

Adaptation and implementation of WHO's multisectoral accountability framework to end TB

OPERATIONAL GUIDANCE

COMMITMENTS



REVIEW

MONITORING
AND REPORTING

ACTIONS



World Health
Organization

Adaptation and implementation of WHO's multisectoral accountability framework to end TB

OPERATIONAL GUIDANCE



**World Health
Organization**

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

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Foreword



Despite being preventable and curable, tuberculosis (TB) remains one of the top infectious killers in the world. To reach the World Health Organization (WHO) End TB Strategy and United Nations Sustainable Development target on ending TB, there is a need to ramp up action, investments, political leadership at all levels, innovation and multisectoral engagement and accountability.

TB is mainly driven by social and economic determinants. Poverty, undernourishment, poor living and working conditions, among others, affect how people fall ill, develop TB and cope with the demands of treatment (including medical, financial and social), and influence the health outcomes they face. This is critical now, more than ever. The pandemic of coronavirus disease (COVID-19), coupled with ongoing crises such as armed conflict, increasing food insecurity and political and economic instability, has reversed years of progress made in the fight against TB and impacted health systems and economies worldwide, particularly for the most vulnerable people.

WHO released the Multisectoral Accountability Framework to accelerate progress to End TB by 2030 (MAF-TB) in 2019. The Framework is well aligned with the End TB Strategy and the United Nations 2030 Agenda for Sustainable Development and aims to support effective collaboration within and beyond health sector and accountability of governments and stakeholders at global, regional and country levels to ramp up the response towards ending TB. Since 2019, WHO has provided coordination, guidance, and technical support for countries and stakeholders in adapting and implementing MAF-TB, including monitoring and review at global, regional and national (including local) levels. All three levels of WHO are working closely with countries, UN agencies, civil society and partners to build capacity, increase awareness and share best practices and experiences of multisectoral engagement and accountability. MAF-TB is prioritized in the WHO Director-General's flagship initiative to end TB as one of the key actions.

This Operational guidance was developed by WHO to support countries in MAF-TB adaptation and implementation. It provides practical advice on key approaches and interventions needed to establish the MAF-TB at the national (and local) levels with concrete country examples, best practices and case studies under each suggested approach and interventions.

We hope that this practical guidance will stimulate and encourage political leaders, officials within and beyond the health sector, civil society and affected communities, partners and funders to join forces and accelerate progress towards ending TB.

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Abbreviations and acronyms

COVID-19 Coronavirus disease

Global Fund The Global Fund to Fight AIDS, TB and Malaria

MAF-TB Multisectoral accountability framework to accelerate progress to end tuberculosis

TB Tuberculosis

UNDP United Nations Development Programme

USAID United States Agency for International Development

WFP World Food Programme

WHO World Health Organization

Executive summary

TB remains one of the world's deadliest infectious killers. Each day, over 4000 people lose their lives to TB and close to 30 000 people fall ill with this preventable and curable disease. Global efforts to combat TB have saved an estimated 74 million lives since the year 2000. However, the COVID-19 pandemic, coupled with ongoing crises such as armed conflict, increasing food insecurity and political and economic instability, has reversed years of progress made in the fight to end TB, and placed an even heavier burden on those affected. TB is mainly concentrated in settings beset by poverty and other social and economic challenges and in the most vulnerable populations. Thus, progress in combating TB cannot be achieved by the health system alone and requires firm political commitment at the highest level, strong multisectoral collaboration beyond the health sector and an effective accountability system.

The importance of a multisectoral approach has been a cross-cutting theme in political commitments to end TB since the development of the **WHO End TB Strategy**. This was reinforced in the political declarations of the Global Ministerial Conference on Ending TB in the Sustainable Development Era (2017) and the United Nations General Assembly High-level Meeting on the Fight Against TB (2018), calling for WHO to lead efforts in supporting countries to enable and pursue multisectoral engagement and accountability to End TB. In response, in 2019 WHO developed and released the Multisectoral accountability framework to accelerate progress to end tuberculosis by 2030 (MAF-TB). The main aim of MAF-TB is to support effective engagement across sectors to ensure access to equitable and affordable TB prevention and care for those affected and to strengthen accountability of governments and all stakeholders at global, regional and national (including local) levels towards reaching the End TB Strategy commitments and targets.

This Operational guidance reinforces the links between two major parts of MAF-TB – global, regional and national (including local) MAF-TB. The main aim of the guidance is to facilitate and promote the adaptation and implementation of MAF-TB at national and local levels. Using the Operational guidance is an inclusive and participatory process that involves engaging relevant stakeholders before determining the actions to be taken.

The Operational guidance is arranged in four sections:

Introductory section, highlighting the aim and objectives of the Operational guidance, target audience and process of development.

Overview, giving the background to MAF-TB, WHO's role and progress achieved in the adaptation of MAF-TB at national level.

Ten key steps for adaptation of MAF-TB at national (including local) level, including enabling a conducive environment; undertaking a baseline assessment and setting up a national multisectoral coordination and review body; establishing links with sectors and ministries beyond health, including the private sector; developing a national MAF-TB implementation plan; strengthening advocacy and resource mobilization for national MAF-TB implementation; rolling out the national MAF-TB implementation plan, ensuring universal access to TB prevention and care; facilitating equitable access to ethical, people-centred, rights-based TB services and addressing the key drivers of the epidemic; undertaking regular monitoring and reporting on national MAF-TB implementation; and ensuring periodic reviews of the multisectoral TB response.

Sustainability of MAF-TB and key considerations, including support from WHO.

The Operational guidance helps to ensure that all stakeholders have a shared understanding of the values and constructs that inform the course of action across all four components, as well as the indicators required to monitor and review progress.

The section on key steps is illustrated by case studies from different countries and regions, featuring best-practice examples and ways of adapting and using MAF-TB at national and subnational levels.

The Operational guidance also includes annexes with relevant information, including information on global TB commitments and targets, WHO guidelines and supporting tools, the TB-SDG monitoring framework, examples of national surveys and studies on priority topics, WHO MAF-TB baseline assessment checklist and frequently asked questions.

The Operational guidance therefore provides a comprehensive one-stop overview of all the information, tools and examples relevant to MAF-TB to facilitate its operationalization in countries.

1. About the Operational guidance

Aim and objectives of the Operational guidance

The main aim of the Operational guidance is to facilitate and promote the adaptation and implementation of MAF-TB at national and local levels.

The objectives of the Operational guidance are to:

- guide and provide practical and operational information and clear steps for approaches to establish the MAF-TB at national (and local) levels;
- provide concrete examples and case studies on MAF-TB adaptation and use at national and local levels; and
- motivate leaders of Member States, policy-makers within and beyond the health sector, civil society and affected communities, international partners and funders to engage in efforts to End TB, using MAF-TB as a tool to facilitate this.

Target audience

This Operational guidance is intended for use by all stakeholders involved in their national TB response, including ministries of health and other relevant government ministries and bodies, national TB programmes (or their equivalents in ministries of health), other relevant national programmes, parliamentarians, the private sector, international organizations, nongovernmental and civil society organizations and TB-affected communities involved in planning, implementation, monitoring and evaluation and review of the TB response. The stakeholders involved may vary across countries depending on several factors, including the epidemiology and determinants of TB, the institutional arrangements for TB care and prevention and the degree of devolution of the political and health governance system.

This Operational guidance is designed to support all countries in efforts to end or eliminate TB. While it may be perceived as having more relevance to countries which bear a high burden of TB, it can also provide key guidance for countries with a low TB incidence in advancing their efforts on elimination.

Development of the Operational guidance

The development of the Operational guidance was coordinated and guided by the WHO MAF-TB working group, which was established in 2020 and included members from the WHO Global TB Programme (see the Acknowledgements section). In order to inform this Operational guidance, evidence was collated, including through literature reviews and through consultations with national and regional staff and with the WHO Civil Society Task Force. Feedback was collected virtually from a broad range of stakeholders, balanced in terms of geography and gender, in March/April 2022. They included representatives from ministries of health and other relevant ministries, national TB programmes, programmes for key comorbidities, WHO country and regional offices, members of the Strategic and Technical Advisory Group on TB, entities of the United Nations system, academic and scientific institutions, the private sector, other technical and donor agencies, such as the Global Fund, the United States Agency for International Development (USAID), partners, including civil society organizations, networks (WHO Civil Society Task Force on TB, Global TB Caucus and other civil society organizations) and TB survivors, to ensure a people-centred perspective. The Operational guidance was presented and inputs were collated during a virtual meeting of the Global Multisectoral Multistakeholder Platform to End TB in May 2022 and at the 22nd meeting of the Strategic and Technical Advisory Group on TB in June 2022.

2. Overview

Background

TB remains a major cause of ill health and mortality globally and, until the COVID-19 pandemic, was the leading infectious killer (1,2). The COVID-19 pandemic, coupled with ongoing crises such as armed conflict, increasing food insecurity and political and economic instability, has reversed years of progress in the fight to end TB and placed an even heavier burden on those affected. It is mainly concentrated in settings beset by poverty and other social and economic challenges and in the most vulnerable populations (1). Poverty, undernourishment and poor living and working conditions, among others, affect how people fall ill, develop TB and cope with the demands of treatment (including medical, financial and social demands) and influence the health outcomes they face (2). These settings are often ravaged by other diseases that can influence the natural history of TB, such as HIV infection, as well as the growing epidemic of diabetes and noncommunicable disease risk factors (e.g. tobacco smoking and disorders caused by substance use), while societal and behavioural conditions influence most of the risk factors. This is further compounded by the impact of TB on the mental health of affected individuals and families due to, among other factors, stigma, discrimination and marginalization (1,3). Thus, progress in combating TB and its drivers cannot be achieved by the health system alone; it requires firm political commitment at the highest level, strong multisectoral collaboration including sectors beyond health, and an effective accountability system. Special support is needed for vulnerable individuals and groups who are disproportionately affected by TB. Health equity should be pursued by increasing access to opportunities and conditions conducive to enabling health for all people (1,4).

The importance of a multisectoral approach has been a cross-cutting theme in political commitments to end TB since the development of [WHO's End TB Strategy](#), aligned with the United Nations Sustainable Development Goals. The 2017 [Declaration of the Global Ministerial Conference on Ending TB in the Sustainable Development Era](#) (5) and the [Political declaration of the high-level meeting of the United Nations General Assembly on the fight against TB](#) (6) included a commitment by Member States to enable and pursue multisectoral engagement and accountability to End TB. It also included a request to WHO to develop and ensure timely implementation of a [multisectoral accountability framework for TB](#). The MAF-TB was released and rolled out by WHO in 2019 (7). This was well aligned with priorities set in the WHO Global Action Plan for Healthy Lives and Well-being for All, which brought together 13 multilateral health, development and humanitarian agencies to support countries more effectively in accelerating progress towards the health-related Sustainable Development Goals, including those related to TB.

The United Nations Secretary-General's 2020 and 2023 [progress reports](#) on TB (8) strongly reinforced the importance of multisectoral engagement for progress towards ending TB and requested WHO to continue supporting Member States in adapting and using the MAF-TB in collaboration with partners, civil society and affected communities, as well as leading periodic global reviews of the TB response.

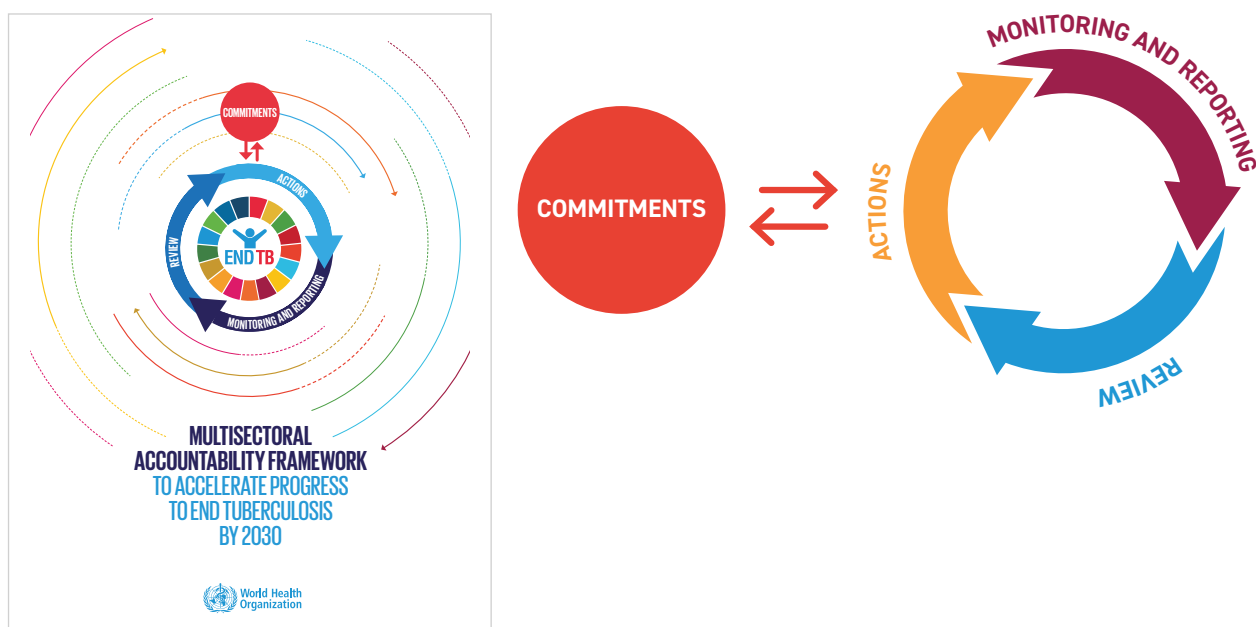
Multisectoral engagement and accountability are also promoted as a key priority in the [WHO Director-General's Flagship Initiative to fast-track progress towards ending TB for the period 2023–2027](#) (9) and the preceding initiative for the period 2018–2022 (10).

About MAF-TB

The aim of MAF-TB is to support effective accountability of governments and all stakeholders, at global, regional and national (including local) levels, in order to accelerate progress to end the TB epidemic [2].

MAF-TB has two major parts: one is focused on multisectoral engagement and accountability at global and regional levels and the other on multisectoral engagement and accountability at national (including local) level. Global MAF-TB is coordinated by WHO while national MAF-TB is coordinated by countries. There are four essential components of accountability which apply to both parts: commitments, actions, monitoring and reporting, and review, with key elements under each component (see Fig. 1).

Fig. 1. Essential components of MAF-TB



Source: [7].

Global (and regional) MAF-TB defines global commitments (see Annex 1), actions, monitoring and reporting, and review that apply to all countries collectively (global) or countries in a particular region (regional). The stakeholders involved in the global MAF-TB roll-out include all WHO Member States, WHO, the United Nations, multilateral institutions and all other actors operating at the global and/or regional levels, including civil society, TB-affected communities and groups of TB survivors. Many government institutions and other institutions (such as entities of the United Nations system, including WHO) already have their own general accountability mechanisms (through the World Health Assembly, the United Nations General Assembly, annual progress reports, etc.).

The global MAF-TB can inform these mechanisms, which may in turn contribute to strengthening accountability. More information on global (and regional) MAF-TB is included in the [MAF-TB document](#) [7].

National MAF-TB applies to individual countries, at both national and local levels. The four essential components of MAF-TB at national level are shown in Fig. 2.

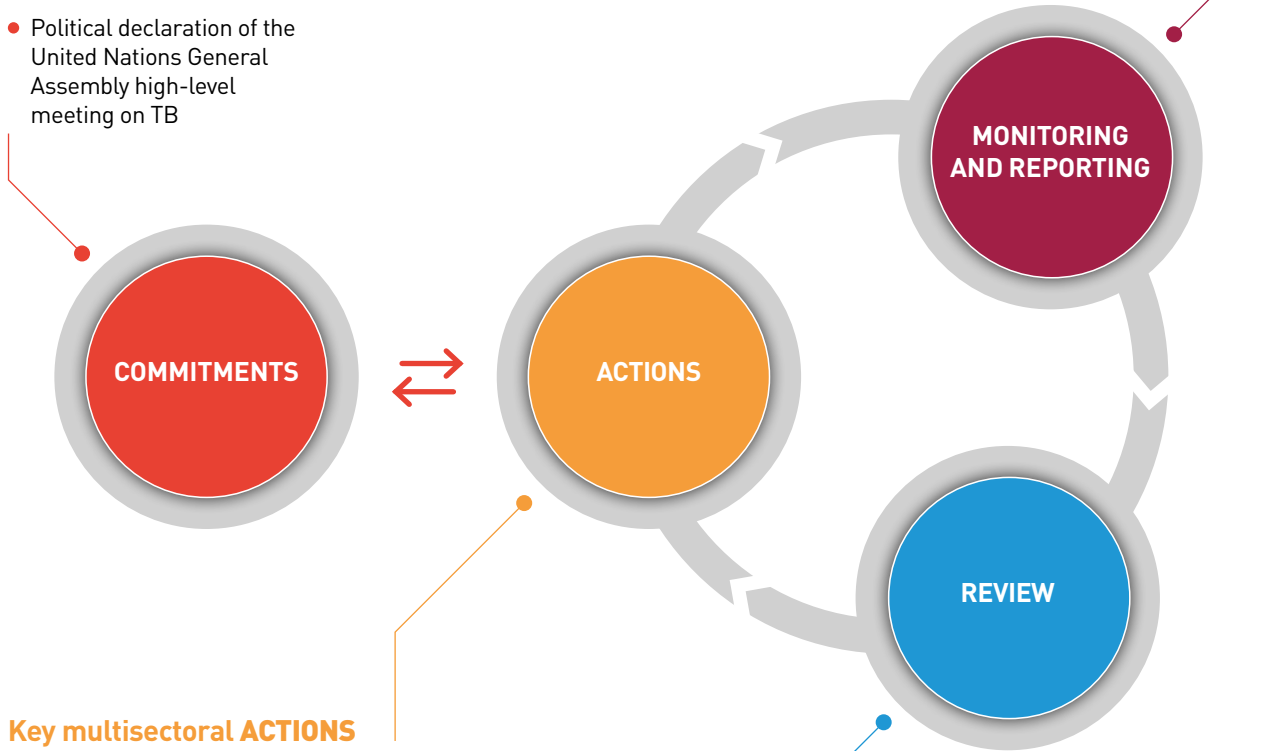
Fig. 2. MAF-TB essential components and elements at national level

Translating global COMMITMENTS into national targets

- The United Nations Sustainable Development Goals
- WHO End TB Strategy, 2015-2030
- Political declarations of United Nations high-level meetings on HIV and TB
- Political declaration of the United Nations General Assembly high-level meeting on TB
- The United Nations High-level Meeting on Universal Health Coverage (UHC)
- Other global/regional or national commitments

Elements of MONITORING and REPORTING

- Routine recording and reporting on TB
- Monitoring of indicators on social/economic determinants and health risk factors of TB
- National surveys and studies on priority topics
- National annual report on TB response
- Annual reporting to WHO
- Monitoring and reporting by civil society and nongovernmental organizations



Key multisectoral ACTIONS

- Development, funding and implementation of national multisectoral strategic and operational plans to end the TB epidemic
- Ensuring meaningful engagement of civil society organizations and affected communities in TB response, including in all aspects of MAF-TB processes
- Engagement of private sector in TB prevention and care
- Ensuring delivery of integrated people-centred TB services (prevention, diagnostics, treatment and care)
- Endorsement of legislation that is ethical, people-centred, human rights-based and equitable
- Promotion of UHC and addressing social determinants of TB
- Strengthening national health information and vital registration systems
- Planning and implementing communication and social mobilization activities
- Strengthening research and innovation

Elements of REVIEW

- Periodic high-level review
- External reviews (national TB programme review; other topic-specific reviews)

MAF-TB components and elements should be adapted and agreed at the country level in the light of the national specific context, including legal framework and regulative norms.

The global (and regional) and national (including subnational) parts of the MAF-TB are closely interlinked and contribute to one another, as illustrated in Fig. 3.

Fig. 3. **Linkages between global (and regional) and national (including local) MAF-TB**

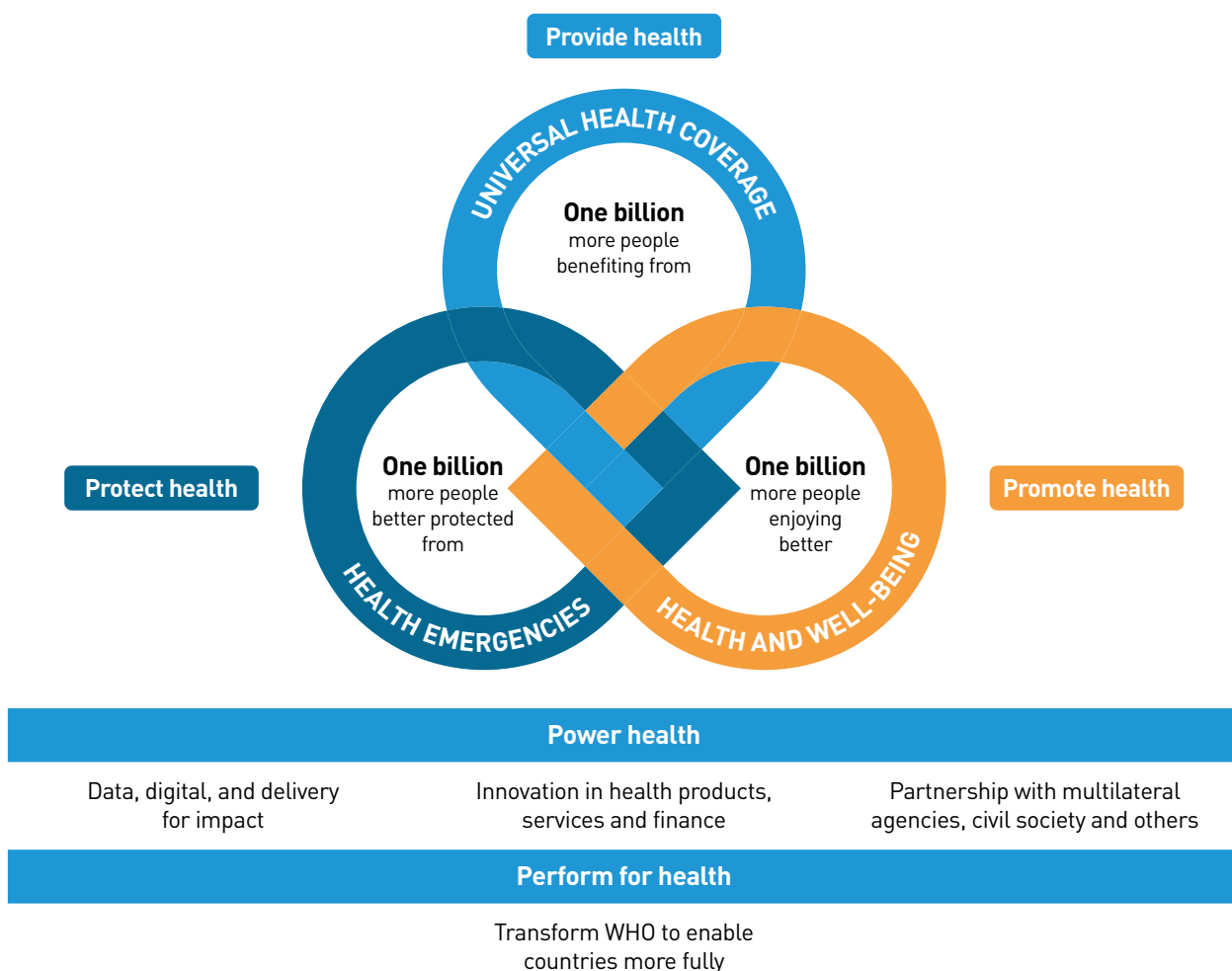


DRS: drug resistance survey.

WHO leadership and role: adaptation and implementation of MAF-TB

Measurable impact in countries lies at the heart of WHO’s mission to promote health, keep the world safe and serve the vulnerable. WHO’s strategy and priorities (see Fig. 4) and its Thirteenth General Programme of Work, 2019–2025 focus on delivering measurable improvements in health in all countries, including combating diseases like TB. WHO is also leading efforts to reach the third sustainable development goal on health (SDG 3). Following the requests made in the Political declaration of the high-level meeting of the United Nations General Assembly on the fight against TB, World Health Assembly resolution WHA71.3 on preparation for a high-level meeting of the General Assembly on ending tuberculosis, and the United Nations Secretary-General’s 2020 progress report (8), WHO has been given the mandate to lead, coordinate and support MAF-TB processes at global (including regional) and national (including subnational) levels. WHO is driving measurable action and accountability to end TB through MAF-TB to advance the TB response in countries.

Fig. 4. WHO’s five priorities aligned with the triple billion targets and strategic functions









Source: (11).

MAF-TB prioritization in the WHO Director General Flagship Initiative to End TB

In advance of the 2023 UN High Level Meeting on TB, WHO expanded the scope of the Director-General's Flagship Initiative to fast-track progress towards ending TB, over the period 2023-2027. The focus of the initiative is on ensuring universal access to prevention, care and the latest tools and technologies to combat TB on the road to Universal Health Coverage (UHC). Multisectoral engagement and accountability are one of the main strategic priorities outlined in the initiative. This special initiative will continue to bring together countries and stakeholders to redouble efforts and accelerate the TB response.

An overview of targets for the period 2023-2027 are outlined below, that focus on, enabling universal access to quality, WHO-recommended TB prevention and care, advancing research especially into new TB vaccines, strengthening engagement and accountability across sectors beyond health, and on linkages to the broader health agendas on AMR, UHC and pandemic preparedness. The new targets have informed preparations and intergovernmental negotiations on the political declaration of the 2023 UN High-Level Meeting on TB.

Indicators	Targets
	<p>1. Universal access to WHO-recommended TB treatment for all</p> <p>90% people reached with TB treatment between 2023- 2027 (End TB Strategy target is \geq 90% by 2025)</p>
	<p>2. Universal access to WHO-recommended rapid diagnostic tests for all</p> <p>100% of people diagnosed with TB were tested initially with a WHO recommended diagnostic test (End TB Strategy target is \geq90% by 2025)</p>
	<p>3. Universal access to TB preventive treatment for all</p> <p>90% reached with TB preventive treatment between 2023- 2027 (End TB Strategy target is \geq 90% by 2025)</p>
	<p>4. Financial risk protection for vulnerable people with TB (process indicator)</p> <p>100% All (eligible) people with TB, have access to health and social benefits package so they don't endure financial hardship because of TB disease</p>
	<p>5. License a new TB vaccine to accelerate TB incidence decline (process indicator)</p> <p>Licensing of at least one new TB vaccine within five years</p>
	<p>6. Sustained and adequate financing for TB services and TB research and innovation (process indicator)</p> <p>Reaching US\$22 billion annually by 2027 US \$5 billion per year for research by 2027</p>

Since the launch of MAF-TB, WHO has taken several steps to support countries in MAF-TB adaptation and implementation, some of which are described below.



To support countries in MAF-TB operationalization, WHO has developed two documents, this **Operational guidance** and a **compilation of best practices on MAF-TB adaptation and implementation** (12). The compilation of best practices includes case studies from all six WHO regions, and provides important insights into how regions and countries are progressing with MAF-TB implementation. It also highlights lessons learned from experiences at regional, national and subnational levels that could guide stakeholders in further scaling up MAF-TB implementation.



WHO is **providing policy guidance and technical support** for Member States and partners including civil society and affected communities, as appropriate, for conducting baseline assessments using the WHO MAF-TB baseline assessment checklist for country use in pursuing a national MAF-TB to evaluate the status of their multisectoral coordination and response, as well as for national adaptation and use of MAF-TB for strengthened multisectoral and multistakeholder accountability. A total of 45 countries have been supported in undertaking baseline assessments. See the next section for an overview of data from countries on national progress in adaptation of MAF-TB.



To support **strategic information and knowledge-sharing** between Member States and partners, the **online MAF-TB network** (13) has been promoted through WHO's interactive End TB Forum platform. The platform provides examples of **best practices and key resources** (including materials from training webinars) on multisectoral and multipartner responses and accountability, as well as opportunities for questions and answers. The portal features several hundred members, representing different stakeholders and sectors, to support better coordination and partnership.



At the global level, WHO launched a **collaborative multistakeholder and multisectoral platform to coordinate the TB response and review progress**. As part of this, WHO has been working closely with various partner organizations to build capacity, increase awareness and share best practices and experiences of multisectoral engagement and accountability. The collaborating organizations include entities of the United Nations system including the International Labour Organization, the International Organization for Migration, the World Food Programme (WFP) and the United Nations Children's Fund and other entities and partners, such as the WHO Civil Society Task Force, the Stop TB Partnership, civil society and community organizations. Furthermore, WHO is working closely with the Health and Social Protection Action Research and Knowledge Sharing Network to improve social protection approaches in the context of the COVID-19 pandemic. The collaborative multistakeholder and multisectoral platform is contributing towards preparations for the second United Nations General Assembly High-level Meeting on the Fight Against TB, in collaboration with the WHO Civil Society Task Force.



To coordinate MAF-TB-related processes, WHO provides **global monitoring, reporting and review** of its implementation by **conducting baseline assessments** using the **WHO MAF-TB checklist** (14) and collection of key indicators on MAF-TB use via the WHO global TB data collection system. The annual WHO Global TB report includes information on progress in MAF-TB implementation in regions and countries. WHO has supported the United Nations Secretary-General in the development and release of the 2020 report to the General Assembly on progress towards achieving global and national TB targets and implementation of the Political declaration of the high-level meeting of the United Nations General Assembly on the fight against TB, as requested in the Political declaration.



WHO is leading efforts to support countries in undertaking **comprehensive national reviews of progress**, to be presented by Heads of State and Government at the 2023 United Nations General Assembly High-level Meeting on the Fight Against TB. Along with reporting on the status of achieving global and national targets, the review will cover progress in implementation of commitments made in the Political declaration of the 2018 UN high-level meeting on the fight against TB, including the use of MAF-TB at country level.

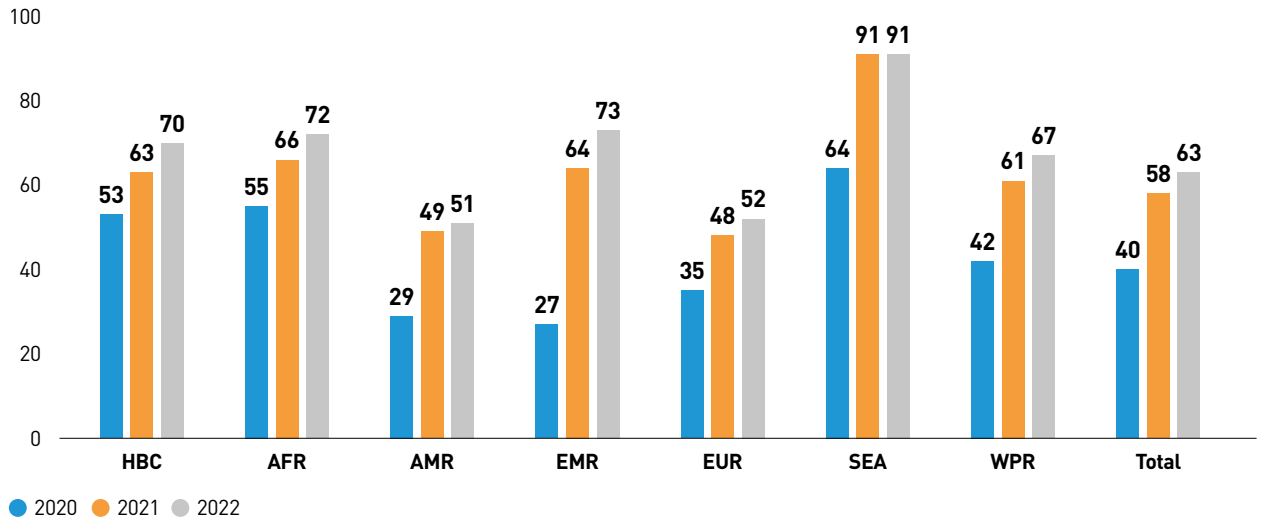
Key highlights: Adaptation of MAF-TB at national level

There has been notable progress in MAF-TB adaptation and implementation in countries from all WHO regions. Overall, the proportion of countries that produced annual reports on progress towards national TB-related targets and commitments increased from 62% to 77% between 2020 and 2022, with all high-burden TB countries stating that annual reporting is in place (Table 1). Furthermore, 63% of countries reported having multisectoral accountability and review mechanisms in 2022, compared with 40% in 2020, including an increase reported in high-burden countries from 53% to 70% for the same period (Fig. 5). These multisectoral accountability and review mechanisms included non-health sectors and ministries (education, justice or correction, labour, finance, social welfare, etc.). The engagement of civil society and affected communities in multisectoral accountability and review mechanisms was reported in 45% of countries, a 1.5-fold increase compared with 2020. To date, over 50 countries have undertaken a baseline assessment using WHO's MAF-TB checklist.

Table 1. **Status of core elements of multisectoral accountability in 2021 for 30 high-TB-burden countries, WHO regions and globally**

High-TB-burden countries and WHO regions	Number of countries and territories	Number of countries with annual national TB reports publicly available (%)	Number of countries with national multisectoral accountability and review mechanisms under high-level leadership available (%)	Number of countries with engagement of civil society and affected communities in the multisectoral accountability and review mechanism (%)
High-TB-burden countries	30	30 (100.0)	21 (70.0)	17 (56.7)
Africa	47	46 (97.9)	34 (72.3)	31 (66.0)
Americas	45	26 (57.8)	23 (51.1)	12 (26.7)
South-East Asia	11	10 (90.9)	10 (90.9)	7 (63.6)
Europe	54	35 (64.8)	28 (51.9)	19 (35.2)
Eastern Mediterranean	22	20 (90.9)	16 (72.7)	10 (45.5)
Western Pacific	36	29 (80.6)	24 (66.7)	17 (47.2)
Total	215	166 (77.2)	135 (62.8)	96 (44.7)

Fig. 5. Trends in the set-up or strengthening of national multisectoral and multistakeholder accountability and review mechanisms under high-level leadership, as available from 2020 to 2022 (%)



AFR: WHO African Region; AMR: WHO Region of the Americas; EMR: WHO Eastern Mediterranean Region; EUR: WHO European Region; HBC: high-TB-burden countries; SEAR: WHO South-East Asia Region; TB: tuberculosis; WHO: World Health Organization; WPR: WHO Western Pacific Region

3. Key steps for MAF-TB adaptation at national and local level

This section describes the main interventions that countries should undertake to initiate and launch MAF-TB at national and local levels, as well as key steps to organize and undertake these actions.

National MAF-TB adaptation is an inclusive and participatory process that involves engaging relevant stakeholders before determining the actions to be taken.

MAF-TB adaptation and implementation at the national level are based on the following underlying principles.

- All four components and key elements of MAF-TB should be based on the End TB Strategy, the United Nations Sustainable Development Goals and General Assembly resolutions, including the political declarations of high-level meetings on TB and HIV.
- MAF-TB activities should be led by the government on a basis of transparency, inclusiveness, shared and formalized responsibility and accountability of all engaged stakeholders.
- Sustainable functioning of MAF-TB should be ensured, including through mobilization of technical and financial resources.
- Civil society, TB-affected communities and TB survivors' groups should play a fundamental role in all components of accountability.
- All four components should be adapted, adopted and agreed at the country level in the context of constitutional, legal and regulatory frameworks, as well as political, social, professional, moral and ethical codes of conduct and uncodified traditions and conventions.

The main steps for national and local adaptation are as follows.

 Step 1	Enable a conducive environment to initiate MAF-TB at national/local level, including close engagement with civil society
 Step 2	Undertake a MAF-TB baseline assessment
 Step 3	Set up or strengthen a national multisectoral coordination and review mechanism
 Step 4	Establish links with sectors and ministries beyond health, including the private sector
 Step 5	Develop a MAF-TB component or implementation plan
 Step 6	Strengthen advocacy and resource mobilization for national MAF-TB implementation
 Step 7	Promote universal health coverage and address health-related risk factors in national MAF-TB implementation
 Step 8	Facilitate equitable access to ethical, people-centred, rights-based TB services and address the key drivers of the epidemic
 Step 9	Undertake regular monitoring and reporting on national MAF-TB implementation
 Step 10	Ensure periodic reviews of the multisectoral TB response



Step 1

Enable a conducive environment to initiate MAF-TB at national/local level, including close engagement with civil society

Scoping the country context to initiate MAF-TB planning

The main objective of this step is to enable a conducive environment for the launch of MAF-TB, including awareness-raising among stakeholders about the MAF-TB concept and building national/local ownership to sustain multisectoral coordination and accountability in the national and local TB response.

It is necessary to adopt a transparent and inclusive approach from an early stage. The ministry of health and national TB programmes have a mandate to take on the stewardship role for the TB response in countries. National TB programmes can play a coordinating role with the support of WHO to initiate the MAF-TB adaptation and planning process and engage key stakeholders. Stakeholder groups can include representatives from within and outside the health sector, depending on the country context, nongovernmental organizations, civil society and affected communities, regulatory agencies, academic institutions, professional organizations and the private sector. Existing constitutional, legal, regulatory and administrative frameworks and systems for TB and other areas, including linked associated determinants, should be leveraged as enablers for MAF-TB engagement.

Depending on the country context, other stakeholders could also take the lead in initiating MAF-TB, or existing country coordinating mechanisms (health/disease-specific/beyond health, e.g. poverty) can be used to kickstart the MAF-TB adaptation and implementation process.

To ensure better coordination of processes related to the initiation and launch of MAF-TB at country level, the ministry of health (or other relevant government institution) may appoint one or more MAF-TB focal point(s), for instance from the national TB programme, ministry of health or country coordinating body, depending on the country context (Box 1).

The main responsibilities of the MAF-TB focal point(s) would include the following:

- coordinating activities related to the MAF-TB initiation and launch;
- serving as the main contact for all stakeholders involved in the TB response and MAF-TB adaptation processes;
- ensuring engagement of all interested stakeholders within and beyond the health sector, including civil society and TB-affected communities, WHO and other development partners represented at country level, members of parliament, private sector, academic institutions, etc.

Multisectoral dialogue to plan for MAF-TB adaptation

It is important that there is consensus and dialogue, with the engagement of all relevant stakeholders, in the development of a vision and plan for the MAF-TB. A multisectoral consultation is an important step in MAF-TB initiation and planning, both to raise stakeholders' awareness about MAF-TB and to ensure a common vision and approaches towards national MAF-TB processes.

National multisectoral dialogue should be organized by the MAF-TB focal point(s) under the overall coordination of ministries of health and national TB programmes. The consultation should involve all stakeholders of the national TB response, including TB and other related health programmes, ministry of health and other relevant ministries and bodies beyond the health sector, country coordinating mechanisms, WHO, other development partners represented at country level, members of parliament, civil society, TB-affected communities, associations, the private sector, academic institutions and other contributors as appropriate to the country context.

The scope and purpose of the multistakeholder dialogue may include the following:

- to present MAF-TB, including its practical value in accelerating the TB response and its essential components and elements;
- to jointly identify possible key stakeholders to drive MAF-TB processes at country level;
- to agree on the main steps needed for adaptation of MAF-TB at country level and the responsible stakeholders involved in this process;
- to identify the best approach to conducting the MAF-TB baseline assessment, including potential institutions to be responsible for coordination; and
- to agree on the need for development of a national MAF-TB component or plan outlining key steps towards sustainable multisectoral collaboration and accountability based on the outcomes of the MAF-TB baseline assessment.

An important outcome of the consultation should be a clear allocation and agreement on the roles of all stakeholders to build accountability (Table 2). See Box 2 for details of the initiation of MAF-TB at district level in Pakistan.

Table 2. **Examples of roles of key stakeholders to initiate and implement MAF-TB at country/local level**

Stakeholder	Role
Head of Government or Head of State	<p>Publicly declare global political commitments on multisectoral TB response to support MAF-TB implementation and sustainability at country level at press conferences, media appearances, etc.</p> <p>Ensure follow-up actions to implement global political commitments made at high-level events.</p> <p>Consider national-level ratification of the relevant United Nations and other international instruments signed by the Member States (in line with government commitments related to membership of international organizations, adherence to international instruments and international collaboration) to strengthen implementation.</p>
Ministry of health and national TB programmes	<p>Ministries of health in collaboration with WHO to lead and provide technical support for MAF-TB adaptation and implementation at country level.</p> <p>Undertake or lead baseline assessments with the ministry of health and other key stakeholders including civil society.</p> <p>Conduct information and awareness-raising webinars/meetings on MAF-TB.</p> <p>Facilitate translation of relevant documents into the national language.</p>
Members of parliament, civil society, TB-affected communities and other partners	<p>Advocate at high-level for the initiation of MAF-TB at country level.</p> <p>Ask the ministries of health to launch the MAF-TB, including through conducting MAF-TB baseline assessment.</p> <p>Ask a Head of Government or a Head of State to support a periodic review of the TB response by all sectors and stakeholders under high-level leadership.</p> <p>Initiate the development or revision and enforcement of TB-related legislation and allocation of sufficient financial resources for an effective multisectoral TB response.</p> <p>Raise awareness among non-health sectors and other stakeholders about TB, its social and economic determinants and the importance of a multisectoral TB response.</p>

Close engagement of civil society and communities in the adaptation of MAF-TB at country level

To enable the meaningful engagement of civil society and TB-affected communities, countries need to provide a legal framework that empowers civil society and nongovernmental organizations and communities; remove barriers and provide an enabling programmatic environment based on equity, equality and mutual respect; ensure fair financing of the health system that includes communities, policies and practices that allow the voice of affected communities to be heard at all stages of national and local policy development and programme implementation; ensure capacity-building; and ensure systematic collaboration between national TB programmes, nongovernmental organizations and other civil society organizations. Possible ways of meaningful engagement of civil society and TB-affected community in the implementation of MAF-TB components are shown in Table 3.

Table 3. **Engagement of civil society organizations and TB-affected communities in four essential components of MAF-TB at national and local levels**

MAF-TB components	Possible ways of engagement
Commitments	<ul style="list-style-type: none"> ● Advocate on various platforms for translation of global and regional End TB commitments made by Member States into national targets and actions. ● Advocate for ensuring that interventions on meaningful engagement of civil society and affected communities are reflected in national strategic documents and planning and that a yearly operational budget is available to support civil society work. ● Ensure appointment of dedicated focal point in the national TB programmes to support civil society.
Actions	<ul style="list-style-type: none"> ● Develop an inventory (mapping) of all national civil society organizations and key TB-affected communities and advocates that are engaged in the national TB response. ● Establish a forum/platform or equivalent to represent the united voice of civil society and TB-affected communities. ● Develop a set of specific performance measurement indicators for civil society and affected community input for assessing their accountability in the TB response. ● Participate in national TB strategic (including annual) planning and budgeting, including national MAF-TB; as well as contributing to the national working groups on development of guidance and legislations. ● Participate in TB service delivery/community-based TB care ("Engage-TB" approach) and patient/affected household support in close collaboration with health-care providers. Provide quality service by following the standards of care and ethics and applying quality assessment measures to solicit feedback from the people served. ● Promote equity and inclusion-based services and make sure no one is left behind. ● Participate in relevant capacity-building of health workers. ● Participate in any national TB and health research forum or network and national research agenda-setting, including clinical and operational research. ● Collaborate with civil society forums/coalitions addressing other health priorities and sectors.

MAF-TB components	Possible ways of engagement
Monitoring and reporting	<ul style="list-style-type: none"> ● Get involved in regular monitoring meetings of the national TB programme. ● Participate in the design and implementation of major TB-related assessments and surveys, including gender, stigma and legal environment assessments. ● Pursue community, rights and gender research and report on data, keeping track of broad social indicators (income level, family status, education level, employment, gender, age, housing, comorbidities, etc.) to identify areas and vulnerable groups in need of greater attention. ● Perform civil society audits for service review and access assessments. ● Conduct community-based monitoring and act on findings to address barriers in access and care. ● Provide input to the annual national multisectoral and multistakeholder TB report on progress made by civil society and affected communities, including reporting on specific performance indicators to measure civil society's and the affected community's engagement in the TB response.
Review	<ul style="list-style-type: none"> ● Provide input and actively participate in preparation and conduct of high-level reviews. ● Participate in all phases of external and internal reviews, including preparation, conduct and reporting.

Box 1.

Multi country initiative by WHO Regional Office for Europe

Within the MAF-TB pilot initiative, five countries of eastern Europe and central Asia (Belarus, Kazakhstan, Republic of Moldova, Tajikistan and Ukraine) assigned national focal points to coordinate MAF-TB launch processes, MAF-TB baseline assessment and engagement of all government sectors and other stakeholders in those processes. The MAF-TB pilot was initiated by the WHO Regional Office for Europe in collaboration with ministries of health and national TB programmes, and implemented in collaboration with TB Europe Coalition. In response to an enquiry by WHO to the ministries of health, almost all piloting countries appointed MAF-TB focal point teams of 2–3 representatives of ministries of health (deputy minister of health or head of department), national TB programme managers or deputy managers, and secretaries of country coordinating mechanisms. In addition to coordinating MAF-TB processes between different government sectors and other stakeholders, MAF-TB focal points were the main contact persons for WHO and the TB Europe Coalition in providing technical assistance in MAF-TB adaptation and launch at country level. This approach helped to ensure informed decision-making and country commitment to initiate and support adaptation and implementation of MAF-TB and observe the principles of inclusiveness and transparency of MAF-TB -related processes, with a specific focus on engagement of civil society and TB-affected communities.

Box 2.

MAF-TB initiation in Pakistan

There are two examples of initiation of the MAF-TB at the district level in Pakistan.

WHO is supporting a three-month pilot of MAF-TB at the district level in Hafizabad, Punjab. The initiative is led by the Department of Health and the district health management team. The piloting experiences and lessons learned will pave the way for country scale-up. District authorities in the pilot have exhibited leadership as well as ownership by engaging sectors like education, social and population welfare, prisons, religious affairs and labour, the mass communication department and the private sector, which contributed towards an increase in presumptive identification and considerable improvement in case notification during the pilot.

In 2019, the DOPASI Foundation and Stop TB Pakistan, supported by the Stop TB Partnership, engaged Sindh's provincial Health Minister, the Speaker of the Provincial Assembly, legislators and senior functionaries of social sectors including population welfare, women development, education planning, finance, labour, social welfare and social safety nets in Sindh to highlight the importance of committing to TB elimination and adapting the MAF-TB at the district level. MAF-TB was endorsed by development partners, academics and public health experts seeking a TB-free Sindh. The goal was for Badin to become a model district regarding TB prevention and care in the country. Following the development of the plan, a two-day workshop was held in Badin to launch the project and define specific roles for all sectors in supporting the goal of ending TB led by the deputy commissioner.



Step 2

Undertake a MAF-TB baseline assessment

To support countries, WHO developed a baseline assessment checklist (12) (Annex 2) for country use in pursuing MAF-TB action at country level, which includes three aligned annexes (Fig. 6). The tool is designed to assist Member States in conducting baseline assessments to identify strengths, gaps, achievements and opportunities in advancing multisectoral collaboration and accountability to End TB. It is instrumental for generating evidence across the four essential MAF-TB components (commitments, actions, monitoring and reporting, and review) and associated elements.

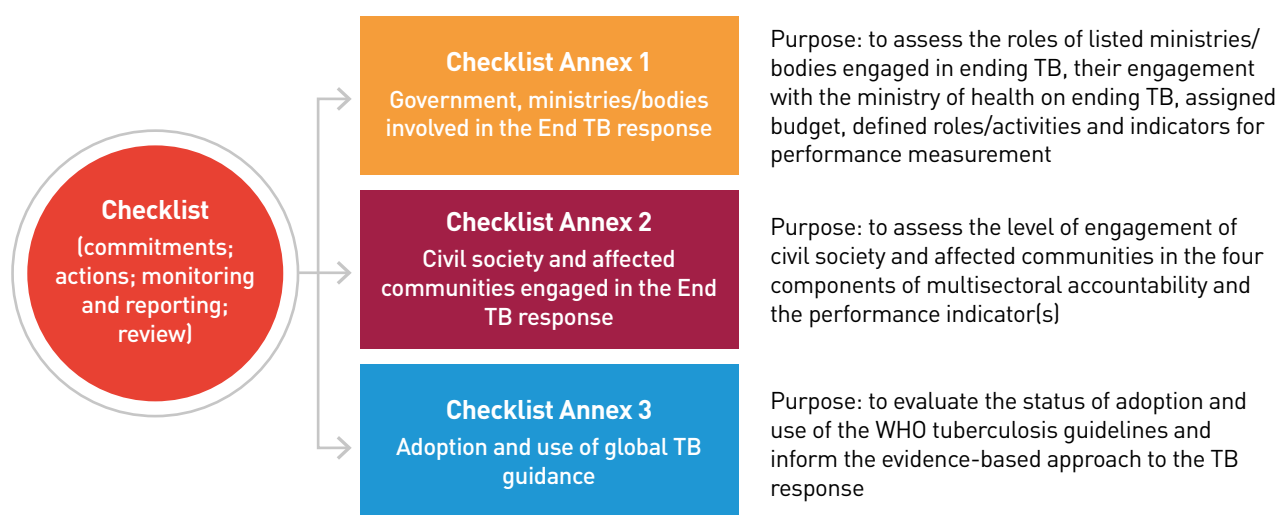
The assessment evaluates whether the global commitments have been translated into national policies and targets, the status of the multisectoral mechanism for coordination and the level of engagement of ministries and bodies beyond the health sector, as well as key stakeholders in the national TB response. It also reviews efforts to address the social determinants and risk factors of TB, along with the consideration of ethics, equity, human rights and gender. It further helps to assess the current mechanisms for monitoring, reporting and review of progress towards achieving national targets and commitments. The results of the assessment can be used as a source of evidence-based information to complement national strategic planning for TB, reviews of national TB programmes and for the development of country proposals for donor funding requests and civil society audits.

The assessment may be a stand-alone exercise undertaken by the country or may be integrated into programme reviews or other assessments.

An example from Belarus is featured in Box 3, which showcases the approach followed by the country in undertaking a MAF-TB baseline assessment and describes the country's approaches to data collection and analysis.

The way to conduct the assessment is described in Annex 2, Frequently asked questions.

Fig. 6. WHO MAF-TB baseline assessment checklist for country use in pursuing a national MAF-TB



The role of civil society and TB-affected communities in the MAF-TB baseline assessments is critical because they are in the best position to help to identify solutions to overcome the social, economic, political, cultural, legal and gender barriers in assessing TB services. Civil society and community organizations should be engaged in all phases of the assessment and play a leading role in implementation of Annex 2 of the MAF-TB baseline assessment checklist. This kind of engagement is in line with the End TB Strategy principle of a “strong coalition with civil society organizations and communities”. A fully functional environment should be in place for their meaningful engagement and contribution to data collection and analysis, as well as for development and endorsement of findings and recommendations (Box 4).

Box 3.

Approaches to data collection and analysis for MAF-TB baseline assessment in Belarus

Belarus undertook a baseline MAF-TB assessment, coordinated by the Ministry of Health, that was implemented by the Republican Scientific and Practical Centre for Pulmonology and Tuberculosis (the national TB programme) in partnership with the Country Coordinating Mechanism. The assessment process took a participatory approach to ensure the voices of the TB community and public were included. The WHO Regional Office for Europe and the WHO Country Office for Belarus provided technical support to operationalize the MAF-TB assessment checklist, along with support to align the different processes of the assessment. This involved completing the WHO MAF-TB checklist and the three annexes.

While not essential, additional qualitative data collection methods were applied to complete the checklist and annexes with more in-depth analysis and data triangulation. Annex 1 of the checklist, “Government ministries/bodies involved in the End TB response”, helps to assess the roles of ministries and bodies engaged in ending TB, their engagement with the Ministry of Health, their budget, defined activities and indicators for performance management. To fill out Annex 1, the assessment team conducted a desk review combined with a self-administered questionnaire for ministries and bodies to provide insights into sector-specific engagement in the TB response and its potential for scale-up. Annex 2, which aims to assess the level of engagement of civil society and affected communities engaged in the End TB response, was led by the nongovernmental organization Defeat TB Together with the support of a regional civil society network, TB Europe Coalition.

The MAF-TB team has prepared a consolidated assessment report with findings and recommendations that will inform the development of the MAF-TB national roadmap. The report will be presented at the Country Coordinating Mechanism meeting and endorsed by the Ministry of Health.

Box 4.

Civil society and TB-affected community engagement in the MAF-TB baseline assessment- Dynamics of the Response of Francophone Africa on Tuberculosis (DRAF TB)

The Dynamics of the Response of Francophone Africa on TB (DRAF TB), a civil society organization focused on empowering communities and TB survivors to participate in the TB response, carried out a regional adaptation of MAF-TB to measure progress in the implementation of the Political declaration of the high-level meeting of the United Nations General Assembly on the fight against TB in francophone western and central African countries. These countries are Benin, Burkina Faso, Burundi, Cameroon, Chad, Congo, Democratic Republic of the Congo, Côte d'Ivoire, Gabon, Guinea, Niger and Senegal. The aim was to empower TB-affected communities to measure progress made in the implementation of the Political declaration of the high-level meeting of the United Nations General Assembly on the fight against TB, using the WHO MAF-TB checklist, and to conduct a basic analysis of the implementation of MAF-TB in each of the 12 countries.

This initiative was funded by Stop TB Partnership. The evaluation used a combination of quantitative and qualitative approaches. One TB civil society focal point in each of the 12 countries was trained by WHO to oversee the assessment in his/her country. The WHO MAF-TB checklist was used to conduct semi-structured interviews with national TB programmes at the country level; the information was refined with the support of TB focal points at WHO country offices. A statistician was contracted to adapt and configure the checklist to generate graphs that assessed the level of implementation of the different components of MAF-TB and the three annexes. The process involved collaborating with the WHO Global TB Programme, the WHO Regional Office for Africa, the West African Regional Network for TB, the Central African Regional Network for TB and the parliamentarians of the Global TB Caucus for francophone Africa on the advocacy element. Data were analysed by linking to the four essential components of MAF-TB.

The findings and recommendations of the baseline assessment were documented in a report and discussed with the key TB stakeholders in a webinar. As a follow-up, a communication and advocacy plan has been developed to promote the assessment findings. It includes video campaigns by six parliamentarians from the Global TB Caucus on TB issues, including the establishment of high-level multisectoral collaboration and accountability frameworks, implementation of national health insurance systems, access to quality services and affordable care and building the capacity of civil society and affected people in community interventions.



Set up or strengthen a national multisectoral coordination and review mechanism

Having in place a national multisectoral coordination and review mechanism to oversee the multisectoral TB response is important for overall coordination, harmonization and alignment of activities undertaken by different government sectors and other stakeholders. This will strengthen collaboration between TB actors and fulfil commitments and joint responsibility towards ending TB. For that, the coordination and review body should be institutionalized and sustainable and have the mandate and capacity for operational support for implementation and review of the national MAF-TB. The body or mechanism could leverage existing bodies in health and beyond or, depending on the context, require the setting-up of a new mechanism. The body should be led by high-level government representatives and include relevant government sectors (ministries and institutions) engaged in the End TB response and beyond and other relevant stakeholders, including civil society and communities affected by TB, the private sector, academic institutions and technical and development agencies represented at the national level.

To ensure effective coordination and review, the body should fulfil the following roles and key responsibilities (Box 5).

The national multisectoral coordination and review body should be inclusive and should comprise representatives of each relevant government sector (ministries and institutions) engaged in the End TB response (at both the national and the subnational or local levels), depending on the country context (epidemiology, government structures, ministry responsibilities), and should be informed by the results of the MAF-TB baseline assessment, which includes mapping of ministries/institutions and stakeholders involved in ending TB (see Annex 1 of the MAF-TB baseline assessment checklist). It should include relevant ministries and agencies (at the national and subnational or local levels) and other stakeholders, including civil society and communities affected by TB, the private sector, academic institutions and technical and development agencies within and beyond the health sector. The full list of potential government sectors and other stakeholders, their roles and responsibilities and indicators to measure their performance are described in the next step.

For smooth and sustainable functioning of the national multisectoral coordination body, countries should consider appointing a secretariat for the national multisectoral coordination and review mechanism. The secretariat function would support administrative and secretarial work, liaise between members and conduct and document regular multisectoral coordination meetings.

Effective performance of the coordination and review mechanism requires resources, technical support and capacity development for the members and stakeholders. A plan to ensure this should be put in place.

The establishment of the coordination and review body should be based on existing national coordination mechanisms. Some examples of such mechanisms include interministerial commissions; a multisectoral working group under the policy coordination committee; country coordinating mechanisms to fight TB, HIV and malaria; health sector coordination committees; national commissions to End TB; national multisectoral committees for the fight against TB, etc. (see Box 6 for a country example). When embedding the multisectoral coordination functions on TB in existing mechanisms, countries should assess the capacity and sustainability of these existing mechanisms and define areas that need to be strengthened to perform the multisectoral coordination and review roles.

Box 5.

Roles and key responsibilities of national multisectoral coordination and review mechanism

Lead the processes related to development of the national MAF-TB and facilitate its implementation, monitoring and reporting

Contribute to the development, implementation and monitoring and evaluation of the national TB strategic plan by harnessing the contribution of all government sectors and other stakeholders, in close collaboration with national TB programmes

Support the development and endorsement of other TB-related documents and regulations, including sectoral-specific planning on End TB activities

Support and facilitate the process of annual multisectoral report development in close collaboration with national TB programmes, based on national TB response monitoring to secure input from all involved stakeholders

Support the organization and facilitate the conduct of the periodic high-level review of the national multisectoral TB response, to inform high-level decisions and ensure leverage for multisectoral action for ending TB and to mobilize the necessary financial resources

Leverage the findings of the annual comprehensive multisectoral TB report and recommendations and decisions of the high-level review to secure high-level governmental approval and enable cross-sectoral implementation of the recommendations

Facilitate mobilization of resources to support the operation and organizational sustainability of MAF-TB cross-sectoral activities in line with the national MAF-TB document and national strategic plan on TB

Facilitate and contribute to high-level advocacy for the multisectoral TB response and MAF-TB, including by mobilizing and raising awareness among all leaders about the TB problem, ensuring prioritization of TB in development programmes, etc.

Box 6.

Viet Nam national multisectoral coordination and review mechanism

The national commission to end TB, chaired by the Deputy Prime Minister, was established in 2019 to guide and coordinate implementation of the national action plan on TB with engagement of multiple sectors. The commission includes representatives from several Government ministries, including finance, health, information and communication, planning and investment, public security and science and technology, as well as associations and related commissions. The national commission is responsible for directing, coordinating and guiding all stakeholders and partners in TB prevention and care and achieving the goal of ending TB by 2030, as well as leading the development of and submitting to the Prime Minister's Office national strategies and an action plan to end TB by 2030 and ensuring regular and ad-hoc reviews.











Step 4

Establish links with sectors and ministries beyond health, including the private sector






The meaningful engagement of relevant stakeholders, especially those beyond the health sector, is vital right from the planning stage and through all the stages of national strategic plan implementation. Table 4 below presents a summary of overarching examples of roles or actions that could be undertaken by sectors/ministries to contribute to the national TB response. Detailed examples of roles and responsibilities of various sectors, which can be adapted for use in the national MAF-TB, including linked performance indicators are listed in Annex 3. The table is aligned with the WHO's Global Action Plan for Healthy Lives and Well-being for All (GAP). Performance indicators should be agreed and assigned to roles and tasks, to ensure ownership and accountability. The names and roles attributed to sectors are indicative, the examples can be modified and adapted by countries to suit their own context, including institutional roles and responsibilities of government ministries, institutions and other stakeholders and their level of engagement in the national TB response. A separate section highlighting private sector engagement is presented below the table.


Table 4. **Examples of roles and responsibilities of sectors**

Sector	Roles and responsibilities (examples)
 <p>Agriculture, food and nutrition</p>	<p>Addressing food and nutrition insecurity which is one of the main drivers of the TB epidemic.</p> <p>Ensuring access to TB care services for agricultural workers and labourers.</p> <p>Addressing tobacco control by promoting the end of tobacco growing and supporting tobacco farmers in transitioning to alternative economic activities, where applicable. Tobacco use is also one of the drivers of the TB epidemic.</p>
 <p>Civil society and TB-affected communities</p>	<p>Contributing to the development of national TB policies and strategies, technical guidelines and tools.</p> <p>Providing community-based TB services in close collaboration with health-care providers.</p> <p>Contributing to national research agenda-setting.</p> <p>Contributing to monitoring and evaluation and high-level review of the TB response.</p>
 <p>Defence and armed forces</p>	<p>Ensuring rights-based TB prevention (including screening) and care services for conscripts and servicemen in the armed forces.</p> <p>Linking with national TB programme to ensure TB care continuity between defence and civic sectors.</p>
 <p>Education</p>	<p>Planning and implementing TB screening and infection control measures in educational settings (schools, kindergartens, universities, etc.), especially in countries with a high burden of TB among children.</p> <p>Raising awareness by development and implementation of training curricula on TB prevention and TB-related stigma in educational settings, as well as on substance use prevention (alcohol, tobacco and drugs).</p> <p>Ensuring the right to education for children affected by TB (in line with the United Nations Convention on the Rights of the Child); awareness-raising among teachers on the neurological sequelae of TB meningitis among children.</p> <p>Ensuring regular updates of educational curriculums for all categories of health-care providers in line with the newest WHO guidelines and recommendations.</p>

Sector	Roles and responsibilities (examples)
Environment, energy and urban planning 	Addressing indoor air pollution and poor ventilation to prevent the spread of airborne infection. Ensuring adequate and safe housing condition (including living conditions). Designing urban health (TB) programmes. Mapping risk factors, local social determinants and risk groups.
Finance, tax and revenue 	Ensuring sustainable and sufficient funding for national strategic planning for TB, including funding for adaptation and implementation of the national MAF-TB. Putting in place policies and strategies through public procurement of TB services from private for-profit and non-profit providers. Putting in place policies and strategies on financial security, including through State-guaranteed health insurance packages, financing of social protection measures to prevent catastrophic costs for people affected by TB, and financing mechanisms for provision of TB services by civil society and community organizations (such as social contracting). Ensuring taxation of tobacco and alcohol products aligned with WHO-recommended recommended standards (for tobacco excise taxes, accounting for at least 70% of the retail price for tobacco products).
Foreign affairs 	Ensuring health and TB are prioritized in national security policies governing preparedness in the face of emerging health threats. Promoting international cooperation and mobilization of additional external funding for the national TB response. Contributing to strengthening of national accountability in fulfilling international commitments in the TB response. Contributing to TB-related drugs and commodities price negotiations with pharmaceutical companies (if needed). Contributing to intercountry agreements on transborder cooperation for the management of TB among migrants and refugees, in collaboration with relevant sectors (health and migration).
Gender equity Human rights 	Ensuring integration of gender as a social determinant of health (including TB) into policy development and national strategic plans on TB to remove gender-related barriers to TB services. Ensuring that gender equity and gender impact to TB vulnerability and care access are integrated into educational/training programmes and curriculums of current and incoming TB programme staff, gender programme officers, legal aid providers and health-care students at all medical training institutions. Ensuring a human-rights-based approach to TB prevention, treatment and care to assist programme managers, civil society and other TB partners. Advocating for public understanding and acceptance to protect human rights, including destigmatization and protection from discrimination, paying special attention to gender, ethnicity and protection of vulnerable groups.

Sector	Roles and responsibilities (examples)
<p>Health</p> 	<p>Ensuring leadership in strategic planning, implementation, and monitoring and review of the national TB response.</p> <p>Ensuring TB is addressed in other sector-specific plans, such as social protection, poverty alleviation, etc., paying special attention to the needs of key and vulnerable populations.</p> <p>Ensuring provision of integrated people-centred, gender-sensitive, quality services for TB prevention, treatment, care (including rehabilitation) and support in line with the principles of universal health coverage, and leave no one behind.</p> <p>Ensuring digital technologies are integrated into health system infrastructures in collaboration with developers of digital health and supporting systems (such as mobile network providers).</p> <p>Ensuring timely provision of quality TB medicines (WHO prequalified) by strengthening the system for procurement and supply management.</p> <p>Strengthening TB surveillance system integrated into the HIS health information system to collect, analyse and use of data for decision-making process.</p>
<p>Private health sector</p> 	<p>As part of multisectoral engagement efforts, national MAF-TB should also include the involvement of all health providers, including those from the private and informal sector beyond the mandate of ministries of health. These providers are often the first point of care for TB patients. The failure to engage the full range of health-care providers has unfavourable consequences, including increased transmission, excess mortality, increased drug resistance, catastrophic costs for TB patients and their families, and incomplete monitoring and evaluation, as a result of delayed diagnosis, inappropriate and/or incomplete treatment and out-of-pocket expenditure for private care (15). WHO has developed a roadmap to strengthen the engagement of all care providers through “public-private mix” approaches (15,16).</p> <p>Private provider participation includes engagement in social health insurance schemes or other platforms for strategic purchasing of privately provided services; mandatory notification regulations and a transition from paper-based to digital, disaggregated and case-based registration systems; and deployment of financial and non-financial enablers and motivators for both patients and providers. WHO recommends 10 key actions to scale up engagement of all care providers in its roadmap (15).</p>
<p>Information and communication/culture</p> 	<p>Organizing and conducting population awareness-raising campaigns on ending TB, including free-of-charge public health adverts using various mass media tools, including broadcast media (television and radio), print media (newspapers and magazines, journals and publications), and outdoor and transit media (billboards, posters, banners, etc.).</p> <p>Ensuring journalists are trained and sensitized on TB-related issues.</p> <p>Engaging national celebrities as a goodwill ambassadors against TB to raise awareness on TB and promote TB-related activities.</p>
<p>Justice, correction, penitentiary (prisons)</p> 	<p>Ensuring national justice systems are fair and accessible, including courts and legal services for people affected by TB who have suffered from discriminatory practices and other types of abuses.</p> <p>Ensuring adaptation and improvement of prison infrastructure and administrative arrangements to reduce the transmission of TB (prison living conditions, measures to reduce overcrowding and improve ventilation and nutrition; limitation of prisoner transfers; greater autonomy of prison health personnel; etc.).</p> <p>Ensuring effective TB infection control measures and services in correction and detention facilities (including TB screening, detection, treatment and social support).</p> <p>Managing penitentiary TB surveillance system and data exchange with national TB programmes and ministries of health (data collection and reporting from medical units in the penitentiary sector to national TB programmes for ensuring continuity of care).</p>

Sector	Roles and responsibilities (examples)
Labour Mining/ commercial fishing/ natural resources 	<p>Ensuring safety-in-the-workplace policies and occupational health services.</p> <p>TB education and awareness in the workplace.</p> <p>Adequate infection control in workplaces (ensuring proper ventilation, avoiding congestion in workplaces).</p> <p>TB services through occupational health services, where applicable, including TB screening, diagnosis, referral and treatment support.</p> <p>Non-discrimination and stigma reduction interventions.</p> <p>Ensuring workplace security policies for people receiving TB treatment.</p> <p>Paid sick leave during TB treatment.</p> <p>Disability grants;</p> <p>Sickness insurance and other income compensation schemes.</p>
Legislation (through parliamentarians) 	<p>Ensuring that TB is streamlined across all policies (disease prevention, tackling social determinants of health, guaranteeing sick leave, protection from loss of employment and loss of income, etc.).</p> <p>Ensuring that TB-specific legislation prevents catastrophic costs due to TB and that the TB response is ethical and based on human rights principles.</p> <p>Ensuring a sustainable and sufficient budget allocated for the national TB response.</p>
Local government/ administration (government) unit providing field services 	<p>Positioning the TB response as a core component at local level and effectively linking with other health-related programmes to reduce risk factors for TB.</p> <p>Ensuring a multisectoral coordination and review mechanism at local level.</p> <p>Ensuring provision of quality, integrated, people-centred TB prevention and care.</p> <p>Ensuring that key and vulnerable populations are addressed, including homeless people, older people placed in institutions, migrant populations and other risk groups.</p>
Migration Applies also to people with undocumented status, refugees and internally displaced persons 	<p>Ensuring rights-based TB prevention and care policies by granting universal access to the whole free-of-charge TB care cascade.</p> <p>Ensuring legislation to abolish deportation due to TB and legal barriers to accessing TB services,</p> <p>Developing and implementing policies and procedures on transborder cooperation for TB service delivery.</p>
Research and innovation 	<p>Contributing to TB-related research and development across sectors to generate quality data in biopsychosocial research and supporting the development of new TB tools.</p> <p>Ensuring policy for early adaptation of new tools and innovations for TB.</p>

Sector	Roles and responsibilities (examples)
Social protection Social welfare Social security Social development	<p>Addressing poverty to improve health and decrease TB risk factors associated with poverty (poor housing conditions and poor nutrition, including through pro-poor growth policies).</p> <p>Ensuring different social protection schemes for people affected by TB and their households (targeting poor people) with social security programmes, cash transfer programmes, disability grants and other social protection measures.</p> <p>Ensuring provision of outreach services (home visits and visits to disadvantaged, vulnerable and marginalized populations) to offer screening, consultation and referral to treatment and social support services.</p> <p>Planning and capacity development of social workers to provide TB-related (including outreach) services, in collaboration with national TB programmes and ministries of health.</p> <p>Providing TB services and necessary infection control measures (e.g. screening, infection control, etc.) for institutions such as homeless shelters, homes for older people, institutions for orphans, vulnerable children and families.</p> <p>Sharing/exchanging data with national TB programme for cross-referral and programmatic convergence.</p>
Transportation 	<p>Ensuring infection control and airborne transmission precautionary measures in public transport.</p>



Step 5

Develop a MAF-TB component or implementation plan

Planning and preparation

The development of a national MAF-TB, either as a component of the national TB strategic plan or as a stand-alone plan, needs to be based on the country's own decisions and context. Processes related to national MAF-TB development and implementation should be transparent and ensure inclusiveness of a broad range of stakeholders, including engagement of civil society and TB-affected communities, the private sector, parliamentarians, local government, universities and research institutes, professional associations, technical partners and other constituencies, as appropriate. This will be important to build multisectoral ownership and accountability. The planning and preparation phase could include the organization of a multistakeholder consultation by the MAF-TB focal point(s) in coordination with the national TB programme and ministry of health, under the overall leadership of the national multisectoral coordination and review mechanism.

If the national MAF-TB will be featured as a component of the national strategic plan on TB, it is critical that the national strategic plan development or update process is well aligned with MAF-TB principles. This can be ensured by engaging the national multisectoral coordination and review mechanism and relevant sectors and stakeholders, including civil society and affected communities and technical agencies, in all phases of national strategic plan development, including planning and preparation; formulating goals, objectives, interventions and activities; developing metrics and activities for monitoring, evaluation and review of the national strategic plan; estimating the cost of the strategic plan; and ensuring consensus and endorsement, dissemination and resource mobilization.

The following good practices (Table 5) need to be considered for TB strategic planning incorporating MAF-TB principles (17).

Table 5. **Good practices in TB strategic planning incorporating MAF-TB principles**

Good practice	Remarks
Government stewardship and ownership	The process of national strategic plan development should be led and coordinated at the highest level of leadership possible within the ministry of health to ensure alignment with national and subnational health priorities and facilitate adequate engagement and participation of other key institutions and agencies within and beyond the health sector. This may include facilitation, buy-in from key stakeholders, resource allocation, leadership support for strategic plan implementation or ownership and government accountability for national and global commitments.
Multisectoral and multistakeholder engagement at national and subnational levels	Full engagement and participation of relevant stakeholders and partners, including those from civil society and TB-affected communities, is required throughout the development process. The WHO MAF-TB (7) and this Operational guidance provide a basis for planning for multisectoral and multistakeholder engagement and accountability at national and local levels.
Alignment with the End TB Strategy and other relevant global and regional strategies	The national strategic plan should be consistent with the End TB Strategy and its three pillars and four underlying principles (the "End TB Strategy at a glance" is shown in Annex 1) adapted to the local context. The national strategic plan should be aligned with other relevant global and regional strategies, including universal health coverage principles.
Alignment with the national health strategy and other health programmes	The national strategic plan should be in line with the national health strategy and complement plans for programmes responsible for addressing TB comorbidities, disability, social protection and other relevant programmes.
Promotion of quality care that is effective, safe and people-centred	The national strategic plan should promote and address quality of care across the health system, to achieve care which is effective, safe, people-centred, free of stigma and discrimination, protective of human rights and promoting equity and gender equality.

The step-by-step guide and principles on how to develop a national strategic plan are described in the [Guidance for national strategic planning for TB](#) (17).

A country example of a multisectoral approach to national strategic plan development is shown in Box 7.

Key considerations

The development of a national MAF-TB component or plan should include setting an agreed vision and interventions for sustainable multisectoral collaboration and strengthened accountability to achieve national commitments to End TB. It should provide a detailed description of all four essential components of MAF-TB that should be adopted and implemented at the national level and in national contexts, namely national commitments, required multisectoral actions, mechanisms for monitoring and reporting to track progress, and high-level reviews. It should describe the steps required to strengthen and/or sustain robust collaboration and accountability.

A variety of available sources can provide data to support the development and implementation of the national MAF-TB, including results of the MAF-TB baseline assessment and other available TB-related assessment and study reports (e.g. patient cost surveys, legal environment assessments, human rights and gender assessments).

In order to strengthen the coordinated multisectoral TB response and achieve smooth implementation of the national MAF-TB, countries need to define the following interventions:

- Government sectors and other stakeholders involved in TB response (mapping – see Step 4);
- goal and results-based objectives for strengthening the coordinated multisectoral response and accountability for all sector and stakeholders in line with the national strategic plan on TB, health sector strategy and other sector-specific strategies;
- multisectoral action on the four essential MAF-TB components (see examples of interventions in this section); and
- roles and responsibilities of government sectors and other stakeholders, and indicators for measuring their performance (see examples of the roles of government sectors and other stakeholders in Step 4);
- monitoring and reporting mechanism, including the data exchange mechanism between government sectors and other stakeholders (see Step 9); and
- national multisectoral coordination and review mechanism: goals and objectives, mode of operation, capacity-building and financing.

Once the national MAF-TB implementation component or plan has been developed, it is advisable to develop linked annual workplans with activities, expected outcomes, indicators to measure performance, budget and source of funding. The implementation plan will define the specific actions to be taken by all engaged stakeholders, serve as a benchmark for MAF-TB monitoring and reporting and inform preparations for the annual comprehensive multisectoral report for the high-level review.

Endorsement and formal approval of the national MAF-TB component or plan

When the national MAF-TB component or plan has been finalized, it should be endorsed by all stakeholders involved in its development and implementation through the national multisectoral coordination and review mechanism. To facilitate this, it is recommended that the secretariat of the mechanism, in coordination with the national TB programme, should organize a consensus workshop/consultation with the engagement of wider groups of stakeholders involved in the national multisectoral TB response, at which it presents the national MAF-TB for their approval.

To ensure sustainable and timely implementation and allocation of the resources needed, the national MAF-TB should be formally approved at a high level of government through relevant governmental decrees, such as a decree issued by the President or the Cabinet of Ministers or other legal documents.

This endorsement of the national MAF-TB by all stakeholders and its formal approval by the high-level government body will serve as a basis for further multisectoral accountability, sharing of responsibility and consolidation of enforcement power across all sectors and stakeholders.

Two country examples of adaptation of the national MAF-TB document are shown in Box 8.

Box 7.

Multisectoral perspective on national strategic plan development in Brazil

The Brazilian Plan to End TB is the strategic plan that describes commitments and goals and comprises five implementation phases: 2017–2021, 2021–2025, 2025–2030 and 2030–2035. It is structured on three pillars of the End TB Strategy, including patient-centred integrated care and prevention, bold policies and supportive systems and intensified research and innovation and aligned with the National Government Action Plan. The Brazilian Plan to End TB, developed in 2017, was a collaborative process that involved participation from academicians, civil society, TB-affected communities and local TB programme coordinators. The Plan was updated in 2021 with multisectoral participation. In both 2017 and 2021, the plan went out for public comment, was agreed upon by the Unified Health System (Sistema Único de Saúde) at local, state and federal levels and was discussed at public hearings at the National Congress. Such processes and strategies strengthen cooperation with internal and external partners, advancing the strategic plan's political role.

Box 8.

Adaptation and implementation of the national MAF-TB: India and Uganda

India

The national multisectoral action framework is the strategic document which makes a strong case for transforming India's TB elimination efforts from action by the health sector alone to a whole-of-society responsibility. It is a guide for policy-makers and a call to action for communities, civil society, private sector and other partners and stakeholders. The overarching goal is to strengthen the country's capacity for a multisectoral response to facilitate TB elimination by 2025, with the key objective of achieving policy convergence and adopting a health-in-all policies approach. The framework highlights the six key strategic areas for integrated action, including integrated health-care service delivery; TB-free workplaces; socioeconomic support for patients; awareness-raising and infection control; corporate social responsibility and investment in TB; and targeted interventions for key populations. The framework includes a list of Government ministries and other stakeholders and the strategic area and scope of collaboration with each of them. It acknowledges the importance of resources for defined strategic areas (including financing, capacity-building and technical resources and research), and calls upon partners and governments to mobilize resources for their implementation.

Uganda

Uganda adopted its multisectoral accountability framework in November 2020. The framework aims to provide guidance for Government ministries, departments and agencies, local government, development partners, nongovernmental organizations, civil society organizations, the private sector, international development partners and cultural and religious leaders in mainstreaming TB prevention and care as a cross-cutting issue in their plans and budgets, as well as accelerating and improving the coordinated and harmonized national response to TB. The development of the framework involved extensive consultation with different sectors to ensure alignment with the mandate of relevant stakeholders and create commitment. The framework is in line with the National Development Plan, Health Sector Development Plan and national strategic plan on TB and aligned with global commitments and targets. The MAF-TB describes the mechanism for coordination and accountability, monitoring and evaluation and review processes. It defines the list of priority sectors and agencies involved in the TB response, with their entry points and actions to address TB.



Strengthen advocacy and resource mobilization for national MAF-TB implementation

A high-level spotlight on ending TB is critical to drive increased action and investments. To facilitate this, there is a need for a strong targeted advocacy and resource mobilization plan covering all sectors. This plan needs to be country-specific, culturally sensitive and tailored to different target groups, and must address the various social determinants and risk factors of TB.

Strategic advocacy

Advocacy should not only cover key TB milestones and events, such as World TB Day, but also go beyond TB-specific activities to leverage advocacy and promotion efforts in associated areas such as universal health coverage, antimicrobial resistance, noncommunicable diseases and pandemic preparedness efforts. Innovative approaches and the latest tools for communication, including those in social media, should be actively utilized for broad outreach.

National governments, partners, civil society and other stakeholders need to continually raise the profile of national TB efforts to send a clear message that the government and its partners are accelerating efforts to end TB. Collaboration should include partners beyond the TB community.

Activities related to advocacy, sustained communication and knowledge-sharing are three distinct sets of activities which have the shared goal of bringing about behavioural change. One of the major distinctions between them is their respective audience. Advocacy primarily works with public leaders or decision-makers; communication generally targets individuals or subpopulations in the public; and knowledge-sharing to mobilize communities aims to secure support from the broad public and specific communities. An integrated approach incorporating all three sets of activities will maximize their impact.

A country example is shown in Box 9.

Resource mobilization

Sources of financing for national MAF-TB should be clearly identified and allocated as part of national TB strategic plans or health sector plans and other sector-specific plans related to the TB response. Financing sources may include domestic funding from the health and other sectors and international or bilateral resources for core activities, including universal access for TB diagnosis, prevention, treatment and care. MAF-TB should also be included in universal health coverage and social security mechanisms, so that no one with TB or their household faces catastrophic costs, in line with the principles of equity and human rights. High-level advocacy can help to drive domestic and international investment in the national TB response.

Box 9.**Advocacy, communication, and knowledge-sharing for MAF-TB promotion in Cambodia**

The Khmer HIV/AIDS NGO Alliance (KHANA) has promoted MAF-TB by increasing meaningful engagement of journalists and celebrities in the TB response, as a follow-up to the Political declaration of the high-level meeting of the United Nations General Assembly on the fight against TB. As part of this initiative, KHANA, in collaboration with the Cambodian Journalists Alliance Association (CamboJA), developed a joint workplan for meaningful engagement with journalists on TB awareness, particularly among key populations including elderly people, children, people living with HIV and AIDS, miners and those living with diabetes, in line with the national strategic plan on TB 2021–2023. The primary objective of the workplan is to sustain, align and strengthen the engagement of different actors in the fight against TB at the national level through several interventions. The interventions include a reporting contest to encourage the participation of media professionals in covering TB and the production of two video reports focusing on governance and accountability in TB eradication. Collaboration between the two partners has also enhanced advocacy efforts to ensure that TB is a top priority in the national health development agenda. Under the joint workplan, KHANA has held a TB awareness-raising workshop for journalists and celebrities. KHANA also conducted a two-day online training course for 20 journalists and other media professionals, especially for those covering health, to increase their health journalism skills and knowledge of TB and its related issues. This case study highlights KHANA's efforts to promote MAF-TB by engaging with influential members of society and developing a joint workplan with journalists.



Step 7

Promote universal health coverage and address health-related risk factors in national MAF-TB implementation

National MAF-TB implementation should support universal health coverage principles and the rapid uptake of WHO's latest guidelines and policies. Universal health coverage is defined as "the situation where all people are able to use the quality health services that they need and do not suffer financial hardship paying for them". To make strides towards universal health coverage and reach the ambitious goals set by the Political declaration of the high-level meeting of the United Nations General Assembly on the fight against TB, countries should improve their policies, guidelines and systems for achieving and sustaining universal health coverage by scaling up access to general health services and TB prevention, diagnosis, treatment and care services without financial hardship for TB patients and their household members.

Progress towards universal health coverage through action in the TB domain includes the following.

- Improving access to the full range of people-centred high-quality TB services, as part of general health services. TB services should be provided free of charge, including general (pre-TB diagnosis) consultations and testing, medicines, follow-up tests and all expenditure associated with complete curative or preventive treatment in the public and private sectors, especially for vulnerable and marginalized groups, which have the poorest access to services. This can be achieved within a national health service package or through a national health insurance scheme. Further actions aimed at improving access and quality of TB services include the following.
 - *Decentralization of TB services:* TB care for all forms of TB, including drug-resistant TB, should be decentralized and mainly be ambulatory rather than hospital-based care, with a stronger role of primary care, community- or home-based care as opposed to facility-based treatment, with full access to needed specialized care for those with complications or who are seriously ill or have severe adverse events.
 - *Service integration:* mechanisms should be developed and implemented for effective integration and coordination with other health and community stakeholders, including child health services, services for HIV, diabetes, chronic pulmonary diseases, mother and child health, mental health, nutrition, tobacco cessation, palliative and end-of-life care, and substance use, as well as public health services, such as antimicrobial resistance, surveillance, pharmacovigilance, infection control, nutrition surveillance and drug management (18). Detection or screening for comorbidities is needed in TB care, to ensure persons are placed on the appropriate pathways.
 - *Detection of TB contacts and preventive TB treatment:* programmatic approach to the detection of TB contacts should be strengthened and access to TB preventive treatment improved by integrating these services into the primary health care network and all sectors of government.
 - *Supportive services* (social assistance, psychosocial support) should be an integral part of people-centred services.
- To ensure the quality of services, including appropriate use of quality-assured medicines and diagnostic technologies, essential and specific packages of TB diagnosis and treatment services within health insurance schemes need to be defined and reimbursement ensured through appropriate systems.

In addition, to strengthen accountability, applying the universal health coverage approach needs the development and implementation of other system-wide regulatory frameworks in a TB-sensitive manner, including:

- regulation of production, quality and use of TB diagnostics and medicines: regulation and adequate resources for enforcement are required for the registration, importation and manufacturing of quality-assured medical products;
- mandatory notification of TB: an effectively enforced infectious disease law, or equivalent, that includes compulsory notification of TB cases by all health-care providers is essential to address undernotification of cases, since undernotification hampers disease surveillance, contact investigation, outbreak management and infection control;
- improved recording of TB deaths within vital registration: effective vital registration systems need to be developed or strengthened to ensure that every death attributable to TB is properly recorded.

The recently released [WHO Consolidated guidelines on tuberculosis \(19\)](#) include up-to-date evidence on prevention, screening, diagnostics, treatment and care, to help countries to implement their commitments in ending TB. WHO has developed accompanying operational handbooks for all the guidelines showing how to put in place the WHO recommendations at the scale needed to achieve national and global impact. WHO has also released a Framework for collaborative action on TB and comorbidities, to support countries in the evidence-informed introduction and scale-up of holistic people-centred services for TB, comorbidities and health-related risk factors, with the goal of comprehensively addressing TB and other co-existing health conditions. WHO guidance on social protection for people with TB is also being released to ensure access to care, free of financial hardship. Countries should ensure timely translation of these WHO guidelines and recommendations into national action. New technologies, including digital technologies, will help to scale up implementation of guidelines and achievement of national targets. The WHO Global TB Programme has established the [WHO TB Knowledge Sharing Platform \(20\)](#). This online platform supports Member States and partners to access the modular WHO guidelines on TB with corresponding handbooks and training materials. The tools that can be used to inform the development and implementation of integrated people-centred TB services, including quality prevention, diagnostics, treatment and care, are described in Web Annex A.



Step 8

Facilitate equitable access to ethical, people-centred, rights-based TB services and address the key drivers of the epidemic

Enforcement of national legislation to guarantee equitable access to ethical, people-centred, rights-based TB services

Many of the factors that increase a person's vulnerability to TB or reduce their access to services to prevent, diagnose and treat TB are associated with their ability to realize their human rights. The highest TB burdens exist where vulnerability and marginalization increase the risk of infection and disease and erect barriers to accessing prevention, testing and treatment services. Key affected populations – poor people, people living with HIV/AIDS, mobile populations, prisoners, miners, people who use drugs, and children – face entrenched stigma and discrimination, further restricting their access to services, discouraging health-seeking behaviour and making it difficult for them to mobilize and demand their rights. The promotion and realization of human rights is essential to overcome underlying social, economic and structural barriers, diminish people's vulnerability to TB, ensure an effective response to TB and increase the impact on health and development more broadly (21). Therefore, a human-rights-based approach can help overcome the many barriers to effective TB prevention, treatment and care (22).

A human-rights-based approach to TB is grounded in international and regional treaties and national constitutions. These laws establish the rights of people living with and vulnerable to TB, including the rights to life, health care, education, employment, social protection, non-discrimination, privacy, participation, information, freedom of movement, housing, food, water and the benefits of scientific progress. Human rights law also creates corresponding legal obligations of governments and responsibilities of private actors, promoting accountability and access to remedies for violations of these rights.

As part of national MAF-TB implementation, countries should develop relevant strategies and legislation in line with the overarching values and principles of human rights and transform them into the concrete legal expression of ethical values, including for instance non-discrimination, participation and accountability. To achieve this, it is necessary to identify, assess and review laws, processes, policies and practices in TB prevention and care that violate human rights, either directly or indirectly. The role of multisectoral partners, especially parliamentarians, is critical in these processes. Some examples of action that can be taken to change policies and laws that undermine the uptake and effectiveness of TB programmes are shown in Table 6. See also (23, 24).

Table 6. Possible action to change discriminatory policies and laws

Action	Examples
Combating involuntary isolation and coerced or compulsory treatment, including compulsory hospitalization of people with TB	Forced treatment is never permissible. In all cases, treatment for TB must be provided on a voluntary basis, with the individual's informed consent and cooperation. To this end, countries should recognize and establish the right of people affected by TB to informed consent for all testing and treatment services, including the right to refuse treatment.
Reforming intellectual property regulations and laws and regulatory frameworks for medicine registration	Only 1 in 3 people can access multidrug-resistant TB and extensively drug-resistant TB treatment, partly because of the high prices of these medicines, which are protected by patents, and partly because these medicines are not yet registered for therapeutic use in some countries (25).
Improving policies, practices and laws affecting care for mobile populations, such as refugees and other migrants	In the interest of public health and human rights, migrant workers, refugees and displaced people should have access to the TB services they need. People affected by TB have the right to freedom of movement.
Enabling legal and policy framework	Governments need to create an enabling environment to ensure access to TB services for vulnerable populations including people who use drugs, review punitive legal and policy frameworks hindering access. (26).
Improving workplace/ occupational policies and laws to address occupational risks	Assessment is required, followed by revision of employment-related laws and practices that undermine the rights of workers who have TB, have had TB, or are put at risk of TB in their work, including failing to give them time off for treatment without loss of their job or seniority and failing to ensure confidentiality of workers' TB status (27). In many countries, women who are domestic workers or occupy other informal-sector jobs are unlikely to be included in national insurance schemes or may face other systemic barriers to TB care.
Improving prison conditions and policies	It is important to assess and/or address prison conditions with respect to TB risk – overcrowding, poor ventilation, drug injection with contaminated equipment, etc. – and to establish policies and practices that minimize TB risk and optimize access to care.

Development and promotion of approaches to eliminate and/or reform laws, processes, policies and practices that violate human rights should be fostered by applying a transparent approach in their formulation, implementation and monitoring and evaluation. The national MAF-TB, through its accountability mechanism, can ensure participation of vulnerable groups and people affected by TB when revising and developing strategies and legislations and defining indicators to monitor government performance for a human-rights-based approach to TB action.

Countries are advised to use WHO tools while developing and/or revising legislation that is ethical, people-centred, rights-based and equitable (see Web Annex A, WHO supportive guidelines and documents on enforcement of national legislation to guarantee equitable access to ethical, people-centred, rights-based TB services). A country example of ethical, people-centred, rights-based and equitable legislation is shown in Box 10.

Addressing the social determinants and risk factors of TB through social protection

The social and economic determinants of TB include, for example, poverty, inequality, food insecurity and poor living conditions (e.g. crowded, polluted and poorly ventilated living conditions). Key health-related risk factors for TB include undernutrition, HIV, smoking, diabetes and alcohol and drug use disorders, including acute and life-threatening conditions due to alcohol and drug use disorders (e.g. alcohol/drug intoxication, withdrawal and opioid overdose). Undernutrition is an important risk factor for developing active disease.

To address the social determinants and risk factors of TB, the following actions should be undertaken.

- It is important to conduct an assessment of the key drivers of and direct risk factors for TB that are linked to socioeconomic determinants, including HIV, undernutrition, diabetes, smoking, drug and alcohol abuse, crowded living conditions, silica exposure in workplaces, indoor air pollution and other factors at the population level. Such mapping helps to identify the key determinants for improving TB prevention at the population level, priority risk groups for support, entry points for intervention and the stakeholders that need to be responsible and accountable for pursuing these interventions, within and beyond the health sector. The assessment should be coupled with an analysis of existing financial risk protection mechanisms already built into the health system.
- Most action to tackle the social determinants and consequences of TB hinges on policies developed outside the health sector. Non-health-sector stakeholders, such as ministries of social welfare, finance, education, labour or the interior, should have a clear mandate to formulate and take action on social determinants.
- Governments need to develop and pursue overarching poverty reduction and social protection strategies and policies to reduce the prospect of TB transmission and TB progression from infection to disease and improve access to health services and adherence to recommended treatment.
- Social protection measures (e.g. sickness insurance, disability pensions, social welfare payments, other cash transfers, travel or food vouchers or food packages) should be harnessed to ensure financial protection and protection from income loss. In addition, social protection measures should be mainstreamed in the policies of other sectors, such as policies on food security, improved housing, poverty reduction, employment protection and human rights protection for refugees, migrants and prisoners (see Box 11) and other marginalized groups.

To address health-related risk factors, the national TB programme should coordinate efforts with other departments in the ministry of health outside the domain of infectious disease control, such as those addressing smoking, alcohol abuse and food insecurity and undernutrition.

Through the established national multisectoral review mechanism, nongovernmental actors, including the private sector and civil society, should also be engaged in the policy dialogue, as should entities of the United Nations system and other major development organizations at country level.

Country examples of social protection for people with TB are shown in Box 12.

Box 10.

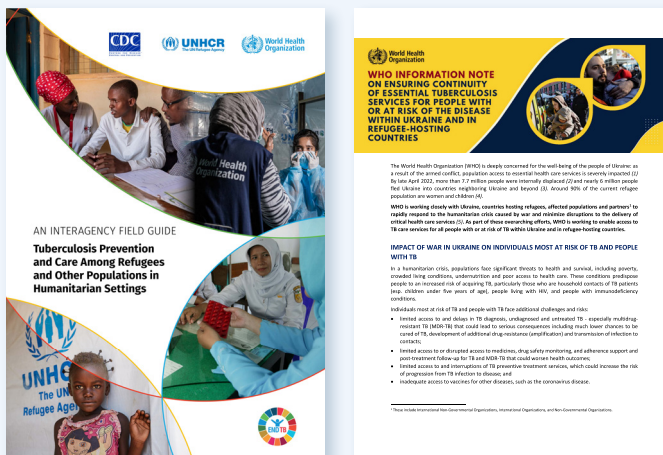
Ethical, people-centred, rights-based and equitable legislation in the Philippines

There is a plan for further amendments to the existing TB law to align it with the universal health coverage law. Such considerations include: the inclusion of TB infection in the list of notifiable conditions for mandatory reporting; expansion of the PhilHealth [national insurance company] TB benefit package; transfer of the provision of commodities for TB screening, testing, diagnosis, treatment, and prevention to local government units; and encouragement of network accreditation of private health facilities offering TB services. Importantly, the National Coordination Committee Manual of Procedures, detailing provisions of the TB Law Implementing Rules and Regulations, the National Coordination Committee Performance Assessment Framework and monitoring mechanisms, is currently being drafted.

Box 11.

TB prevention and care among refugees and other populations in humanitarian settings

Refugees and other populations in humanitarian settings face substantial threats to their health and survival, including poverty, crowded living conditions, undernutrition and poor access to health services – all conditions in which TB transmission thrives. To address this, WHO, in collaboration with the United Nations High Commissioner for Refugees and the United States Centers for Disease Control and Prevention, developed an interagency field guide that provides an overview of key actions in preparing for and delivering effective TB prevention and care (diagnosis, treatment and prevention) services for refugees and other populations during humanitarian emergencies. The actions are designed to be integrated fully within coherent emergency preparedness planning and response. The guide focuses primarily on managerial and organizational aspects of TB interventions and provides links to the most updated references for clinical aspects. Since its launch, the guide has already been translated into Ukrainian and used to provide guidance for Ukraine and countries hosting refugees and affected populations. WHO is working extensively with partners to ensure continuity of essential TB services for all people with or at risk of TB within Ukraine and in refugee-hosting countries. A special WHO information note has been developed and disseminated with guidance on this issue.



Box 12.

Social protection for people with TB in Djibouti and India

Djibouti

To mitigate the socioeconomic impact of the COVID-19 pandemic, WFP is complementing the national social protection programme (Programme National de Solidarité Famille – PNSF) with a cash transfer programme for the most vulnerable households affected by HIV and TB. At the same time, WFP strongly advocates and advises national counterparts to include these households in the PNSF. With the support of two local nongovernmental organizations (Le Reseau and Solidarité Féminine), and in close collaboration with the Ministry of Health and Ministry of Social Affairs and Solidarity, cash was paid to HIV/TB-affected households for 9 months. To reduce barriers related to stigma and discrimination, beneficiaries are also enrolled in the national social registry managed by the Ministry of Social Affairs and Solidarity, like other PNSF beneficiaries. Once enrolled in PNSF, beneficiaries are automatically eligible for health insurance under the Programme d'Assistance Sociale de Santé.

India

Since April 2018, the Ministry of Health and Family Welfare, Government of India, has launched the direct benefit transfer scheme, including nutritional support for people with TB (called "Nikshay Poshan Yojana"); transport support for TB patients in notified tribal areas, and an honorarium for treatment supporters (1000 rupees (Rs.) for drug-susceptible TB patients and Rs. 5000 for drug-resistant TB patients). The monetary assistance scheme meets nutritional and transportation needs and is expected to reduce the out-of-pocket expenditure of TB patients, increase TB notifications and motivate patients to complete their treatment. Under this scheme, Rs. 500 per month is transferred to the bank account of TB patients for the entire duration of their treatment and Rs. 750 (one-time transfer) for transportation needs. In Gonda district, Uttar Pradesh, the local members of parliament have been advocating for these schemes among district administrations and offering their support in raising awareness about the initiative.



Undertake regular monitoring and reporting on national MAF-TB implementation

Monitoring and reporting is one of the four key elements of the MAF-TB to measure progress and the effectiveness of the actions taken to achieve the national goals, objectives and targets. Monitoring is defined as routine tracking of programme performance using input, process and outcome data collected on a regular, ongoing basis. Data collected in monitoring and reporting efforts provide evidence of effectiveness (or lack of it) of TB programme performance and inform the review of the TB response which is used for strategic policy decision-making, including pledges of new or re-enforced commitments. It also helps in holding all relevant sectors and other stakeholders accountable for their commitments to End TB activities and tracks progress made in the fulfilment of those commitments.

MAF-TB specifies that the following monitoring and reporting elements need to be in place to measure the progress of the national multisectoral TB response:

- routine recording and reporting on TB, including monitoring of TB incidence and deaths attributable to TB;
- monitoring of indicators related to social and economic determinants and health risk factors of TB;
- national surveys and other special studies;
- national TB reports;
- annual reporting to WHO; and
- civil society and nongovernmental organization reports.

While many suggested elements are already performed routinely to measure TB programme performance (e.g. routine recording and reporting on TB incidence and death, annual TB reporting to WHO), other elements (e.g. monitoring of indicators related to social and economic determinants and health risk factors in TB, civil society and nongovernmental organization report) that help to evaluate the performance of other sectors and stakeholders beyond the health sector are still not measured. In addition, national monitoring and reporting should evaluate the progress of MAF-TB implementation, as well as ensuring alignment with national SDG reporting processes to analyse the progress of various SDG indicators relevant to the TB burden (see Annex 1).

Examples of roles and responsibilities of sectors and associated performance indicators. Indicators to measure performance of all stakeholders described in Table 4 above may be integrated into national surveillance systems.

In addition, countries should develop a mechanism for data exchange with non-health sectors and stakeholders, data collection and data aggregation, analysis and reporting. The national multisectoral coordination and review body can be used to engage all stakeholders to provide data to ensure performance accountability.

Routine recording and reporting on TB

Routine recording and reporting on TB are conducted through the national TB surveillance system. The major goal of TB surveillance is to provide an accurate measure of the number of new TB cases and related deaths that occur each year, and to assess these trends over time. Many countries have well established surveillance systems that meet WHO standards for TB surveillance and vital registration systems; however, in other countries there are serious gaps. For example, TB cases that are diagnosed in the private sector remain unreported in many settings and, in many high-burden TB countries, people with TB may not access health care and therefore not be diagnosed at all. Furthermore, many countries lack vital registration systems with the geographical coverage and quality required to accurately measure deaths caused by TB (30). Ideally, the TB surveillance system should be in electronic format to facilitate timely availability and analysis of data, and the analyses should be disaggregated by variables such as age, sex and location.

To monitor and report the implementation of the people-centred approach to TB services, indicators related to TB and other comorbidities and conditions should be integrated into the national TB surveillance system. To ensure completeness, the surveillance system should track all forms of TB disease (i.e. including TB meningitis, etc.). WHO has developed a checklist of standards and benchmarks for TB surveillance and vital registration systems for assessment of national TB surveillance and vital registration systems which defines requirements to and criteria for a high-performance surveillance system, including data quality (completeness, internal and external consistency) and system coverage for [TB surveillance and vital registration systems](#) (30). It is recognized that the standards and benchmarks related to health systems coverage and vital registration fall outside the purview of the TB programme. However, to assess the capacity of the surveillance system to accurately estimate the TB burden, these two standards and associated benchmarks are deemed necessary. Therefore, collaboration is needed between national TB programmes and the government administrative system in charge of civil registration and vital statistics systems.

A country example of a case-based TB surveillance system is shown in Box 13.

Monitoring of indicators related to social and economic determinants and health risk factors of TB

Achieving the global TB-related targets and commitments, including the End TB Strategy targets and milestones, requires progress in reducing both health-related risk factors and broader social and economic determinants of TB infection and disease. The Sustainable Development Goal framework includes targets and indicators related to these risk factors and determinants. WHO developed a TB-SDG monitoring framework in 2017 that identified clear links between various Sustainable Development Goal indicators and TB incidence and enabled further analysis of the relationship between the two. The framework is shown in Web Annex B and comprises 14 indicators under seven SDGs, with the rationale for the selection of these indicators and comments on whether it is relevant to collect data for TB patients specifically.

In this context, analysis of selected SDG indicators that will influence the course of the TB epidemic should be integrated into national TB monitoring and reporting and used in the national annual reports on TB to inform the high-level review and subsequently the multisectoral action needed to end the TB epidemic.

However, importantly, collection and reporting of data for these 14 indicators do not require any additional data collection or reporting efforts by national TB programmes. At the global level, the United Nations has established a monitoring system for Sustainable Development Goal indicators, and countries are expected to report data annually via the appropriate entities of the United Nations system (including WHO). Therefore, analysis of the status of and trends in the 14 indicators related to TB will be based primarily on accessing the data held in the United Nations Sustainable Development Goal database. The latest status and recent trends in each indicator are published annually in [the Global TB report](#) (35).

National surveys and studies on priority topics

Countries should set national research priorities aligned with the needs of the national TB programmes using the WHO tool, the People-centred framework (36). When the national TB programmes, stakeholders and partners review and analyse data along the continuum of care, they can assess the quality of the data and determine whether they are sufficient to identify programmatic gaps, to find the root causes of gaps, to optimize interventions and to set priorities. Identifying these gaps stimulates data collection to expand the body of evidence for future national TB programmes and policies. Furthermore, setting research priorities that directly respond to gaps identified by national stakeholders will be used to inform policy, ensure the efficient use of resources and optimize the impact of investment (36).

Conducting national surveys and studies on priority topics can complement routine surveillance systems and collect additional data that cannot be collected through routine surveillance, identify gaps and provide evidence for decision-making and programme planning, including the impact of different social determinants on the TB burden; they can also be useful at the subnational level to address geographical heterogeneity, such as regional differences in the TB burden, the populations at risk, socioeconomic factors or TB service performance.

Some examples of national surveys conducted so far and their objectives are described in Web Annex C and include:

- TB prevalence surveys
- epidemiological reviews and WHO TB surveillance checklists
- drug resistance surveys
- TB patient cost surveys
- patient pathway analyses
- inventory studies
- assessments conducted by/with civil society (TB communities, rights and gender assessment)
- country-level TB modelling.

Country examples of TB patient cost surveys and implication of their results in cross-sectoral policy and interventions are shown in Box 14.

National annual report on the TB response

The national annual report on the TB response is the documented product of routine monitoring and evaluation and the results of studies and assessments, if appropriate. It should describe the progress and performance of all involved sectors and stakeholders in achieving the objectives and targets of the national strategic plan and national MAF-TB, identify challenges, and provide evidence-based information for decision-makers on timely actions for improvements in implementation and further mobilization of resources if needed.

WHO suggests using the People-centred framework for TB programme planning and prioritization for the development of the national annual TB report. The framework suggests a systematic approach to assessing programme performance from the perspective of integrated and people-centred care by consolidating available data and mapping programme indicators along the continuum of care. The use of the [People-centred framework](#) helps to prioritize problems, conduct root-cause analysis, and optimize strategic interventions to address root causes and priority problems (36).

The national annual TB report should include data for the indicators defined in the national monitoring and reporting plan, disaggregated by age, sex, location and other relevant variables, if appropriate. In addition, the annual report should cover and include the following:

- interpretation of monitoring results, including progress towards national TB targets and the influence of such progress on Sustainable Development Goal indicators associated with TB incidence in the country;
- progress in adaptation and use of the national MAF-TB, including sector-specific contributions and actions on social determinants of health;
- progress in the engagement of civil society, the TB-affected community and private sector providers (both for-profit and non-profit) in the TB response, specified by type of engagement;
- key and vulnerable population needs and barriers in access to TB care, progress in addressing stigma and discrimination, and gender issues (informed by community, rights and gender assessment tools (37)); and
- outline of future actions needed, based on the findings.

Development of the national annual TB report should be led by national TB programmes under the overall coordination of the national multisectoral coordination and review body to ensure input from other relevant sectors and key stakeholders, including civil society and TB-affected communities.

The national annual TB report serves as an evidence-based source to inform the periodic high-level review of the national multisectoral TB response and facilitates further multisectoral action for ending TB and mobilizing necessary resources. It is recommended that the Report should be approved by high-level governmental decree in order to enable cross-sectoral implementation of the recommendations.

The national annual TB report can be accompanied by complementary outputs and products that are customized for particular audiences, such as brochures, policy briefs, presentations, press releases, factsheets and dashboards showing progress against indicators.

Annual reporting to WHO

Every year, WHO Member States report their data on TB disease trends and their response to the epidemic to WHO, using a global reporting system managed by the WHO Global TB Programme. Data include trends in the TB disease burden (incidence and mortality), TB diagnosis and treatment, multidrug-resistant TB, TB/HIV coinfection, TB prevention, universal health coverage and financing, and status of core elements of MAF-TB (for 30 high-TB-burden countries). It also includes an overview of pipelines for new TB diagnostics, drugs and vaccines.

Following review, validation and analysis, reported data are published in the [annual WHO Global TB report](#) and online (in the form of raw data and country profiles) (38). [The 2021 edition](#) of the report (39) was produced in a new and more web-centric format. The annual Global TB report serves as an essential tool of global accountability, making reported data publicly available and providing comprehensive data to inform the course of global action to end TB.

The indicators for which data should be collected routinely or through periodic studies, as well as the methods and schedule for collection, validation, analysis and reporting of data to the WHO global reporting system, should be discussed, agreed and approved at national level, informed by global guidance and recommendations.

Engagement of civil society and nongovernmental organizations in monitoring and reporting of the TB response

Active involvement of civil society and TB-affected communities in monitoring and reporting of the TB response is important to mainstream the voices of civil society and TB-affected communities into decision-making, policy, programmes and activities. It should involve both the engagement of civil society and TB-affected communities in regular monitoring and reporting of the national TB response and monitoring of the services provided by them.

National TB programmes should ensure that civil society and TB-affected communities are involved in regular monitoring meetings of national TB programmes and consulted in the design of major TB-related surveys. In addition, it is recommended that civil society and affected communities contribute to designing and conducting gender, stigma and/or legal environment assessments.

On the other hand, regular monitoring and evaluation of community-based services provided by civil society and TB-affected communities should be conducted as part of the overall national TB response to assess the level of engagement and quality, effectiveness, coverage and delivery of those services. This will promote a learning culture and serve as a foundation to ensure continuous improvement in programme implementation. To this end, national TB programmes in consultation with the national platform(s) representing civil society and affected communities should develop standardized data collection and reporting tools for use by civil society and TB-affected communities, as well as indicators to measure the implementation of community-based TB activities and contribute to capacity-building to enable civil society and TB-affected communities to perform monitoring and reporting. National surveillance and reporting systems should explicitly reflect the contribution of community-based TB activities to the overall results (40).

Box 13.**Case-based surveillance system for monitoring and reporting on TB in India**

India, the country with the highest TB incidence, made TB a notifiable disease in 2012 through an executive order (31). Since then, all health-care providers in the public and private sectors are expected to report information on diagnosis and treatment of TB cases to the nodal public health authority or officials designated for this purpose (32). In 2012, the Ministry of Health and Family Welfare developed and launched a case-based TB surveillance system, "Nikshay Poshan Yojana", to improve monitoring and reporting and ensure a hassle-free notification system. Real-time availability of patient information at various levels (district, state and national) from the local treating physician at the health facility to the basic programme management unit, has improved the quality of data, monitoring of individual TB patients and programme performance overall. This system provided an opportunity for both the public sector and the private sector to contribute to TB patient notification and facilitates monitoring of trends in quantity and quality of care. In 2018, the system was upgraded to facilitate mobile-based notification and a national TB call centre was established. The Nikshay system is also being linked to the Public Financial Management System to facilitate electronic payment of cash benefits (direct benefit transfer) to TB patients, and to notify private providers and systems for the purposes of digital adherence monitoring. Since the introduction of Nikshay, TB notification increased from 1.4 million to 2.4 million (a 60% increase) in 2019 (note that this was before the COVID-19 pandemic) (33). In particular, TB notification by the private sector increased from 3000 to 678 000 between 2012 and 2019. Nikshay also helped in the understanding and quantifying of diagnostic practices, including quantifying the number of confirmation tests offered to TB patients in the private sector, identifying opportunities to extend quality diagnostic tests to patients in the private sector and thereby improving quality of care (34).

Box 14.**Tuberculosis patient cost surveys and integration of their results into cross-sectoral policy and interventions in the Democratic Republic of the Congo**

In the Democratic Republic of the Congo, a patient cost survey was conducted in 2019 to understand the economic and financial burden borne by TB patients and their households. The findings of the survey resulted in policy decisions and multisectoral action, including (1) improving the quality of TB services and reducing medical costs for services for people with drug-susceptible TB (to US\$ 65) and multidrug-resistant TB (to US\$ 115); (2) increasing coverage of people with TB with social protection measures; (3) revision of workplace policies for people with TB to protect their employment status; and (4) implementation of a mechanism for simplified reimbursement of medical costs incurred by people with TB.

 | **Step 10**

Ensure periodic reviews of the multisectoral TB response

MAF-TB provides for both internal and external review activities to analyse the progress, strengths and gaps in the national TB response. While the internal review includes a periodic (annual) high-level review of the national TB response using a national multisectoral coordination and review mechanism, the external review involves a broader mechanism with the engagement of international partners, to review national TB programme performance or specific topics of programmatic management of TB.

Periodic high-level reviews

The periodic high-level review is an important element of MAF-TB which should be formalized at country level. It has a particular value as leverage for political will and country ownership in keeping TB prioritized on the political agenda and holding all relevant governmental and nongovernmental stakeholders within and beyond the health sector accountable for action taken and progress made towards achieving national TB targets. A high-level report-back on national TB progress by Heads of State in 2023 is one of the commitments in the 2018 Political declaration of the high-level meeting of the United Nations General Assembly on the fight against TB. As a part of its roles and responsibilities, the national multisectoral coordination and review body should lead the organization and conduct of the high-level review in close collaboration with the ministries of health and national TB programmes. The high-level review can be conducted through the existing national multisectoral coordination and review mechanism.. Along with national multisectoral coordination and review, examples could include interministerial committee hearings on progress in the multisectoral TB response or special meetings of the presidential committee or task force specifically devoted to TB that provides high-level leadership, participation of all stakeholders and the issuing of legally bounded resolutions or decisions.

The main aim of the high-level review is to ensure a periodic (preferably annual) review of the multisectoral TB response to measure progress towards fulfilling political commitments and achieving national TB targets, as well as reviewing the progress of implementation of the national MAF-TB. The specific objectives of the national high-level review include:

- reviewing progress in the TB response by all relevant sectors and stakeholders against their performance indicators, as well as the 14 Sustainable Development Goal indicators associated with TB (see Web Annex B);
- creating sustainable high-level political will to end TB;
- adopting multisectoral governance decisions based on the results of monitoring and review for implementation across sectors; and
- making recommendations for future action and ensuring its implementation.

To be effective, the high-level review should meet the following requirements;

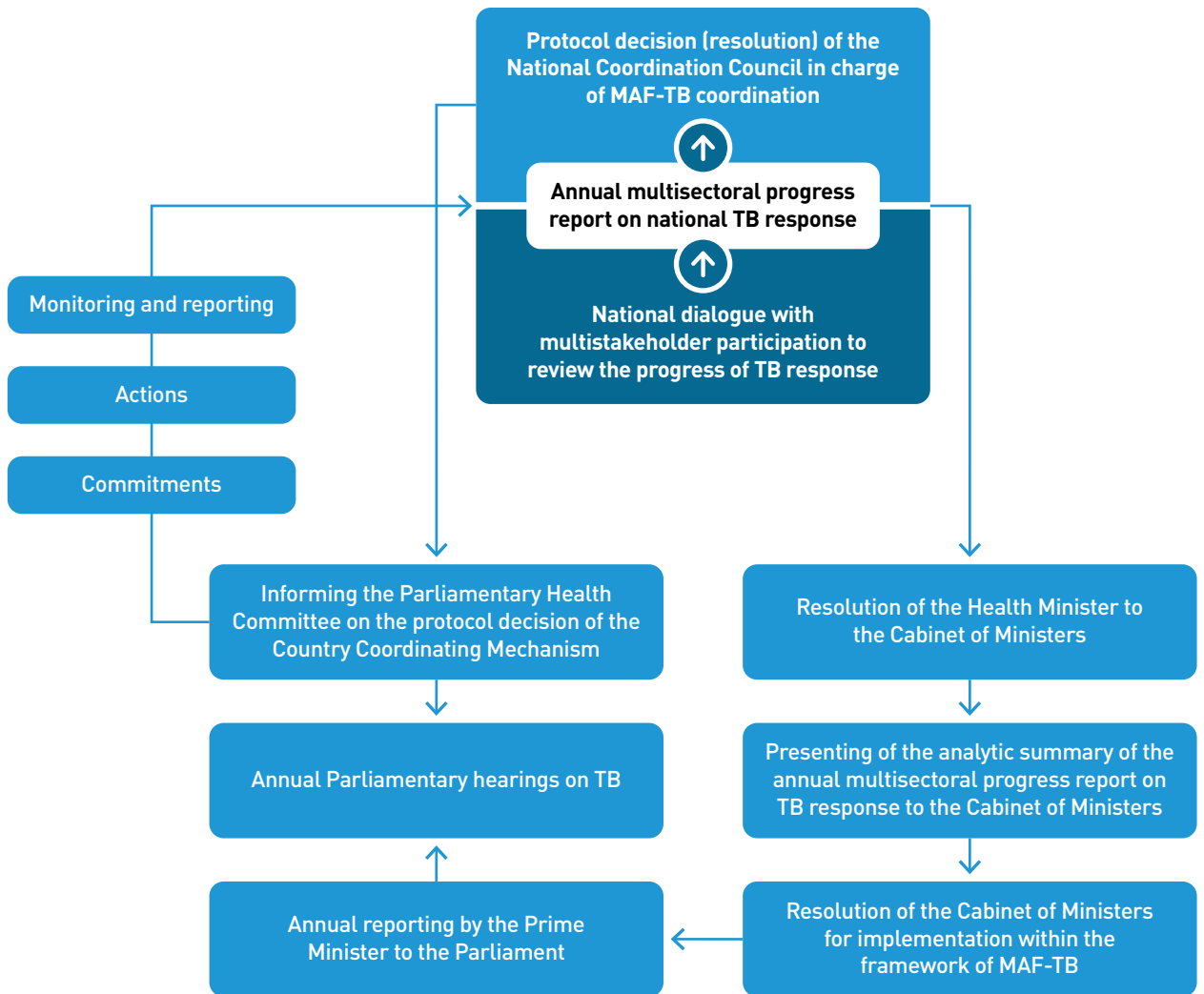
- high-level leadership, preferably under the direction of the Head of Government or Head of State, especially in countries with a high TB burden; high-level leadership is essential for multisectoral action, as the TB response requires comprehensive, coordinated and accountable actions, beyond the health sector alone;
- a multisectoral perspective, with the engagement of sectors beyond health, to include those responsible for finance, poverty alleviation, social protection, housing and environment, labour, justice, migration, education and science and others, as appropriate to the national context; and
- engagement of all relevant stakeholders, including civil society and TB-affected communities, parliamentarians, local governments, the private sector, universities, research institutes, professional associations, technical agencies and donors represented at country level, and other constituencies, as appropriate.

The periodic high-level review should use the national annual TB report (described in the section “National annual report on the TB response”) as an evidence-based source to review progress and formulate recommendations for further multisectoral action and mobilization of the necessary resources. It is advisable to document and formally endorse the outcome and recommendations of the high-level review to ensure timely implementation and accountability.

As global reporting under the Sustainable Development Goals is one of the important commitments for high-level oversight at national level, it is beneficial to use the high-level review mechanism as one of the integral elements of national reporting on progress in achieving the Goals.

Fig. 8 shows the high-level review process in Ukraine, which represents a set of interlinked processes across different sectors and branches of government.

Fig. 8. National TB high-level review mechanism: Ukraine



CCM: Country Coordinating Mechanism.

Box 15 shows the procedure for high-level review in India.

External reviews

National TB programme reviews or joint monitoring missions are conducted periodically to assess progress in achieving the goals, objectives and targets specified in the national TB programme. The review usually consists of three phases: planning and preparation; conducting the review in the field; and writing and finalizing the report, which should include recommendations to improve the managerial and technical performance of the national TB programme (41). The recommendations and outcomes documented by the review can be incorporated into the high-level review of progress.

Periodic national TB programme reviews are commissioned by national governments. Such reviews can be specific to TB or to specific TB topics, such as programmatic management of drug-resistant TB, research, etc. External reviews are already well established in many countries and are often coordinated by WHO in high-TB-burden countries.

WHO has developed a framework for conducting national TB programme reviews to provide countries with approaches to assess the performance of national TB programmes and identify the strengths and weaknesses of interventions. The framework is currently undergoing revision. In addition, the WHO People-centred framework for TB programme planning and prioritization can be used during the preparation of the national TB programme review for prioritizing problems and conducting root-cause analyses to identify gaps and domains for action. The results of this exercise can inform the focus of field visits and support the development of recommendations that are evidence-based, prioritized and people-centred (36).

The findings and recommendations of the national TB programme review should be documented in a report and shared with all stakeholders involved in the national TB response. Main findings and recommendations from the national TB programme reviews should be presented and discussed with all stakeholders at the end of the country field visit. The review recommendations provide the foundation for improvements in the strategy adopted for the multisectoral TB response and for revising or developing national strategic plans on TB. Moreover, national TB programme reviews provide an important opportunity to advocate for TB prevention and care among policy-makers, to strengthen the engagement of national health authorities and key stakeholders across all relevant sectors and stakeholders, and to enhance the mobilization of resources from both domestic and international sources.

Box 15.**Indian high-level review mechanism**

India has several multisectoral review mechanisms at different levels.

At the highest governmental level, the review of health sector progress, including TB, is conducted under the leadership of the Prime Minister, with participation of senior officials representing the governments of states and territories and various ministries and departments, including ministries and departments of agriculture, commerce, defence, economic affairs, education, food and public distribution, industry and internal trade, justice, labour and employment, parliamentary affairs, research, science and technology, sports, telecommunications, women and child development, youth, etc., as well as programmes, projects and autonomous bodies. The review uses information generated by eSamikSha, a digital governance platform for information exchange. Its subdomain on health (Health-eSamikSha) is a real-time, online system which helps to monitor action taken to follow up Ministry of Health and Family Welfare decisions, including those on TB, and decisions of other ministries and departments at various levels.

Along with the health sector review, the Government of India, in close collaboration with the Ministry of Health and Family Welfare and the national TB elimination programme, conducts a TB-specific review annually under the leadership of the Prime Minister.

At the Central Government level, under the National Health Mission, there is the Mission Steering Group, chaired by the Union Minister of Health and Family Welfare and comprising eight ministries and bodies (drinking-water and sanitation, women and child development, social justice and empowerment, housing and urban affairs, rural development and human resource development, the National Institution for Transforming India (NITI Aayog) and the village council – Panchayat Raj).

The Mission Steering Group is the highest policy-making and steering body, providing broad policy direction for the National Health Mission and special programmes, including TB. It also provides governance for the health sector based on the highest level review jointly by eight ministers and bodies. Using a special mechanism of good governance – the District Development Coordination and Monitoring Committee – governments at all levels can monitor progress made by 20 ministries, including the TB programme under the Ministry of Health and Family Welfare.

At the ministerial level, a national TB forum, an interministerial mechanism, was established in 2018. It is led and coordinated by the Secretary of the Ministry of Health and Family Welfare to ensure joint planning, monitoring and review of progress towards ending TB in India, with the engagement of senior representatives of other ministries. Within this forum, the Central TB Division of the Ministry of Health and Family Welfare has signed a number of memorandums of understanding with various ministries, including commerce, defence, industries, railways, tribal affairs and women and child development, to accelerate the multisectoral TB response.

The results of monitoring and review inform the Central Council of Health and Family Welfare, an apex advisory body, in providing policy guidance on health, including TB, at both national and regional levels. The Council is chaired by the Union Minister of Health and Family Welfare, appointed by the President, and includes health ministers and secretaries of all states/territories of India and the Central Government to ensure coordination between them.

4. MAF-TB sustainability

Successful adaptation, implementation and sustainability of MAF-TB at the country level requires continued national ownership and leadership to set priorities, secure sustainable resources and ensure aligned action by policy-makers, health-service providers, civil society, communities and other stakeholders in an enabling legal and social environment. It will be important to leverage high-level advocacy opportunities to keep the spotlight on ending TB.

A harmonized approach to collaboration across all sectors and partners in the country is encouraged, to work towards shared goals and targets and shared approaches towards ending TB as part of a universal health coverage and primary health care agenda with coordinated implementation support. Contributions from civil society and communities must be nurtured and more effectively leveraged as the country strives to accelerate the TB response. Countries are encouraged to undertake regular multistakeholder reviews of the implementation of MAF-TB at the national level, bringing together disease-specific and broader health-sector actors. The findings from the reviews should contribute to refining and enhancing MAF-TB implementation plans on a continuous basis.

WHO, with its core functions of providing global health stewardship, promulgating evidence-based norms and standards and supplying technical assistance to countries, is uniquely positioned to catalyse progress to support countries in MAF-TB implementation. WHO can also support countries in advocating for the highest level of political support and sustainable funding for MAF-TB and for equity, gender equality and rights-based approaches in all responses. WHO will provide guidance and support to countries to operationalize MAF-TB as part of national health sector planning processes. WHO will also support capacity-building for all sectors and stakeholders involved in the TB response and for the implementation research that will be required for countries to optimally tailor multisectoral models to meet their needs, including for research and innovation (see Box 16).

Box 16.

Spotlight on multisectoral approaches to strengthen research and innovation

The End TB Strategy stipulates that major technological breakthroughs are needed by 2025 to enable a rapid acceleration in the rate of TB incidence reduction. This is only possible by pursuing science, research and innovation. It includes the development and evaluation of rapid, simple and point-of-care diagnostics, new drugs and shorter treatment regimens and effective vaccines, as well as other innovative approaches to TB services, such as addressing social and economic factors of the disease. These developments require many efforts in research, including fundamental research to discovery and new tool development to operational and implementation research, allowing innovative strategic approaches to be adapted to specific country needs (3). The Political declaration and targets of the 2018 high-level meeting of the United Nations General Assembly on the fight against TB further renewed the expression of Member States' commitment to strengthening national and global efforts in the fight against TB.

Delivering on these targets means prioritizing a multisectoral approach to developing and equitably disseminating the most appropriate medical and programmatic innovations. Therefore, countries, through their multisectoral coordination mechanisms, should develop and implement a comprehensive plan on research and innovation (in line with the [WHO Global Strategy](#) for tuberculosis research and innovation (42)) across sectors to obtain evidence-based and quality data for the biological, psychological and social factors in decision-making. Regulatory processes should be harmonized for engagement of the private sector and civil society in the research and development process. Countries need to ensure sufficient financial investment in TB research and innovation by setting a target contribution for TB research funding; developing innovative and collaborative financing mechanisms to facilitate the timely development and diffusion of appropriate and affordable biomedical tools and technologies; and setting a target contribution for the conduct of essential social, health system and operational/implementation research to support the effective scale-up of innovative strategies and tools.

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Annex 1.

Global TB commitments and targets

Box A1.1. The End TB Strategy at a glance

VISION	A WORLD FREE OF TB — zero deaths, disease and suffering due to TB			
GOAL	END THE GLOBAL TB EPIDEMIC			
INDICATORS	MILESTONES		TARGETS	
	2020	2025	2030	2035
Percentage reduction in the absolute number of TB deaths^a (compared with 2015 baseline)	35%	75%	90%	95%
Percentage reduction in the TB incidence rate (compared with 2015 baseline)	20%	50%	80%	90%
Percentage of TB-affected households facing catastrophic costs due to TB^b (level in 2015 unknown)	0%	0%	0%	0%

PRINCIPLES

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

PILLARS AND COMPONENTS

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION

- A. Early diagnosis of TB including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups
- B. Treatment of all people with TB including drug-resistant TB, and patient support
- C. Collaborative TB/HIV activities, and management of comorbidities
- D. Preventive treatment of persons at high risk, and vaccination against TB

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS

- E. Political commitment with adequate resources for TB care and prevention
- F. Engagement of communities, civil society organizations, and public and private care providers
- G. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
- H. Social protection, poverty alleviation and actions on other determinants of TB

3. INTENSIFIED RESEARCH AND INNOVATION

- I. Discovery, development and rapid uptake of new tools, interventions and strategies
- J. Research to optimize implementation and impact, and promote innovations

^a This indicator is for the combined total of TB deaths in HIV-negative and HIV-positive people. Deaths from TB among HIV-positive people are officially classified as deaths caused by HIV/AIDS, with TB as a contributory cause.

^b This indicator is not the same as the SDG indicator for catastrophic health expenditures. See Box 5 for further explanation.

Table A1.1. **Global targets set in 2018 at the first UN high-level meeting on TB**

INDICATOR	TARGET
Number of people with TB disease treated in the five years 2018–2022	40 million people, including: <ul style="list-style-type: none"> • 3.5 million children • 1.5 million people with drug-resistant TB, including 115 000 children
Number of people provided with TB preventive treatment in the five years 2018–2022	At least 30 million people, including: <ul style="list-style-type: none"> • 4 million children under 5 years of age who are household contacts of people diagnosed with TB • 20 million people in older age groups who are household contacts of people diagnosed with TB • 6 million people living with HIV
Annual funding for universal access to quality prevention, diagnosis, treatment and care of TB	At least US\$ 13 billion per year by 2022
Annual funding for TB research	US\$ 2 billion annually in the five years 2018–2022

Source: *Global tuberculosis report 2022*. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240061729>, accessed 6 July 2023).

Annex 2.

Frequently asked questions

How to perform a MAF-TB baseline assessment?

The process of conducting a MAF-TB baseline assessment involves the following steps.



Planning and preparation of the baseline assessment should be coordinated and facilitated by the national TB programme under the overall leadership of the ministry of health and in close collaboration with other stakeholders. Coordination of the MAF-TB baseline assessment is important to ensure smooth implementation of all processes, transparency, and engagement and input from relevant stakeholders involved in the national TB response.

This phase also includes creation of the MAF-TB assessment **core team**, aiming to define the assessment methodology; conduct data collection and analysis; develop a consolidated report with findings and recommendations; and organize multistakeholder consultations to discuss and endorse the assessment findings and recommendations. The core group should comprise representatives of the ministry of health, national TB programmes and relevant disease programmes, other key and relevant sectors involved in the national TB response, representatives of civil society and affected communities, and other relevant stakeholders.

The TB baseline assessment requires planning of human and material resources, including definition of available resources and gaps. Activities that may require funding comprise data collection and analysis, including relevant desk reviews, interview and focus group discussions and consolidation of the assessment results. In addition, resources may be needed for involving consultants and experts to support the core group in conducting the baseline assessment, stakeholder meetings and consultations, including the cost of venues and travel if needed, and for information technology equipment, including computers, internet access, etc. Local and international partners may be engaged as necessary to help address any funding and technical assistance gaps.

Data collection for the baseline assessment should be performed using the MAF-TB checklist with its three aligned annexes. Countries may consider adaptation of the baseline assessment by applying different data collection methods, depending on the country context and availability of human and financial resources. Data collection methods may include:

- ✓ **desk review** of relevant documents, including relevant national policies and strategic plans, legislation, laws and normative documents, reports, national protocols, instructions, etc.;
- ✓ **request for information** to ministries and official bodies, as well as stakeholders involved in the TB response for data collection; and
- ✓ **supplementary data collections** which would have an added value for data analysis and validation: although auxiliary data collections are not a requirement of the MAF-TB baseline assessment, country practices show that they help to capture more in-depth analysis for validation of data collected through the assessment checklist and its aligned annexes and inform the assessment findings and recommendations. Supplementary data collection may include stakeholder interviews, focus group discussions and standardized surveys.

All findings and recommendations of the MAF-TB baseline assessment need to be **analysed** and consolidated in a single **report**. The consolidated report may include:

- ✓ description of the main findings and data analysis across the four components of the MAF-TB and in alignment with the WHO MAF-TB checklist and aligned annexes;
- ✓ mapping of ministries/bodies and stakeholders involved in the TB response (including civil society and TB-affected communities, technical agencies, donors and the private sector, if applicable);
- ✓ analysis of the status of existing mechanism(s) for multisectoral collaboration and accountability and review, and suggestions on potential institutions/bodies for national multisectoral coordination mechanisms tasked with providing coordination and periodic review of the national TB response; and
- ✓ recommendations to strengthen multisectoral collaboration and accountability.

Once the baseline assessment has been completed, the next phase is to bring together all key stakeholders involved or potentially will be involved in the national TB response together in the **multistakeholder consultation** to discuss and endorse the main findings and recommendations. The objectives of the multistakeholder consultation may include the following:

- ✓ to share information derived from the MAF-TB baseline assessment;
- ✓ to facilitate discussion and common understanding on the key gaps, challenges and root causes and barriers to the multisectoral TB response that need to be addressed;
- ✓ to reach consensus and endorse the MAF-TB baseline assessment key findings and recommendations, including consensus on the mechanism for national multisectoral collaboration and accountability and periodic review of the national multisectoral TB response; and
- ✓ to discuss and define actions needed for the development of the national MAF-TB which will provide an overview of national commitments, actions, monitoring and evaluation and review mechanisms and steps being taken for more effective documentation and strengthening and/or sustaining of robust accountability.

How to develop the national MAF-TB document or component for inclusion in national plans?

Development of the national MAF-TB involves the following steps.



Planning and preparation for the development of the national MAF-TB

Well-planned and coordinated development of the national MAF-TB is critical and facilitates a collective understanding of the TB situation in the country and key determinants and risk factors of TB. It provides an opportunity for engagement of all government sectors and other stakeholders to define and address multisectoral actions to end TB and strengthen country ownership and collective accountability.

The planning and preparation phase includes a multistakeholder consultation organized by the MAF-TB focal point(s) in coordination with the national TB programme and the ministry of health, under the overall leadership of the national coordination and review mechanism. The main objective of the consultation is to agree on the common vision and approaches to organization, development and endorsement of the national MAF-TB. The consultation should involve the broader groups of key stakeholders involved, or which potentially should be involved, in the national multisectoral TB response, including government ministries and institutions, other stakeholders such as civil society and TB-affected communities, the private sector, technical partners, academic institutions and research institutions.

During the consultation, it is very important to reach consensus among all stakeholders on the following aspects:

- ✓ outline and essential elements of the national MAF-TB
- ✓ composition of the working group for the development of the national MAF-TB document
- ✓ additional expertise, skills and resources needed for the development of the national MAF-TB
- ✓ time frame for development and endorsement of the national MAF-TB document and
- ✓ options of formal approval of the national MAF-TB within the existing legal and legislative norms and the government structure of the country.

The process for developing the national MAF-TB involves the establishment of a **working group** which is usually coordinated by MAF-TB focal point(s) in close coordination with the national TB programme and the ministry of health (if the MAF-TB focal point(s) do not represent these institutions). The composition of the working group may vary from country to country and represent key stakeholders involved in the national TB response, including civil society and communities affected by TB. The key functions of the working group include:

- ✓ development of the national MAF-TB in close collaboration with relevant stakeholders;
- ✓ mobilization of the required additional resources for the national MAF-TB development process;
- ✓ provision of regular updates on progress in the national MAF-TB development to the national multisectoral coordination and review mechanism and the leadership of health and non-health ministries and key stakeholders;
- ✓ facilitating the endorsement of the national MAF-TB by the existing national coordination and review mechanism and/or relevant stakeholders;
- ✓ ensuring formal high-level government approval.

Development of the national MAF-TB component or plan

Key principles of developing the national MAF-TB component or plan, include high-level leadership, transparency and alignment with the national strategic plan, national health strategies and other relevant sector strategies, informed by evidence.

The national MAF-TB should provide a detailed description of the four essential components of MAF-TB that should be adopted and implemented at the national level and in national contexts, including national commitments, required multisectoral actions, mechanisms for monitoring and reporting to track progress, and high-level review. It should also outline steps to be taken to strengthen and/or sustain robust collaboration and accountability.

The national MAF-TB should be based on evidence; it should thus include data on the epidemiological, social and economic situation, as well as an overview of the current situation of the multisectoral TB response, based on the results of MAF-TB baseline assessment and other relevant country assessments, such as patient cost surveys, legal environment assessments, and human rights and gender assessments. A comprehensive situation analysis helps to inform actions needed for multisectoral response and define mechanisms for coordination, monitoring and reporting and review to ensure sustainable functioning of the national MAF-TB.

In addition, the national MAF-TB should include mapping of government sectors (ministries and institutions) involved or potentially involved in the TB response, as well as mapping of other stakeholders (such as civil society and TB-affected communities, the private sector, parliamentarians, local government, universities and research institutes, professional associations and other constituencies as appropriate) and technical partners.

The national MAF-TB should clearly define the roles and responsibilities of all stakeholders, with a set of performance indicators to measure progress. Examples of roles and responsibilities and performance indicators for selected government sectors and other potential stakeholders are described under "Examples of roles and responsibilities of various sectors and associated performance indicators". These examples can be modified and adapted by countries depending on the country context, including institutional roles and responsibilities of government ministries, institutions and other stakeholders and their level of engagement in the national TB response.

Once the national MAF-TB is developed it is advisable to develop the annual implementation plan with activities, expected outcomes, indicators to measure performance, budget and source of funding. The implementation plan would define the concrete actions of all engaged stakeholders and serve as a benchmark for MAF-TB monitoring and reporting, and inform the preparation to the annual comprehensive multisectoral report for high-level review. The recommended structure of the national MAF-TB document is presented in Table A2.1 below.

Table A2.1. **Recommended structure of the national MAF-TB component or plan****Background and context**

- Concept and main approaches to multisectoral coordination and accountability, and the role of the MAF-TB in the multisectoral TB response
- Social determinants and TB risk factors
- Multisectoral measures through a TB-relevant SDG lens

Situation analysis to inform the national MAF-TB

- Epidemiological and socioeconomic situation
- Results of the MAF-TB baseline assessment: conclusions and recommendations across four MAF-TB components: commitments, actions, monitoring & reporting, and review
- Mapping of the government sectors and other stakeholders involved in the TB response

National MAF-TB

- Goals and results-based objectives (in line with national strategic plan on TB, Health Sector Strategy and other sector-specific strategies)
- Target audience and guiding principles
- Priority multisectoral interventions and sector-specific actions across four essential MAF-TB components (examples of actions are described in the section on MAF-TB essential components (and elements) at the national level)
- Roles and responsibilities of each government sectors and other stakeholders, and indicators for measuring their performance (examples of roles of government sectors and other stakeholders in the multisectoral efforts to End TB are described under "Examples of roles and responsibilities of various sectors and associated performance indicators")
- Monitoring and reporting mechanism, including data exchange mechanism between government sectors and other stakeholders

MAF-TB governance and mode of operation

- National multisectoral coordination and review mechanism: goals and objectives, mode of operation, capacity-building and financing
- National MAF-TB high-level review mechanism: goals and objectives, mode of operation (more details about this mechanism described in the section on review and below, "How to enact the high-level review?")

Annual MAF-TB implementation plan with budget and source of funding (optional)

In the long term, when the national MAF-TB is fully functional with all four essential components in place, including clear mechanisms for coordination, monitoring and reporting and review and multisectoral actions, it is suggested that the MAF-TB plan should be integrated into the national strategic plan on TB.

Endorsement of the national MAF-TB

While the national MAF-TB has been finalized, it should be endorsed by all stakeholders involved in its development and implementation through the national multisectoral coordination and review mechanism. To facilitate this, it is recommended to the Secretariat of the National Coordination and review mechanism in coordination with the national TB programme, to organize a consensus workshop/consultation with the engagement of wider groups of stakeholders involved in the national multisectoral TB response to present the national MAF-TB to ensure their concurrence.

Formal approval of the national MAF-TB

To ensure sustainable and timely implementation and allocation of resources needed, the national MAF-TB should be formally approved at the high-level government body by relevant governmental decrees, such as a decree issued by the President or the Cabinet of Ministers or other legal documents.

These approaches to the endorsement of the national MAF-TB by all stakeholders and its formal approval by the high-level government body will serve as a ground for further multisectoral accountability, share responsibility and secure enforcement power across all sectors and stakeholders.

How to enact the high-level review?

As a part of its roles and responsibilities, the national multisectoral coordination and review body should lead the organization and conduct of the high-level review in close collaboration with the ministry of health and national TB programme. The high-level review can be performed through the existing national multisectoral coordination and review mechanism. Besides the national multisectoral coordination and review, examples include interministerial committee hearings on progress in the multisectoral TB response or special meetings of the presidential committee or task force devoted to TB that provides high-level leadership, participation by all stakeholders and legally binding resolutions or decisions.

Whatever form the high-level review takes, it should ensure:

- **high-level leadership**, preferably under the direction of the Head of Government or Head of State, especially in countries with a high TB burden;
- **engagement of sectors beyond health**, to include those responsible for finance, poverty alleviation, social protection, housing and environment, labour, justice, migration, education and science, and others as appropriate to the national context; and
- **engagement of all relevant stakeholders**, including civil society and TB-affected communities, parliamentarians, local governments, private sector, universities, research institutes, professional associations, technical agencies and donors represented at country level and other constituencies, as appropriate.

If participation by high-level leadership (Head of State or Government) in the annual review is not feasible, countries may follow a process that consists of several interrelated steps and elements to ensure high-level participation and engagement. For example, they may conduct an annual meeting to review progress in the multisectoral TB response, with the engagement of all stakeholders, and report its outcomes to the cabinet of ministers, which will then issue cabinet of ministers decisions or resolutions. Another example is to conduct parliamentary hearings on progress in the multisectoral TB response, preceded by the annual multisectoral progress report and review.

How to align MAF-TB and national strategic plan development processes?

Depending on the country context, the process of development of the national strategic plan and the MAF-TB can be organized using different approaches: the national strategic plan development process may be integrated with MAF-TB processes and the national strategic plan may include the MAF-TB essential elements. Alternatively, if the national strategic plan is already developed and in the implementation stage, the national MAF-TB document may be developed as a stand-alone document and aligned with the national strategic plan.

Both documents should be based on the End TB Strategy principles, the 2030 Agenda for Sustainable Development and other relevant global and regional strategies. While the national strategic plan provides medium-term direction (about 3–5 years) for the country's efforts to end TB, the MAF-TB ensures coordination of the efforts of all stakeholders involved in the TB response. There should be links with national health strategies and other relevant health programmes, development plans and other sectors' specific strategic plans to allow harmonization and synergy in strategic plans and resource mobilization. Both documents should be informed by evidence and should include the detailed identification and mapping of stakeholders, including civil society and TB-affected communities, with performance indicators set and a budget assigned.

The development process should be government-led, with engagement and participation of key institutions and agencies within and beyond the health sector engaged in the TB response. It requires thorough planning and preparation, including establishment of a core organizing team which should be multisectoral and multidisciplinary to ensure that the plan addresses all social determinants and health risk factors of TB.

A situational analysis, including an epidemiological review of TB and a review of the social determinants of TB, as well as the results of the MAF-TB baseline assessment, may inform both documents. Both documents should also include multisectoral interventions and sector-specific actions across the four essential MAF-TB components, an annual monitoring and evaluation plan and resource mapping. MAF-TB requires high-level engagement and a high-level review with multisectoral engagement, which may be combined with the annual, mid-term and end-term national strategic plan review.

How to better engage civil society and affected communities in the initiation and launch of MAF-TB?

Examples of specific actions/inputs by civil society and TB-affected communities to facilitate the initiation and launch of MAF-TB at national and local levels are shown in table A2.2 below.




Table A2.2. **Engagement of civil society organizations in initiation and launch of MAF-TB at country level**



Intervention	Possible means of engagement
Enabling a conducive environment to initiate MAF-TB at national level	<ul style="list-style-type: none"> • Advocate at high-level for the initiation of MAF-TB at country level; advocate for a multisectoral approach in the TB response to address social determinants and risk factors of TB and advance people-centred models of TB care • Ask the ministry of health for support in launching the MAF-TB, including by conducting a MAF-TB baseline assessment • Request a Head of Government or a Head of State to support a periodic review of the TB response by all sectors and stakeholders under high-level leadership • Advocate for the allocation of sufficient financial resources for an effective multisectoral TB response • Participate in the national multisectoral consultation on MAF-TB
MAF-TB baseline assessment	<ul style="list-style-type: none"> • Include focal points from civil society organizations and TB-affected communities in the MAF-TB assessment core team • Participate in the conduct of the baseline assessment, including data collection, analysis and consolidation of results, and the development of recommendations, with the focus on engagement of civil society and affected communities in the four components of multisectoral accountability to end TB at country level • Participate in the multisectoral endorsement and use of MAF-TB baseline assessment results
Establishment or strengthening of a national multisectoral coordination and review mechanism	<ul style="list-style-type: none"> • Organize a transparent process to nominate representatives of civil society and affected communities to represent a united voice in any multisectoral and multistakeholder coordination and review bodies/mechanisms • Ensure that appointed civil society and affected community representatives seek input from broader constituencies and report back on outcomes • Actively participate in all activities of the national multisectoral coordination and review mechanism



Annex 3.

Examples of roles and responsibilities of various sectors and associated performance indicators



See Step 4, "Establish links with sectors and ministries beyond health, including the private sector".



Sector	Roles and responsibilities	Domain	Proposed lead sector	Proposed co-lead sector	Examples of performance indicators
					(bold: TB-relevant SDG monitoring indicators)
Agriculture, food and nutrition 	<p>Create healthier people and communities</p> <p>Address food and nutrition insecurity</p> <p>Ensure safe and nutritious food is available and affordable (including veterinary control and rational and responsible use of antibiotics)</p> <p>Address tobacco control by promoting the end of tobacco-growing and supporting tobacco farmers in transitioning to alternative economic activities, where applicable</p>	Risk reduction	Ministry of agriculture	Ministry of health, local government/administration, international technical and donor agencies (WFP, GF, WB)	<ul style="list-style-type: none"> Joint agriculture and health sector policies and plan to prevent zoonotic TB are available Policies to ensure healthy, safe and sustainable diet are in place (greater availability and affordability of healthier and safer food to support the supply for health and/or social sector to meet nutrition needs of TB-affected people) Prevalence of undernourishment (TB-SDG monitoring indicator) Policies addressing tobacco control are in place (where applicable)
Civil society and TB-affected communities 	<p>Contribution to development of national TB policies and strategies, technical guidelines and tools</p> <p>Provision of community-based TB services in close collaboration with health-care providers</p> <p>Contribution to national research agenda-setting</p> <p>Contribution to monitoring and evaluation and high-level review of TB response</p>	<p>Community participation</p> <p>Health (TB) education</p> <p>Improving case detection and treatment adherence</p>	Civil society forum or platform	Ministry of health, parliamentarians, local government/administration, ministry of justice	<ul style="list-style-type: none"> National forum or platform to represent the united voice of civil society and TB-affected communities established (including mapping of civil society organizations, community-based organizations, nongovernmental organizations) Civil society and community represented in TB policy- and decision-making bodies (e.g. national multisectoral coordination and review mechanism) Set of performance indicators developed to measure civil society and TB-affected community action in the TB response, integrated into national TB surveillance system and regularly monitored A supportive legal framework is in place that provides communities and civil society organizations with a voice in the TB response
Defence and armed forces 	<p>Ensuring rights-based TB prevention (including screening) and care services for conscripts and servicemen in the armed forces</p> <p>Link with national TB programme to ensure TB care continuity between defence and civic sectors</p>	<p>Improving case detection and treatment adherence</p> <p>Health (TB) education</p>	Ministry of defence	Ministry of health	<ul style="list-style-type: none"> Standards of TB prevention and care for servicemen in place Number (or %) of TB conscripts and service personnel screened/diagnosed/ put on treatment and reported to national TB programmes Number of TB awareness-raising activities conducted




Sector	Roles and responsibilities	Domain	Proposed lead sector	Proposed co-lead sector	Examples of performance indicators
					(bold: TB-relevant SDG monitoring indicators)
Education 	<p>Planning and implementation of TB screening and infection control measures in educational settings (schools, kindergartens, universities, etc.), especially in countries with a high burden of TB among children</p> <p>Raising awareness through development and implementation of training curriculums on TB prevention and TB-related stigma in educational settings, as well as on substance use prevention (alcohol, tobacco, drugs)</p> <p>Ensuring that schools are 100% free of tobacco and alcohol</p> <p>Ensuring the right to education for children affected by TB (in line with the United Nations Convention on the Rights of the Child); awareness-raising among teachers on neurological sequelae of TB meningitis among children</p> <p>Ensuring regular updating of educational curriculums for all categories of health-care providers in line with the newest WHO guidelines and recommendations</p>	<p>Improving case detection and treatment adherence</p> <p>Risk reduction</p> <p>Health (TB) education</p>	Ministry of education	Ministry of health, parliamentarians, local government/administration	<ul style="list-style-type: none"> • Sector policies and implementation plan for TB screening and infection control measures in educational settings • Percentage of students screened for TB and reported and/or referred to TB facilities • Sector policies and plans on the right for education for people affected by TB and addressing stigma and discrimination • Percentage of students with TB receiving access to education • Curriculums or educational programmes on TB and substance use prevention (alcohol, tobacco and drugs) developed and implemented • Number of TB awareness-raising activities conducted • National early warning system for TB in schools established (in countries with high burden of TB among children) • Availability of educational curriculums for all categories of health-care providers in line with the newest WHO TB guidelines and recommendations • WHO mental health education can include materials on substance use prevention based on publications: education sector responses to the use of alcohol, tobacco and drugs and international standards on drug use prevention
Environment, energy and urban planning 	<p>Addressing indoor air pollution and poor ventilation to prevent the spread of airborne infections</p> <p>Ensuring adequate and safe housing conditions (including living conditions)</p> <p>Designing urban health (TB) programme</p> <p>Mapping risk factors, local social determinants and risk groups</p>	<p>Risk reduction</p> <p>Coordination</p>	Ministry of environment and housing, ministry of architecture	Ministry of health; local government/administration	<ul style="list-style-type: none"> • Percentage of population with primary reliance on clean fuels and energy (SDG indicator) • Percentage of urban population living in slums

Sector	Roles and responsibilities	Domain	Proposed lead sector	Proposed co-lead sector	Examples of performance indicators
					(bold: TB-relevant SDG monitoring indicators)
Finance, tax and revenue 	<p>Ensure sustainable and sufficient funding for the national strategic plan for TB, including funding for adaptation and implementation of national MAF-TB</p> <p>Putting in place policies and strategies through public procurement of services from private for-profit and non-profit providers.</p> <p>Putting in place policies and strategies on financial security, including through State-guaranteed health insurance packages, financing of social protection measures to prevent catastrophic costs for people affected by TB, and financing mechanisms for provision of TB services by civil society and community organizations (such as social contracting)</p> <p>Ensure taxation of tobacco and alcohol products is aligned with WHO-recommended standards (for tobacco excise taxes accounting for at least 70% of the retail price of tobacco products)</p>	<p>Funding security</p> <p>Risk reduction</p>	Ministry of finance	<p>Ministry of health, local government/ administration, civil society and TB-affected communities</p>	<ul style="list-style-type: none"> • Gross domestic product per capita (TB-SDG monitoring indicator) • Gini index for income inequality (TB-SDG monitoring indicator) • Share of health spending on TB from total health spending • Annual budget to finance implementation of national strategic plan on TB • Proportion of domestic funding over total funding for national strategic plan on TB • Allocation of subpackages to non-health sectors and stakeholders for implementation of TB-related interventions • Taxation of tobacco and alcohol products aligned with WHO-recommended standards, implemented and mechanism of monitoring developed
Foreign affairs 	<p>Ensuring health and TB is prioritized in national security policies governing preparedness against emerging health threats</p> <p>International cooperation and mobilization of additional external funding for national TB response</p> <p>Contributing to strengthening of national accountability in fulfilling international commitments in TB response</p> <p>Contribution to the TB-related drugs and commodities price negotiation with pharmaceutical companies (if needed)</p> <p>Contribution to intercountry agreements on transborder cooperation for the management of TB among migrants and refugees, in collaboration with relevant sectors (health and migration)</p>	<p>Cooperation</p> <p>Funding</p>	Ministry of foreign affairs	<p>Ministry of health, ministry for migration affairs, international technical and donor agencies</p> <p>Other relevant sectors</p>	<ul style="list-style-type: none"> • TB preparedness and response plan is in place to secure and guarantee essential TB services during health emergencies, such as COVID-19 and other potential threats • International cooperation agreements and donor grant projects for TB, health system strengthening and addressing determinants of TB (e.g. poverty alleviation and system strengthening projects) are in place • Policies and agreements on cross-border cooperation in TB disease prevention and care are in place, including for people with undocumented status and refugees



Sector	Roles and responsibilities	Domain	Proposed lead sector	Proposed co-lead sector	Examples of performance indicators
					(bold: TB-relevant SDG monitoring indicators)
Gender equity Human rights 	<p>Ensuring integration of gender as a social determinant of health (including TB) in policy development and national strategic plans on TB to remove gender-related barriers to TB services</p> <p>Ensuring that gender equity and gender impact in TB vulnerability and care access are integrated into educational/ training programmes and curriculums of current and incoming TB programme staff, gender programme officers, legal aid providers and health-care students at all medical training institutions (7)</p> <p>Ensuring a human-rights-based approach to TB prevention, treatment and care to assist programme managers, civil society and other TB partners</p> <p>Advocacy for public understanding and acceptance to protect human rights, including de-stigmatization and protection from discrimination, with special attention paid to gender, ethnicity and protection of vulnerable groups</p>	<p>Risk reduction</p> <p>Social protection</p>	Ministry of health and ministry for gender and equality affairs	Ministries for social protection, education, foreign affairs, justice, labour and migration	<ul style="list-style-type: none"> • Gender assessment conducted (to define gender-related barriers to TB services and inform evidence-based decision-making) • National TB gender-transformative strategic plan (with clear, costed action plan) strategy developed as part of national TB strategic plan • Capacity-building plan developed for service provider awareness-raising on gender • Number of service providers that received gender awareness-raising training • TB surveillance data disaggregated by gender across the TB cascade analysis • Gender impact indicators for TB interventions developed, evaluated and reported and used for decision-making • Percentage of those satisfied with TB care (national survey data)
Health 	<p>Leadership in strategic planning, implementation and monitoring and review of national TB response</p> <p>Ensuring TB is addressed in other sector-specific plans, such as social protection, poverty alleviation, etc., with special attention to the needs of key and vulnerable populations</p> <p>Ensuring provision of integrated people-centred, gender-sensitive, quality services for TB prevention, treatment, care (including rehabilitation) and support in line with principles of universal health coverage and leaving no one behind</p> <p>Ensuring digital technologies are integrated in health system infrastructures in collaboration with developers of digital health and supporting systems (e.g. mobile network providers)</p> <p>Ensuring timely provision of quality TB medicines (WHO-prequalified) by strengthening system for procurement and supply management</p> <p>Strengthening TB surveillance system integrated into the health information system to collect, analyse and use data for decision-making</p>	<p>Coordination</p> <p>Health (TB) education</p> <p>Improving case detection and treatment adherence</p> <p>Management of comorbid conditions and disability due to TB</p> <p>Risk reduction</p> <p>Promoting innovation</p> <p>Social protection</p>	Ministry of health	In collaboration and coordination with other relevant public sectors and stakeholders, including civil society and TB-affected communities	<ul style="list-style-type: none"> • Multisectoral national strategic plan on TB developed (including implementation, monitoring and evaluation, technical assistance plans and budget in line with principles of people-centred care and universal health coverage) • National MAF-TB developed (with defined roles and responsibilities for public sector and other stakeholders, and with mechanisms for monitoring and review) • Collaborative agreements with other sectors and stakeholders are in place (to ensure that social, economic and structural determinants of TB are addressed) • National monitoring and evaluation plan/framework developed (with performance indicators in line with the priority indicators for monitoring of the End TB Strategy) • TB incidence (TB-SDG monitoring indicator) • Coverage of essential health services (TB-SDG monitoring indicator) • Prevalence of: (i) HIV, (ii) smoking, (iii) diabetes and (iv) alcohol use disorder (TB-SDG monitoring indicator) • TB surveillance system (including case-based database) is in place to generate evidence-based data for decision-making • Functional procurement and supply management system is in place

Sector	Roles and responsibilities	Domain	Proposed lead sector	Proposed co-lead sector	Examples of performance indicators (bold : TB-relevant SDG monitoring indicators)
Private health-care providers 	<p>Contributing to national End TB efforts through the whole continuum of TB care (TB detection, treatment, social support)</p>	<p>Improving case detection and treatment adherence</p>	<p>Private sector</p>	<p>Ministry of health</p>	<ul style="list-style-type: none"> • WHO Roadmap on the public–private mix for TB prevention and care (4) adopted at country level • Inventory conducted of private providers at country level involved in national TB response (by categories, including private-for-profit, private non-profit and public non-national TB programmes) • Supportive regulatory framework for private sector engagement in TB response is in place • Ethical standards of TB care adapted regulating quality of TB services for private providers (in line with the WHO Roadmap) • Number of people with TB screened/diagnosed/notified to the TB reporting system by the private providers (5) • Volume of TB services procured/compensated by the State
Information and communication/culture 	<p>Organizing and conducting population awareness-raising campaigns, including free-of-charge public health adverts using different mass-media tools: broadcast media (television and radio), print media (newspapers and magazines, journals and other publications), and outdoor and transit media (billboards, posters, banners, etc.)</p> <p>Ensuring journalists are trained and sensitized in TB-related issues</p> <p>Engaging national celebrities as goodwill ambassadors against TB to raise awareness about TB and promote TB-related activities</p> <p>Supporting tobacco and alcohol control measures by supporting comprehensive bans on advertising of tobacco products and sponsorship from the tobacco industry, in line with the WHO Framework Convention on Tobacco Control</p> <p>Undertaking mass-media campaigns on prevention of the harmful use of alcohol and tobacco</p>	<p>Health (TB) education Risk reduction</p>	<p>Ministry for art, media and culture</p>	<p>Ministry of health, local government/administration</p>	<ul style="list-style-type: none"> • National TB awareness-raising plan developed • Number of awareness-raising campaigns conducted on TB and prevention of harmful use of tobacco and alcohol prevention • Number of “free air” streams and amount of media print space at the national and subnational levels allocated to TB awareness-raising campaigns • Number of journalists trained in TB, in close collaboration with national TB programmes and ministry of health • Percentage of people with TB awareness

Sector	Roles and responsibilities	Domain	Proposed lead sector	Proposed co-lead sector	Examples of performance indicators
					(bold: TB-relevant SDG monitoring indicators)
Justice, correction, penitentiary (prisons) 	<p>Ensuring national justice systems are fair and accessible, including courts and legal services for people affected by TB who have suffered discriminatory practices and other types of abuse</p> <p>Ensuring adaptation and improvement of prison infrastructure and administrative arrangements to reduce the transmission of TB (prison living conditions; measures to reduce overcrowding and improve ventilation and nutrition; limitation of prisoner transfers; greater autonomy of prison health personnel, etc.) (2)</p> <p>Ensuring effective TB prevention and care services in correction and detention facilities (including TB screening, detection, treatment and social support)</p> <p>Managing the penitentiary TB surveillance system and data exchange with national TB programmes and ministry of health (data collection and reporting by medical units in the penitentiary sector to national TB programmes to ensure continuity of care)</p> <p>Development of alternatives to incarceration and punishment for drug users</p>	<p>Improving case detection and treatment adherence</p> <p>Risk reduction</p> <p>Health (TB) education</p>	Ministry of justice and correction	Ministry of health; ministry for environment and housing	<ul style="list-style-type: none"> • TB legislation which is rights-based and non-discriminatory (based on legal environment assessments) • Amount of free-of-charge legal services provided (legal awareness assistance) on TB-related discrimination and other human rights violations in the context of the TB response • Number of precedents of remedies for the victims of discrimination • Number of lawyers and representatives of the criminal justice system trained (awareness-raising about TB patients' needs and support for victims of TB-specific discrimination and other abuses) • TB management plans in the penitentiary system (including to address TB infection control) • Adaptation of the Patients' Charter for Tuberculosis Care (3) for the penitentiary system • Regular reporting on TB by the penitentiary system to national TB programmes • Information dissemination and policies in place to combat stigma, discrimination and reduce harm in the prison population
Labour Mining/ commercial fishing/ natural resources 	<p>Ensuring policies on safety in the workplace and occupational health services:</p> <ul style="list-style-type: none"> • TB education and awareness in the workplace • infection control in the workplace (proper ventilation, avoiding congestion in the workplace) • providing TB services through occupational health services, where applicable, including TB screening, diagnosis, referral and treatment support • non-discrimination and stigma reduction interventions • support in tobacco and alcohol control by raising awareness among employees about the harms of tobacco and alcohol, banning tobacco use on the premises and offering employees tobacco cessation services <p>Ensuring workplace security policies for people receiving TB treatment:</p> <ul style="list-style-type: none"> • paid sick leave during TB treatment • disability grants • sickness insurance and other income compensation schemes 	<p>Social protection (reducing catastrophic costs)</p> <p>Improving case detection and treatment adherence</p> <p>Health (TB) education</p>	Ministry of labour and/ or employment	Ministry of health Ministry of social protection Ministry of environment and housing	<ul style="list-style-type: none"> • Strategy and implementation plan on TB, tobacco and alcohol control in the workplace in place (including approaches to enhance employment and training support for people affected by TB) • Infection control plans for health and non-health facilities in place • Number of employees screened for TB and referred to national TB programmes for diagnosis (if needed) • Number of employers providing TB treatment (in large workplace settings) • Number of people with TB receiving employment support and professional training during and after TB treatment • Number of people receiving paid sick leave as a result of TB (specifying the period/disability status if applicable) • Percentage of unemployed people among people with TB

Sector	Roles and responsibilities	Domain	Proposed lead sector	Proposed co-lead sector	Examples of performance indicators
					(bold: TB-relevant SDG monitoring indicators)
Legislation (through parliamentarians) 	<p>Ensuring that TB is streamlined across all policies (disease prevention, tackling social determinants of health, guaranteeing sick leave, protection from loss of employment and loss of income, etc.)</p> <p>Ensuring that TB-specific legislation prevents catastrophic costs due to TB and that the TB response is ethical and built on human rights principles</p> <p>Ensuring that sustainable and sufficient budget is allocated to the national TB response</p> <p>Supporting tobacco and alcohol control by increasing excise taxes and prices on tobacco products and alcoholic beverages; enacting and enforcing comprehensive bans on tobacco advertising, promotion and sponsorship; regulating the physical availability of retail alcohol; eliminating exposure to second-hand tobacco smoke in all indoor workplaces, public places, and public transport; and minimizing illicit trade in tobacco products</p>	<p>Poverty alleviation</p> <p>Social protection (reducing catastrophic costs, income security)</p>	Parliamentarians	<p>Ministry of health</p> <p>Civil society and TB-affected communities</p>	<ul style="list-style-type: none"> Revised laws ensure the removal of discriminatory provisions affecting people with TB TB-specific legislation is in place and in line with ethical, human-rights and people-centred principles Budget for national strategic plan on TB voted annually Tobacco and alcohol-related legislation and regulations are in place
Local government/administration (government) unit providing field services 	<p>Position the TB response as a core component at local level and link effectively with other health-related programmes to reduce risk factors for TB</p> <p>Ensure multisectoral coordination and review mechanism at the local level</p> <p>Ensure provision of quality integrated people-centred TB prevention and care</p> <p>Ensure that key and vulnerable populations are addressed, including homeless people, older people placed in institutions, the migrant population and other risk groups</p> <p>Support tobacco and alcohol control by implementing public awareness interventions; banning all forms of tobacco and alcohol advertising; and, where possible, reducing affordability of tobacco and alcohol products by increasing excise taxes</p>	<p>Coordination</p> <p>Monitoring</p>	Local government/administration (government) unit providing field services	Relevant sectors represented at local level	<p>Local MAF-TB developed, including:</p> <ul style="list-style-type: none"> local multisectoral coordination and review mechanism defined roles and responsibilities of relevant sectors represented at local level, including civil society and TB-affected communities mechanisms for monitoring and reporting and review <p>Annual multisectoral TB report developed</p> <p>Annual multisectoral review conducted</p>
Migration Applies also to people with undocumented status, refugees and internally displaced persons 	<p>Ensuring rights-based TB prevention and care policies by granting universal access to the whole free-of-charge TB care cascade</p> <p>Ensuring legislation to remove deportation associated with TB and legal barriers to accessing TB services</p> <p>Developing and implementing policies and procedures on transborder cooperation for TB service delivery</p>	<p>Improving case detection and treatment adherence</p>	Ministry for migration, immigration and asylum policies	<p>Ministry of health</p> <p>Parliamentarians</p>	<ul style="list-style-type: none"> Sector-specific action plan on TB services for migrant populations Number of migrants receiving free-of-charge TB care and treatment services (screening, diagnostics, treatment, etc.) within and outside the country Laws and regulations addressing deportation associated with TB and barriers to free access to TB services Policies and agreements on cross-border cooperation on TB service delivery

Sector	Roles and responsibilities	Domain	Proposed lead sector	Proposed co-lead sector	Examples of performance indicators
					(bold: TB-relevant SDG monitoring indicators)
Research and innovation 	<p>Contributing to TB-related research and development across sectors to generate quality data across the biopsychosocial research and supporting the development of new TB tools</p> <p>Ensuring policy for early adaptation of new tools and innovations for TB</p>	Promote innovation	Ministry of education and science	Ministry of health	<ul style="list-style-type: none"> National research and innovation strategy and plans for TB are in place Number of academic institution representatives in the national TB research network coordinated by national TB programmes Number of biopsychosocial research projects on TB conducted annually Number of international consortium/research projects conducted annually Number of scholarships available for TB research in academic institutions
Social protection Social welfare Social security Social development 	<p>Addressing poverty to improve health and decrease TB risk factors associated with poverty (poor housing conditions and poor nutrition, including through pro-poor growth policies (d))</p> <p>Ensuring different social protection schemes for people affected by TB and their households (targeting poor people) with:</p> <ul style="list-style-type: none"> social security programmes cash transfer programmes disability grants other social protection measures <p>Ensuring provision of outreach services (home visits and visits to disadvantaged, vulnerable and marginalized populations) to offer screening, consultation and referral to treatment and social support services</p> <p>Planning and capacity development of social workers to provide TB-related (including outreach) services, in collaboration with national TB programmes and ministry of health</p> <p>Consider including TB services within social protection schemes (e.g. TB screening for beneficiaries, conditional cash transfer, etc.)</p> <p>Provide TB services and necessary services (e.g. screening, infection control) for institutions under the State jurisdiction:</p> <ul style="list-style-type: none"> homeless shelters homes for older people institutions for orphans, vulnerable children and families <p>Data sharing/exchange with TB programme for cross-referral and programmatic convergence</p>	<p>Poverty alleviation</p> <p>Risk reduction</p> <p>Social protection (reducing catastrophic costs, income security)</p> <p>Improving case detection and treatment adherence</p>	Ministry of social protection and support	<p>Ministry of health</p> <p>Local governments/administrations</p> <p>Civil society and TB-affected communities</p>	<ul style="list-style-type: none"> National poverty reduction strategy and plan are in place (where relevant), with TB addressed Percentage of population living below international poverty line (TB-SDG monitoring indicator) Social protection policy developed to address social determinants of health and TB-specific social protection measures (including the most economically disadvantaged, key and marginalized populations affected by TB), which is integrated into the national strategic plan for TB Guidelines, standards and recommendations for social service professionals developed on social and economic determinants of TB Percentage of population living below international poverty line Percentage of people with active TB who experience catastrophic costs due to TB Number of people, representing marginalized, vulnerable and key populations screened for TB by social sector and reported to national TB programmes annually Infection control plans developed for facilities under jurisdiction of the social sector, aligned with WHO guidelines

Sector	Roles and responsibilities	Domain	Proposed lead sector	Proposed co-lead sector	Examples of performance indicators
					(bold: TB-relevant SDG monitoring indicators)
 <p>Transportation</p>	Ensuring infection control and airborne infection precautionary measures on public transport	Risk reduction	Ministry of transport	Ministry of health	<ul style="list-style-type: none"> Guidance on TB infection control in the transport sector is in place (including distancing requirements for passengers, airflow measures, respiratory barrier regulations (mask-wearing) for passengers) Number of TB awareness-raising activities on cough etiquette in public transport and public buy-in for increasing airflow measures by opening windows/doors
 <p>Technical and financial partners, development agencies working at the country level (WHO, UNDP, UNICEF, ILO, WB, WFP, USAID, GF, etc.)</p>	Promoting sustainable development and accelerating End TB efforts through the provision of technical support for effective and evidence-based TB response and mobilizing international funding and resources	<p>Improving case detection and treatment adherence</p> <p>Poverty alleviation</p> <p>Risk reduction</p> <p>Social protection</p> <p>Health/TB education</p>	WHO, UNDP, UNICEF, ILO, WB, WFP, USAID, GF, etc.	Ministry of health and other relevant ministries, civil society and TB-affected communities	<ul style="list-style-type: none"> Technical assistance provided for national TB response annually Amount of international funding for TB (specified by type) annually

GF: Global Fund to Fight AIDS, TB and Malaria; ILO: International Labour Organization; SDG: Sustainable Development Goal; UNDP: United Nations Development Programme; UNICEF: United Nations Children's Fund; USAID: United States Agency for International Development; WB: World Bank; WFP: World Food Programme

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