End TB Strategy targets)</td>
<td>4</td>
</tr>
<tr>
<td>2020 milestones/asks could be unified if possible (for simplicity)</td>
<td>4</td>
</tr>
<tr>
<td>Moscow Declaration does not have to be specifically presented</td>
<td>4</td>
</tr>
<tr>
<td>“Monitoring and reporting” box</td>
<td></td>
</tr>
<tr>
<td>Don’t add more reports at global level – harmonize them</td>
<td>3</td>
</tr>
</tbody>
</table>

In addition to the suggested additions to or removals from the framework shown in Tables 1–3, several comments that have relevance to the content of these tables were made. These are listed below, along with additional explanatory comments (from WHO/GTB) in the case of the last bullet:

- The distinction between “commitments” and “actions” may need to be further clarified to ensure that these two concepts are clearly distinguished.
- Civil society should be accountable for their actions.
- A human-rights based approach is needed.
- It would be useful to have the WHO Global TB report in more accessible formats (it was not specified what this meant) with more real-time reporting.
- The high-level political forum for review of selected SDGs at the UN may be too broad to effectively monitor the TB response.
- It is not clear how an independent review would relate to a high-level review.
- High-level cross-agency review by the H6 would be in line with the UN reform agenda.
- For reporting to donors at national level, the framework can simply refer to “donor” reporting (with no need to distinguish e.g. the Global Fund from bilateral agencies).
- High-level “TB champions” can be very effective. For example, even having one head of state consistently pushing for action on TB could make a big difference.
- Financial monitoring including of domestic investments (2 groups), and monitoring and related reports of research and development (one group), were mentioned as things to be “added” at global level. They were not included in Table 1 because financial monitoring of domestic and international donor funding is already done by WHO (since 2002), while Treatment Action Group is monitoring funding for research and development (since 2005) as well as producing reports on the status of pipelines for diagnostics, drugs and vaccines. Unitaid is also producing reports on pipelines.
6. NEXT STEPS AFTER THE CONSULTATION

In the last session of the meeting, the timeline to finalize a draft TB accountability framework document for WHA consideration and subsequent presentation at the UN HLM on TB was summarized. This is shown below.

- 5–14 March
  Consultations with additional national representatives and others unable to participate in the 1–2 March consultation
- 26 March
  WHO shares draft short framework document with consultation participants and others consulted, for their review
- 4 April
  Deadline for comments on framework document (first draft) from consultation participants and others
- 6–13 April
  Draft document (second draft) posted online for public consultation, and discussions with missions in Geneva
- 18 April
  Virtual (at-a-distance) discussion with stakeholders based on feedback received, if needed
- 23 April
  Submission of document for editing, clearance and submission to WHO governing bodies
- 21-25 May
  Consideration of draft framework at the 71st World Health Assembly
- May – June
  Action taken based on recommendations made by the WHA, including any required revisions to document
- September UN HLM
  Presentation of framework at UN HLM on TB (likely date 26 September)
ANNEX 1. List of participants

Participants

1. **Prof. Ibrahim Abubakar**  
(Consultation Chair)  
Chair WHO STAG- TB  
Director, Institute for Global Health  
University College London  
London  
United Kingdom

2. **Dr Debs Berry**  
UK Mission to the UN and Other International Organisations  
Geneva  
Switzerland

3. **Dr Jaap Broekmans**  
Chair  
WHO Global Task Force on TB Impact Measurement  
The Hague  
The Netherlands

4. **Ms Kristen Chenier**  
Health Counsellor  
Permanent Mission of Canada  
Geneva  
Switzerland

5. **Ms Jane Coyne**  
Director of TB Programs  
Office of the UN Special Envoy on Tuberculosis  
University of California, S.F.  
San Francisco  
United States of America

6. **Ms Abigail David**  
Senior Planning and Monitoring Adviser  
UNAIDS  
Geneva  
Switzerland

7. **Dr Claudia Denkinger**  
Head of TB Programme  
FIND  
Geneva  
Switzerland

8. **Dr Poonam Dhavan**  
Migration Health Programme Coordinator  
International Organization for Migration  
Geneva  
Switzerland

9. **Dr Lucica Ditiu**  
Executive Director  
Stop TB Partnership  
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Switzerland

10. **Dr Paula Fujiwara**  
Scientific Director  
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France

11. **Dr Janet Ginnard**  
Team Lead, Strategy  
UNITAID  
Geneva  
Switzerland

12. **Dr Eric Goosby**  
United Nations Special Envoy on Tuberculosis (TB)  
University of California, S.F.  
San Francisco  
United States of America

13. **Ms Rachael Hore**  
Tuberculosis Policy Advocacy Officer RESULTS  
UK  
London  
United Kingdom

14. **Ms Jamila Ismoilova**  
Project HOPE  
WHO Civil Society Task Force Representative  
Dušanbe  
Tajikistan

15. **Mr Paul Jensen**  
Director of Policy and Strategy  
The Union  
Paris  
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16. **Ms Unjela Kaleem**  
Advocacy and communication Lead  Stop TB Partnership  
Geneva  
Switzerland

17. **Dr Evgeny Kamkin**  
Department for Organization of Medical Care and Rehabilitation  
Ministry of Health  
Moscow  
Russian Federation

18. **Dr Adebola Lawanson**  
National Coordinator  
National TB and Leprosy Control Programme (NTBLCP)  
Federal Ministry of Health  
Abuja  
Nigeria
19. Dr Leonid Lecca
Executive Director, Partners In Health - Peru
Lecturer, Department of Global Health and Social Medicine, Harvard Medical School
Lima
Peru

20. Dr David Mametja
Chief Director
TB control
Department of Health
Pretoria
South Africa

21. Mr Hideaki Nishizawa
First Secretary
Head of Global Health Section
Permanent Mission of Japan to the International Organization
Geneva
Switzerland

22. Dr Christophe Perrin
Médecins Sans Frontières (MSF)
Paris
France

23. Dr Alasdair Reid
Senior Adviser
Tuberculosis & HIV Treatment
UNAIDS
Geneva
Switzerland

24. Mr Mike Reid
University of California, S.F.
Lancet Commission Secretariat
San Francisco
United States of America

25. Dr Shaffique Sarwar
Team Leader, Common unit for Communicable Diseases
Ministry of Health
Islamabad
Pakistan

26. Dr Abdulai Abubakar Sesay
National Executive Director
Civil Society Movement Against Tuberculosis in Sierra Leone (CISMAT-SL)
Freetown

27. Dr Alena Skrahina
Deputy Director, Scientific Issues Republican Research and Practical Centre for Pulmonology and TB
Minsk
Belarus

28. Dr Sahu Suvanand
Deputy Executive Director
Stop TB Partnership
Geneva
Switzerland

29. Dr Vadim Testov
Deputy Director of National Medical Research Centre for Phthisiopulmonology and Infectious Diseases
Ministry of Health
Moscow
Russian Federation

30. Ms Cheri Vincent
Chief, Infectious Diseases Division
Bureau of Global Health
US Agency for International Development
Washington, DC
United States of America

31. Dr Eliud Wandwalo
Senior Technical Advisor
Tuberculosis
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Geneva
Switzerland

32. Dr Kitty van Weezenbeek
Executive Director
KNCV Tuberculosis Foundation
The Hague
The Netherlands

33. Mr Yang Xiaochen
Third Secretary
People’s Republic of China Permanent Mission, Geneva, Switzerland
WHO Headquarters, Communicable Diseases Cluster

34. Dr Ren Minghui
    Assistant Director-General

Global TB Programme

35. Dr Tereza Kasaeva, Director
36. Dr Katherine Floyd, Coordinator,
    TB Monitoring and Evaluation
37. Ms Diana Weil, Coordinator Policy,
    Strategy and Innovations
38. Dr Malgorzata Grzemska, Coordinator,
    Technical Support Coordination
39. Dr Christian Lienhardt,
    Team Leader,
    Research for TB Elimination
40. Ms Yulia Bakonina
41. Ms Marzia Calvi
42. Ms Anna Coccozza
43. Ms Amy Collins
44. Ms Monica Dias
45. Dr Christian Gunnenberg
46. Mr Thomas Joseph
47. Mr Kristijan Marinkovic
48. Dr Nobuyuki Nishiikiori
49. Ms Jasmine Solangon
50. Dr Matteo Zignol

WHO Headquarters, Family, Women's and Children's Health Cluster

51. Dr Jonathon Simon, Scientist Maternal,
    Newborn Child and Adolescent Health (MCA)

WHO Regional Offices

52. Dr Mohamed Abdel Aziz
    WHO EMRO
53. Dr Ogtay Gozalov
    WHO EURO
54. Dr Rafael Lopez Olarte
    WHO AMRO
55. Dr Wilfred Nkhoma
    WHO AFRO
56. Dr Mandal Partha Pratim
    WHO SEARO
57. Dr Kalpesh Rahevar
    WHO WPRO
## ANNEX 2. Agenda

**WHO consultation on defining elements of a TB multisectoral accountability framework**  
1-2 March 2018, Chateau de Penthes, Geneva

**Chair:** Ibrahim Abubakar

### Day 1, Thursday 1 March 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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</thead>
<tbody>
<tr>
<td>8.30 – 9.00</td>
<td>Registration</td>
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<tr>
<td>9:00 – 9:30</td>
<td>Welcome and introduction of participants</td>
<td>Ren Minghui</td>
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<tr>
<td></td>
<td></td>
<td>Ibrahim Abubakar</td>
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<tr>
<td>9:30 – 9:45</td>
<td>Background and meeting objectives</td>
<td>Tereza Kasaeva</td>
</tr>
<tr>
<td>9:45 – 10:45</td>
<td><strong>What is an accountability framework?</strong></td>
<td>Katherine Floyd</td>
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<tr>
<td></td>
<td>• Definition of accountability and an accountability framework</td>
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<td></td>
<td>• Examples of accountability in global health and beyond, summarized</td>
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<td></td>
<td>using a common framework</td>
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<tr>
<td></td>
<td><strong>Developing an accountability framework for TB:</strong></td>
<td></td>
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<tr>
<td></td>
<td>What exists, what might be missing?</td>
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<tr>
<td></td>
<td>(presentation based on the background document)</td>
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</table>

**10:45 – 11:00 Coffee break**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.00 – 11.15</td>
<td><strong>Developing an accountability framework for TB:</strong></td>
<td>Aaron Oxley</td>
</tr>
<tr>
<td></td>
<td>What exists, what might be missing?</td>
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<tr>
<td>11.15 – 12.30</td>
<td><strong>“Accountability frameworks” for TB at country level</strong></td>
<td>Representatives</td>
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<td>Six examples:</td>
<td>from Belarus, China</td>
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<td>Belarus, China, Nigeria, Pakistan, Russian Federation, South Africa</td>
<td>Nigeria, Pakistan, South Africa,</td>
</tr>
<tr>
<td></td>
<td>Q&amp;A</td>
<td>Russian Federation</td>
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**12.30 – 14.00 Lunch**

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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</thead>
<tbody>
<tr>
<td>14.00 – 15.30</td>
<td><strong>Stakeholder perspectives (continued)</strong></td>
<td>Commentaries</td>
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<tr>
<td></td>
<td>• Why is strengthened accountability needed in TB?</td>
<td>(approx. 5 minutes each)</td>
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<tr>
<td></td>
<td>• What are the most important elements that are missing?</td>
<td></td>
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<td></td>
<td>(commitments, actions, monitoring and reporting, review?)</td>
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<td></td>
<td>• Considering the current context,* what specific options</td>
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<td>for addressing missing elements do you think should be</td>
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<td></td>
<td>considered?</td>
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<td></td>
<td>*e.g. at the UN, at country level</td>
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<tr>
<td>15.30 – 16.00</td>
<td><strong>Tea break</strong></td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.00 – 17.30</td>
<td><strong>Perspectives from other fields:</strong> Q&amp;A with experts on polio,</td>
<td>Experts on polio, HIV, MCH</td>
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<td></td>
<td>HIV/AIDS and Women’s, Children’s and Adolescents’ Health</td>
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</table>
## Day 2, Friday 2 March

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00 – 9.15</td>
<td><strong>Chair’s summary of Day 1</strong></td>
<td>Ibrahim Abubakar</td>
</tr>
<tr>
<td>9.15 – 9.30</td>
<td><strong>Explanation of Group Work</strong></td>
<td>WHO</td>
</tr>
<tr>
<td>9:30 – 12:30</td>
<td><strong>Group work to discuss a draft accountability framework for TB, at both:</strong></td>
<td>All in groups</td>
</tr>
<tr>
<td></td>
<td>a) Global level</td>
<td>There will be 4 groups, each with a mix of stakeholders</td>
</tr>
<tr>
<td></td>
<td>b) Country level</td>
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<tr>
<td></td>
<td>Using Figure 4 in the background document as a basis:</td>
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<tr>
<td></td>
<td>1. Should existing elements be retained?</td>
<td></td>
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<td>2. What are the missing elements that need to be added? (the text shown in red in Figure 4 can be the starting point for discussion)</td>
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<td></td>
<td>3. For the proposed missing elements, are there specific proposals for particular options (beyond generic descriptions such as those currently shown in Figure 4)?</td>
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<td><strong>Each group should prepare a slide version of both the global and country components of Figure 4, for presentation back to the whole group in plenary.</strong></td>
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<tr>
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<td>The slides should show the group’s proposal for the key elements of a multisectoral accountability framework for TB at both global and country levels i.e.</td>
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<tr>
<td></td>
<td>1 slide for global level</td>
<td></td>
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<tr>
<td></td>
<td>1 slide for country level</td>
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<tr>
<td></td>
<td>Specific points/recommendations that the group would like to make, that cannot fit on the 2 slides, should be listed on a third slide.</td>
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<td><em>The coffee break can be taken during the group work.</em></td>
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</tr>
<tr>
<td>12.30 – 14.00</td>
<td><strong>Lunch</strong></td>
<td></td>
</tr>
<tr>
<td>14.00 – 14.45</td>
<td><strong>Group work</strong></td>
<td>All in groups</td>
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<tr>
<td></td>
<td>(Finalization and preparation of 3 slides for feedback in plenary)</td>
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<tr>
<td>14.45 – 16.00</td>
<td><strong>Feedback from groups</strong></td>
<td>Group rapporteurs</td>
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<td></td>
<td><strong>Plenary Discussion</strong></td>
<td>All</td>
</tr>
<tr>
<td>16.00 – 16.15</td>
<td><strong>Tea break</strong></td>
<td></td>
</tr>
<tr>
<td>16.15 – 16.45</td>
<td><strong>Summary and closing</strong></td>
<td>Chair and WHO</td>
</tr>
</tbody>
</table>
ANNEX 3. Presentations from Group Work

GROUP I- GLOBAL

Commitments
- Commitment to the SDGs, with particular but not exclusive attention to Target 3.3
- Additional asks from the HLM Political Declaration

- Globally led TA, Advocacy and Communication, based on the latest evidence and state of the art use of data
- Strategic partnerships with other sectors to enhance SDGs synergies
- Meaningful engagement of global/regional civil society, including affected communities
- Global TB research network and agenda (advocacy and resource mobilization, prioritization and monitoring)
- Other mechanisms of funding, e.g. regional banks and innovative funding initiatives
- Actions that will come from UN HLM

Independent HL review of the global TB response, including civil society
- Specific Global Report to UNGA and HL Group for TB (e.g. Regional, Global if created)
- Inclusion of the civil society perspective in the mechanisms of reporting

GROUP I- NATIONAL

Commitments
- Translate % into numbers
- Regional / blocs commitments (e.g. SADC, BRICS)
- Legislative /legal framework
- To report quality data on core indicators

- Broad TB reviews of the TB response including different stakeholders
- Special reviews for specific priorities

- Build on national HL health bodies/mechanisms to include TB (reporting to Head of State and including civil society)
- Supportive regulations on TB programmatic actions (e.g. patient support, notification)
- National implementation of research agenda
- Sustainable domestic financing for TB response

Tailor national reports to audience: technical and political
- Nationally owned and inclusive monitoring and reporting system
- Donor reporting
GROUP II Global

Commitments
- UNGA commitment specific on TB
- Ensure TB is integrated in the broader health security, AMR and UHC agenda

WHO STAG—who more technical rather than political as of current setup, possibility to reform?
WHA—effective link with a higher level mechanism
High-level political forum (HLPF) reviews selected SDGs (too broad to effectively monitor TB)
- HLPF focused on TB? (diluted?, may not be effective?)
- UNGA—periodic review (e.g., HIV)—can we ask?
  difficult to get consensus for a single disease?
- Independent Review Mechanism—a preferred option? But to whom to report, how to connect to the high level review?

- Requesting regional mechanisms/entities to include TB in their agenda (AU, ASEAN?, etc)
- Link regional mechanism with global
- Inclusion of civil society for any forms of review process

Review
Actions
Monitoring & reporting

Strategies, plans at global level are actions?
Or categorised as enablers?
R&D actions may be missing?
- Funding beyond GF (need to diversify donor resources) and investment case to support
- R&D funding for TB
- Link with health security, AMR and UHC agenda
- Technical assistance plan according to the needs/epidemiology/context (differentiated approach)
- Global coalitions of civil societies and capacity building and systematic inclusion in decision-making process

GROUP II National

SDGs, End TB Strategy targets
National targets based on the global targets
Related regional resolutions
National commitment towards UHC
Prioritize TB related issues in SDGs HLPF

Commitments
- National adoption and planning for operationalization
- Creation of a high-level oversight body for TB (e.g., TB commission), as appropriate to the country context (multi-sectoral including civil society engagement)
- Support civil societies and their capacity building (including specific budget allocation)
- Increased domestic funding based on investment cases and allocative efficiencies (and financial benchmarks?)
- TB part of essential health package in the context of UHC
- Explore (ear-marked) innovative revenue creation (sin tax, social impact bonds, etc)

Programme reviews
- GLC (for MDR-TB) not review mechanism
  - High-level reviews by the national oversight body (TB commission)
  - Independent review
  - Civil society engagement in all review processes
  - R&D review mechanism
  - Private sector engagement/quality review mechanism (according to the country context)

Review
Actions
Monitoring & reporting

- Improve inequity measurement including the situation among key populations
- Shadow report by independent bodies (civil society)
- Reporting on TB R&D
- National financial analysis & report (domestic investment, gap, etc)
GROUP 3

Global level

Mid-term targets – choose dates not mix of ideological and measurable. 5-8 Regional commitments (e.g. SEARDD Call to Action)
Vulnerable / key populations – open question of whether this needs Global validation

Independent review mechanism – focus only on
Highest burden countries – voluntary (how to bring countries to the table) – Success stories?
HR – cross agency review of TB (fits with Reform and might help activate relevant agencies)

Accountability for donors / multilaterals – reporting
Harmonizing reports – don’t add more (adapting regional reports)
Dashboard – high level – politically relevant indicators that can be reviewed at the Highest level
Global Financial Monitoring – Say – $ to end TB, Collective $ budgeted, Collective dollars spent
UN Report – positive feedback – on dashboard – based on HLM commitments
Regional – discussion about value of south south

GROUP 3

National level

To adopt international guidelines – rate
To link TB plans to health policy plans
Funding – social protection
Timing of milestones/targets linked to global review – 2023 2030 is too far
Sustainability – (domestic funding)
Vulnerable populations

Independent review – questions about accountability – voluntary, not all countries,
Missing multisectional review
Dashboard – link to global – focused on political / system wide / progress
Country level annual review across UN Agencies – Local Health
Media / Civil society (shadow review)

Review
Actions
Monitoring & reporting

Measure against End TB Target and Intermediate targets
National report – country report is about local analysis – could be one or shadow depending on country (Ideally one report). Enables civil society / parliamentarians and government to engage in priority issues (not everything)
Financing report – Need to End TB / Budget / Expenditure
Key Indicators – national plan 2023

Resources – not just finance but HR
Enabling civil society to raise awareness
Finance – not just budget but actual expenditures
TB commission – not about a structure or one process – should be country owned and depend on burden – key is politically driven (embrace / provide political space

Regional / south south theme throughout all Intermediate “Global Plan 2023”
The Essential – not practical guidance – needs locally adapted technical sharing
Trust Fund for TB – mechanisms for raising $
GROUP 4 – Global

Commitments
- A 5-year commitment for 2023 that is a concrete consideration of what can be achieved in this period – shorter timeframe than 2030 or 2035
- All commitments should be consistent with the UNGA HLM and the SDGs
- The current 2020 milestones/asks should be simplified and unified
- Avoid new asks, instead remain based on existing ones, strengthening them
- *Detailed asks such as regional plans or follow-up commitments do not need to be additionally listed under this element

Actions
- TB should be included in high-level review processes, advocacy could ensure that there is some high-level political review group or mechanism
- A Global TB Board

Monitoring & reporting
- Two ways to present/report the data: one for the health community and one for a higher-level, political audience, less technical, fit for purpose
- A Stigma Index for TB
- Produce a new kind of global report which is understandable by all citizens, and translate this global report into clear, short, concrete messages which can be disseminated through the media

GROUP 4 – National

Commitments
- National commitments must be consistent with global ones (SDGs, etc.)
- Targets should be specified in the same way as global ones so that their presentation is consistent and logical
- But countries can choose to have more ambitious targets than global
- Moscow Declaration does not have to be specifically presented here
- Link TB with the AMR, health security, and UHC agendas
- TB should be declared a health “security”, thus prompting parliaments to pass legislation on TB, as appropriate within country contexts
- * For these country commitments to work, there need to also be counterpart global level commitments to ensure implementation on country level

Actions
- High-level review e.g. by a commission, or head of state, or parliament etc.
- External independent programme reviews which is broad in scope and goes beyond periodic national internal reviews
- TB included in national health sector reviews

Monitoring & reporting
- Two ways to present/report the data: one for the health community and one for a higher-level, political audience, less technical and fit for purpose
- Define accountability mechanisms for civil society and TB-affected communities – they are the most powerful tool to keep governments accountable and they should function transparently
- Consider a 3rd layer of reporting: media reports, public information for all citizens

- National TB strategies/plans should be multisectoral, include civil society, TB-affected communities, and the private sector, with a broad perspective; they need specific targets on human rights, how to quantify and implement them
- A National Multisectoral TB Task Force with a clear, time-limited mandate to push the agenda and link stakeholders
- National legislation for TB – this depends on country contexts, but at least in some countries the process could be started already this year, ahead of UNGA
- Budgeted national TB strategies/plans and larger allocations based on that
- Human resources
- Sub-national ownership of actions and budgets – local accountability but without fragmentation