World Health Organization

SEVENTY-FIRST WORLD HEALTH ASSEMBLY **A71/16 Add.1**
Provisional agenda item 11.8 **16 May 2018**

Preparation for a high-level meeting of the General Assembly on ending tuberculosis

Draft multisectoral accountability framework to accelerate progress to end tuberculosis

Report by the Director-General

1. The Executive Board at its 142nd session in January 2018 noted a report and adopted resolution EB142.R3 on preparation for a high-level meeting of the General Assembly on ending tuberculosis.[1] In the resolution, the Board requested the Director-General to develop, working in close collaboration with all relevant partners, "a draft multisectoral accountability framework that enables the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis", and to submit it for consideration by the Seventy-first World Health Assembly, and for presentation at the high-level meeting in 2018 of the United Nations General Assembly on ending tuberculosis.

2. The Annex to this report lays out the draft multisectoral framework document, which was built on the discussions and proposals made during the consultations led by the Secretariat with Member States and partners. The accompanying document A71/16 provides information on the process and timeline followed between January and April 2018 to draft the framework.

3. The Director-General is prepared to present this multisectoral accountability framework, if requested, at the General Assembly high-level meeting.

4. The Secretariat at all levels is able to provide support to Member States and their partners to adapt and use the framework.

5. The multisectoral framework aims: to ensure effective accountability of governments and all stakeholders, at global, regional and country levels, in order to accelerate progress to end the tuberculosis epidemic; and to be aligned fully with the End TB Strategy and the goals of the 2030 Agenda for Sustainable Development.

ACTION BY THE HEALTH ASSEMBLY

6. The Health Assembly is invited to consider the draft multisectoral accountability framework to accelerate progress to end tuberculosis.

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[1] See document EB142/16 and the summary records of the Executive Board at its 142nd session, ninth meeting, section 1.

ANNEX

DRAFT MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO ACCELERATE PROGRESS TO END TUBERCULOSIS BY 2030

A. BACKGROUND

1. The first WHO Global Ministerial Conference on TB, entitled "Ending TB in the Sustainable Development Era: a multisectoral response", was held in Moscow in November 2017. The aim was to accelerate implementation of WHO's End TB Strategy, in recognition of the fact that investments and actions have to date fallen short of those needed to reach the relevant targets and milestones of the Sustainable Development Goals and the End TB Strategy, and to inform the United Nations General Assembly's high-level meeting on tuberculosis later in 2018.[1]

2. The Moscow Declaration to End TB,[2] with both commitments by Member States and calls to global agencies and other partners to accelerate efforts towards achieving the Sustainable Development Goal target for tuberculosis and those of the End TB Strategy, was adopted by almost 120 national delegations. It addressed four key areas for action, one of which was multisectoral accountability.[3] Member States committed to "supporting the development of a multisectoral accountability framework" in advance of the high-level meeting on tuberculosis in 2018, and called on WHO to develop, working in close cooperation with partners, such a framework for consideration by WHO's governing bodies.[4] The rationale for such a framework is that strengthened accountability for the response to tuberculosis at national and global levels should contribute to faster progress towards the targets and milestones of the End TB Strategy and the Sustainable Development Goal target for tuberculosis.

3. The Secretariat submitted a report on preparations for the General Assembly's high-level meeting on tuberculosis to the Executive Board at its 142nd session in January 2018.[5] Based on that report and the Moscow Declaration, the Board requested the Director-General to work with partners to develop, working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration, a draft multisectoral accountability framework for

[1] The theme of the meeting is "United to end tuberculosis: an urgent global response to a global epidemic". It will be held on 26 September 2018 at the time of the General Assembly's general debate. Accountability is one of the topics to be addressed at the meeting.

[2] http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/ (accessed 25 April 2018).

[3] The others were: advancing the response within the 2030 Agenda for Sustainable Development; ensuring sufficient and sustainable financing; and pursuing science, research and innovation.

[4] Stakeholders specifically listed in the Moscow Declaration were (in the order they were listed therein): the United Nations Special Envoy on TB; Member States; civil society representatives; United Nations organizations; the World Bank and other multilateral development banks; Unitaid; the Stop TB Partnership; the Global Fund to Fight AIDS, TB and Malaria; and research institutes.

[5] See document EB142/16 and the summary records of the Executive Board at its 142nd session, ninth meeting, section 1.

consideration by the Seventy-first World Health Assembly in May 2018 and presentation during the high-level meeting in 2018.[1]

4. Pursuant to the request in resolution EB142.R3, the Secretariat prepared a background document.[2] This covered definitions of accountability and an accountability framework; existing examples of approaches to accountability for other top global health priorities as well as topics beyond health;[3] and an assessment of what elements of a multisectoral accountability framework for tuberculosis already exist and what might be missing. This background document was used as the basis for discussions with stakeholders, in particular during a global consultation held on 1 and 2 March 2018 in Geneva. Representatives of stakeholders specifically listed in the Moscow Declaration were invited and the meeting was also attended by WHO staff members from headquarters and all regional offices.[4]

5. Based on the outcomes of the consultation and other discussions in 2018, including an online public consultation, the WHO Secretariat prepared this draft multisectoral accountability framework for tuberculosis to accelerate progress towards ending the global tuberculosis epidemic, for consideration by the Seventy-first World Health Assembly.

B. DEFINITIONS

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

7. An *accountability framework* defines who is accountable (for example, an individual, organization, national government, or the global community), what commitments and actions they are accountable for, and how they will be held to account. Broadly, mechanisms for how specific entities are held to account fall into two major categories: (a) monitoring and reporting and (b) review. A generic accountability framework, represented as a cycle of components, is shown in Fig. 1.[5]

[1] See resolution EB142.R3, operative paragraph 1.

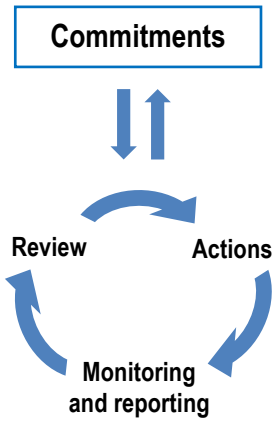
[2] Developing a draft TB multisectoral accountability framework. Background document. Stakeholder consultation convened by Global TB Programme, World Health Organization, Chateau de Penthes, Geneva, 1- 2 March 2018. Geneva: World Health Organization; 2018 (http://www.who.int/tb/TBAccountabilityFramework_Consultation1_2March_BackgroundDocument_20180228.pdf?ua=1, accessed 11 May 2018).

[3] The examples for health were HIV/AIDS, immunization, malaria, poliomyelitis, tobacco control, and women's, children's and adolescents' health. Other examples examined included climate change and national governance.

[4] Developing a draft TB multisectoral accountability framework. Stakeholder consultation convened by the Global TB Programme, World Health Organization. Geneva, 1-2 March 2018. Meeting report (http://www.who.int/tb/TB_MAF_1_2Marchconsultation_meetingreport_20180322.pdf?ua=1, accessed 11 May 2018).

[5] This figure is derived from the unified accountability framework for Women's, Children's and Adolescents' health. That framework depicts the action-monitoring-review cycle in a circle, as here, for the global and country levels separately. The accountability framework for tuberculosis adds a component for "Commitments" and highlights "Monitoring and reporting" in its third component.

Fig. 1. Generic accountability framework



8. Conceptually, commitments should be followed by the actions needed to keep or achieve them. Monitoring and reporting are then used to track progress related to commitments and actions. Review is used to assess the results from monitoring that are documented in reports and associated products, and to make recommendations for future actions. The cycle of action, monitoring and reporting, and review can be repeated many times. The results from monitoring and reporting, and the recommendations from reviews based on these results, should drive the next cycle of actions. Periodically, new commitments or reinforcement of commitments may be required based on reviews of progress.

9. Accountability can be strengthened by reinforcing one or more of the four components of the framework. Examples include adding new actions or improving existing ones; increasing the quality and coverage of data and reports available to inform reviews of progress; elevating reviews to a higher level; improving review processes, such as by making them more independent, more transparent and with wider participation; and ensuring that the results of reviews have meaningful consequences for action. If each of the "Actions – Monitoring and reporting – Review" components of the cycle is strong, progress towards commitments should be faster than if one or more of them is weak.

C. THE FRAMEWORK

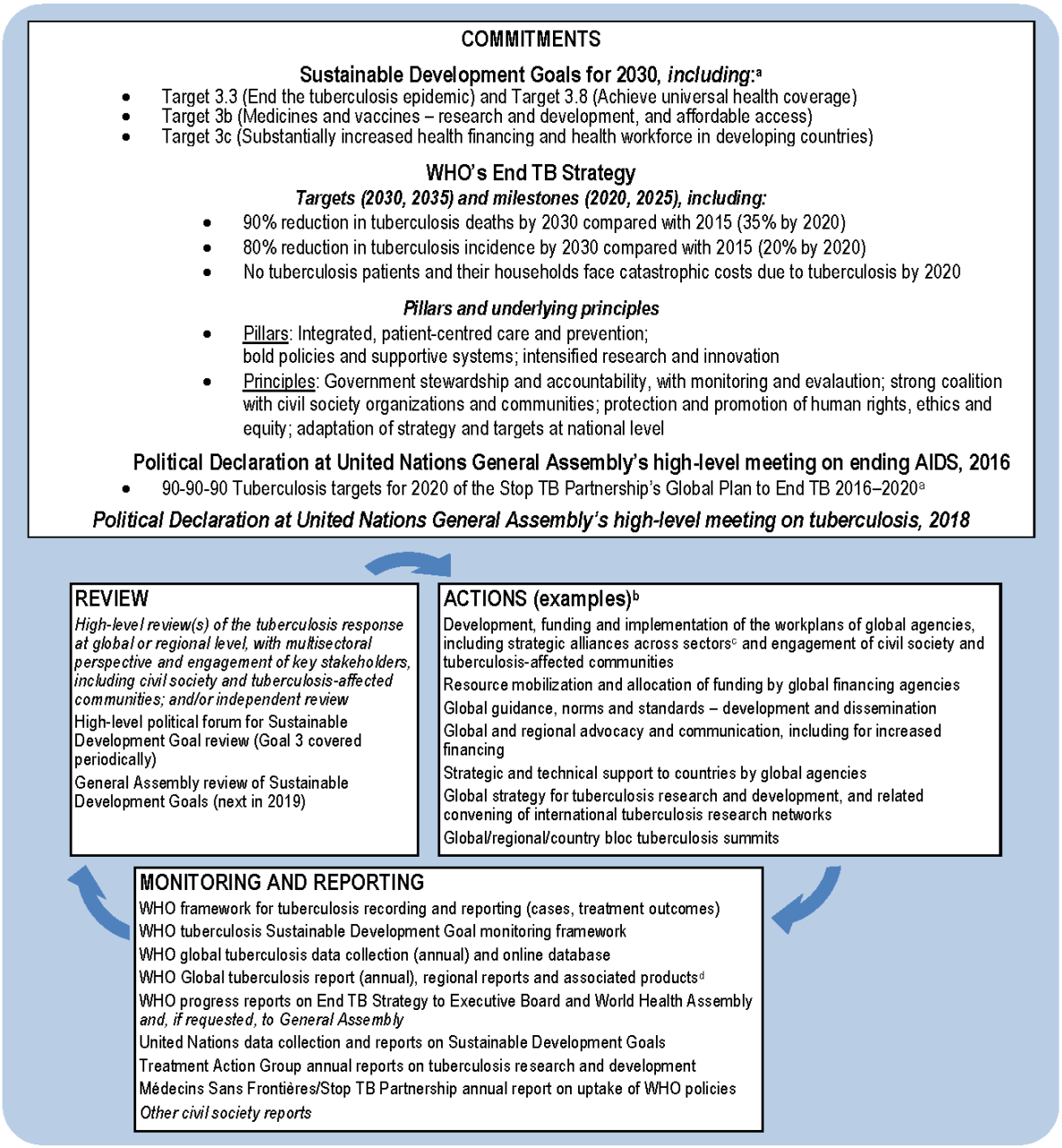
10. The multisectoral accountability framework for tuberculosis aims: to ensure effective accountability of governments and all stakeholders, at global, regional and country levels, in order to accelerate progress to end the tuberculosis epidemic; and to be aligned fully with the End TB Strategy and the 2030 Agenda for Sustainable Development.

11. The multisectoral accountability framework for tuberculosis is summarized in Figs. 2a and 2b.

C.1 Overview of major components and elements

12. The framework has two major parts: (a) global and regional levels (Fig. 2a) and (b) national (including local) level (Fig. 2b). The four components of each part of the framework are the same as those in the generic framework shown in Figure 1, namely: commitments, actions, monitoring and reporting, and review.

Fig. 2a. Multisectoral accountability framework to accelerate progress to end tuberculosis: global and regional levels – countries collectively[1]



[a] Several Sustainable Development Goals are relevant to tuberculosis. The examples provided are targets of specific relevance to tuberculosis under Goal 3. For full target definitions, see main text.

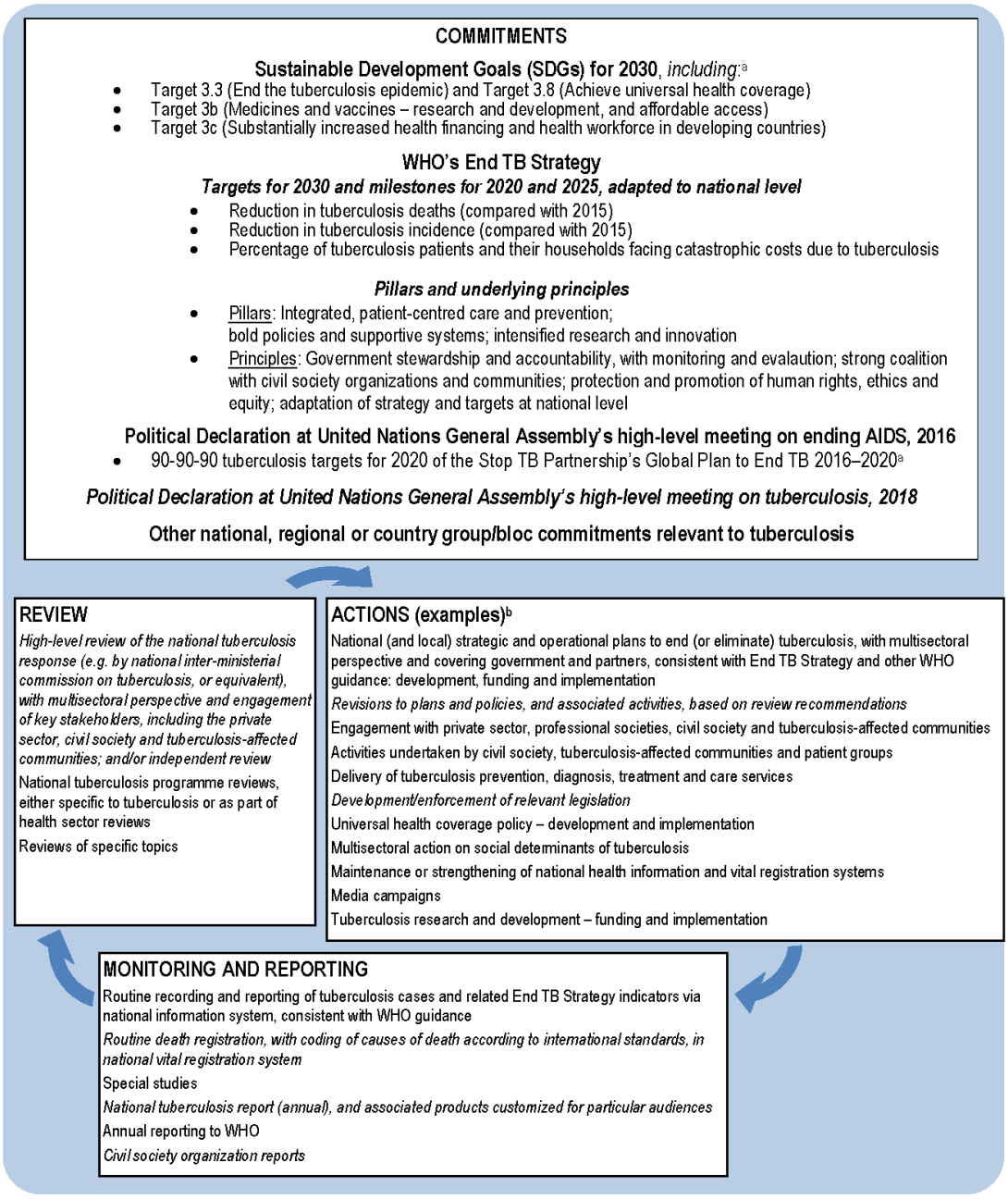
[b] It is not possible to list all relevant actions, but major examples are provided.

[c] For example, with agencies and partners working on poverty alleviation, social protection, housing, labour, justice, and migration.

[d] *To include key results from national reviews and reports at least for high-burden countries.*

[1] *Italicized text* indicates elements that do not yet exist or need significant strengthening.

Fig. 2b. Multisectoral accountability framework to accelerate progress to end tuberculosis: national (including local) level – individual countries, for country adaptation[1]



[a] Several Sustainable Development Goals are relevant to tuberculosis. The examples provided are targets of specific relevance to tuberculosis under Goal 3. For full target definitions, see main text.

[b] It is not possible to list all relevant actions, but major examples are provided.

[1] *Italicized text* indicates elements that do not yet exist, or are not yet in place in many countries including those with a high burden of tuberculosis. Other elements (especially those listed under actions) also need strengthening in many countries.

13. The global and regional part of the framework (Fig. 2a) defines commitments, actions, monitoring and reporting processes, and review mechanisms related to tuberculosis that apply to all countries collectively or at regional level. The national part of the framework (Fig. 2b) defines commitments, actions, monitoring and reporting processes, and review mechanisms that apply to individual countries, at national and local levels.[1]

14. In the global and regional part of the framework, elements that do not yet exist or need significant strengthening are italicized. In the national (and local) part of the framework, elements that do not yet exist, or that do not yet exist in many countries including most with a high burden of tuberculosis, are also *italicized*. Other elements also need strengthening in many countries.

15. In the national part of the framework, most of the elements have been defined in general terms only, because there is a need for country adaptation. For example, there will be differences between how the framework applies in countries with a high burden of tuberculosis disease and those with a low burden. In addition, the elements shown are not intended to cover all possible elements of relevance; rather, they are intended to show the main elements of relevance in many settings to ensure strong accountability.

16. The elements included within each of the four major components of the framework are built on the foundations of the End TB Strategy and the Sustainable Development Goals.

- The main commitments listed are the targets of the Sustainable Development Goals and End TB Strategy, and the principles and pillars of the End TB Strategy. The other commitments are those adopted in the declaration from the United Nations high-level meeting on ending AIDS and those likely to be contained in the political declaration of the forthcoming high-level meeting on tuberculosis.

- The actions listed in the global and regional part of the framework are based on the core functions of actors operating at global and/or regional level.

- The examples of actions shown in the national part of the framework are based on the principles, pillars and components of the End TB Strategy.[2]

- The elements listed under monitoring and reporting are based on established systems at global and national levels, best practices for monitoring of tuberculosis incidence and mortality, operational guidance on implementing the End TB Strategy, and Sustainable Development Goal targets related to data.

- The elements listed under review are based on existing mechanisms or, in the case of new elements, the End TB Strategy and mechanisms called for in the Moscow Declaration.

17. All elements have been informed by consultations on the development of the framework during 2018.

[1] It should be highlighted that *individual institutions* (including WHO) have their own accountability mechanisms. Accountability mechanisms for individual institutions are not the subject of this multisectoral accountability framework for tuberculosis. However, the mechanisms of relevant institutions should contribute to the aims of this framework.

[2] There are four components under pillar 1, four under pillar 2, and two under pillar 3.

18. Civil society, tuberculosis-affected communities and patient groups have a fundamental role to play in all components of accountability related to tuberculosis, as acknowledged in the Moscow Declaration.

C.2 Global and regional levels – countries collectively or regions

19. The global and regional part of the framework applies to countries collectively or at regional level. The actors involved include WHO Member States, WHO and other relevant United Nations and multilateral institutions, and all other actors operating at global level, including civil society, tuberculosis-affected communities and patient groups.

C.2.1 Commitments

20. This component defines the targets as well as the underlying principles of the WHO End TB Strategy (adopted by the Sixty-seventh World Health Assembly in 2014), the Sustainable Development Goals and their associated targets (adopted in September 2015),[1] and targets for tuberculosis included in the Political Declaration on HIV and AIDS adopted at the United Nations 2016 High-Level Meeting on Ending AIDS.[2] The United Nations high-level meeting on tuberculosis later this year may also result in a political declaration.

C.2.2 Actions

21. Actions are required at the global or regional level by global agencies on behalf of their Member States collectively to support progress towards commitments.

[1] The full texts of the targets are as follows: target 3.3: "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases" and target 3.8: "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all". Tuberculosis treatment coverage is a tracer indicator for one of the two Sustainable Development Goal indicators for universal health coverage. The full text of Goal 3b is "Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all". The full text of target 3c is "Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States".

[2] The 90-90-90 targets refer to 90% tuberculosis treatment coverage (overall, and among vulnerable populations), and 90% treatment success.

22. It is not possible to provide an exhaustive list of actions needed, but major examples include:

- development, funding and implementation of the workplans of global agencies, such as WHO, other bodies in the United Nations system, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Stop TB Partnership, Unitaid and the World Bank; these workplans include strategic alliances across sectors[1] and engagement of civil society and tuberculosis-affected communities;[2]

- resource mobilization and allocation of funding by global financing agencies, for both implementation of available interventions, and tuberculosis research and development;

- development and dissemination of global guidance, norms and standards, including adaptation at regional level;

- global and regional advocacy and communication activities, for example for increased financing for the tuberculosis response;

- strategic and technical support to countries by global agencies, differentiated according to need;

- development and implementation of a global strategy for tuberculosis research and development, including the development and facilitation of international tuberculosis research networks;

- convening of summits on tuberculosis globally, or for WHO regions or country blocs;

- strong and urgent action on multidrug-resistant tuberculosis, aligned with the global antimicrobial resistance agenda.

C.2.3 Monitoring and reporting

23. The monitoring and reporting component defines the main elements of monitoring and reporting for tuberculosis that are already undertaken at the global and regional level, principally by WHO.

24. These elements include:

- a global framework that provides standardized case and treatment outcome definitions for tuberculosis and a standardized approach to routine recording and reporting of tuberculosis cases and treatment outcomes at national and subnational levels; this framework includes reporting of cases disaggregated by age and sex;

[1] An example is the issue-based coalition on health in the WHO European Region. This was established in 2016. It is led by the WHO Regional Office for Europe, and acts as a pan-European enabling mechanism to facilitate and promote the implementation of Goal 3 targets and the health-related targets of the other Sustainable Development Goals by coordinating the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations and partners.

[2] For example, WHO has established a Global Civil Society Task Force on Tuberculosis.

- a WHO list of 10 priority indicators for monitoring the national tuberculosis response, and associated targets;[1]

- a global Tuberculosis-Sustainable Development Goal monitoring framework of 14 indicators under seven Sustainable Development Goals for which there is evidence of an association with trends in tuberculosis incidence.[2] Seven of the indicators are related to Goal 3: the coverage of essential health services; the percentage of total health expenditures that are out-of-pocket; health expenditure per capita; HIV prevalence; the prevalence of smoking; the prevalence of diabetes; and the prevalence of alcohol use disorder. The other seven are related to Goals 1 (End poverty in all its forms everywhere), 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), 7 (Ensure access to affordable, reliable, sustainable and modern energy for all), 8 (Promote inclusive and sustainable economic growth, employment and decent work for all), 10 (Reduce inequality within and among countries) and 11 (Make cities inclusive, safe, resilient and sustainable). The indicators are: the proportion of the population living below the international poverty line; the proportion of the population covered by social protection floors/systems; the prevalence of undernourishment; the proportion of the population with primary reliance on clean fuels and technology; gross domestic product per capita; the Gini index for income inequality; and the proportion of the urban population living in slums. It is important to highlight that data for these indicators are already collected by global agencies (e.g. UNAIDS, WHO and the World Bank) and stored in global databases that are publicly accessible. Therefore, analysis of data for these indicators to inform the tuberculosis response does not require additional efforts in data collection at either national or global level;

- an annual process of data collection from all Member States by the Secretariat, and maintenance of all collected data in a WHO global TB database managed according to best practice standards. In the European Region, data are collected jointly by the Regional Office for Europe and the European Centre for Disease Prevention and Control;

- global reporting by WHO on an annual basis, in the form of a global tuberculosis report and associated products; current examples of related products include regional reports, fact sheets, infographics, press releases, presentations, and additional online material such as country profiles for all countries.[3] An example of a product that is not yet produced at global level is a tuberculosis scorecard, although the Regional Office for Africa and the African Union are developing a regional version.

25. The Director-General has already been requested to submit periodic reports on progress in implementing the End TB Strategy to the World Health Assembly.[4] The next report will be submitted to the Seventy-third World Health Assembly in 2020.

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[1] See Global tuberculosis report. Geneva: World Health Organization; 2017, page 13 (http://apps.who.int/iris/bitstream/handle/10665/259366/9789241565516-eng.pdf;jsessionid=B85941498DFF23074D456FA33C12EC6B?sequence=1, accessed 25 April 2018).

[2] This Sustainable Development Goal monitoring framework was developed as part of the preparations for the WHO Global Ministerial Conference on Tuberculosis, and was published as part of WHO's Global tuberculosis report, 2017 (see pages 12–16).

[3] The printed report contains two-page profiles for only the 30 countries with a high burden of tuberculosis.

[4] Resolution WHA67.1 (2014).

26. Global reports by civil society organizations are also listed. Current examples are reports by the Treatment Action Group on trends in funding for tuberculosis research and development (published annually since 2006) and pipelines for new tuberculosis diagnostics, medicines and vaccines, and an annual report by Médecins Sans Frontières and the Stop TB Partnership on national adoption of WHO's polices related to tuberculosis diagnosis, treatment and care.

C.2.4 Review

27. The review component has two existing elements that include tuberculosis along with other topics, specifically: the high-level political forum on sustainable development, in which progress towards Goal 3 is periodically reviewed, and review of progress towards the Sustainable Development Goals by the General Assembly. These two reviews are broad in scope and allow for relatively limited time on specific goals and targets. For these reasons, the review component of the framework includes a new element.

28. The new element is a high-level review(s) of the tuberculosis response at global and/or regional level, with a multisectoral perspective and the engagement of key stakeholders, including civil society and tuberculosis-affected communities; and/or independent review.[1] Such review(s) could include a regular review of progress by the Health Assembly.

29. The inclusion of the high-level review element has been informed by existing high-level reviews for other global health priorities, including those for HIV and AIDS, malaria, noncommunicable diseases, polio, tobacco control, and women's, children's and adolescents' health.[2]

C.3 National (including local) level – individual countries, with country adaptation

30. The national part of the framework applies to individual countries, at national and local levels. Each element needs to be adapted at country level, for example according to a country's burden of disease due to tuberculosis and existing legislation.

C.3.1 Commitments

31. The commitments component defines the targets as well as the underlying principles of the End TB Strategy (adopted by the Sixty-seventh World Health Assembly in 2014), the Sustainable Development Goals and associated targets (adopted in September 2015), and the targets for tuberculosis included in the Political Declaration on HIV and AIDS adopted by the United Nations General Assembly at the 2016 High-Level Meeting on Ending AIDS. The text related to the targets

[1] The Moscow Declaration called for a multisectoral accountability framework "that enables measuring progress both globally and nationally through an independent, constructive and positive approach, especially in the highest burden countries, and an independent review of progress by those countries." It also stated that the framework could include, according to needs, "the convening of national inter-ministerial commissions on tuberculosis, or their equivalent, by Ministries of Health in partnership with civil society and, where appropriate, with the direct engagement of the Heads of State, and the consideration of expanding existing intersectoral fora to include actions against tuberculosis …".

[2] For example: United Nations General Assembly high-level meetings on HIV and AIDS; the African Leaders Malaria Alliance; General Assembly high-level meetings on non-communicable diseases; the Independent Monitoring Board and the Transition Independent Monitoring Board for polio; the Conference of the Parties to the WHO Framework Convention on Tobacco Control; and the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent.

and milestones of the End TB Strategy makes it clear that these targets and milestones should be adapted at country level, in line with one of the underlying principles of that Strategy.

32. Relevant national commitments may also include those that are country-, region- or country-bloc-specific.[1]

C.3.2 Actions

33. The actions listed for adaptation at national level are based on the four principles and three pillars, and related 10 components, of the End TB Strategy.[2]

34. Examples of major actions needed include:

- development and implementation (including at the local level) of national strategic and operational plans to end (or eliminate)[3] tuberculosis with a multisectoral perspective and that cover both government and partners (in other words, there should be one, unified national plan), aligned with WHO's End TB Strategy and other WHO guidance;
- revisions to plans, policies and associated activities based on review recommendations;
- allocation of budgets by governments and partners (at both national and subnational levels) so as to provide sufficient financing for the tuberculosis response;
- engagement with the private sector, professional associations, civil society and tuberculosis-affected communities;
- activities, such as local and national advocacy, undertaken by civil society, tuberculosis-affected communities and patient groups, and participation in the development and review of the tuberculosis response;
- delivery of tuberculosis prevention, diagnostic, treatment and care services;
- drafting, enactment and enforcement of national legislation for tuberculosis, such as a law to make case notification mandatory, and antidiscrimination laws, drawing on existing guidance (for example, WHO's guidance on ethics for the implementation of the End TB Strategy);
- development and implementation of policy related to universal health coverage;
- multisectoral action on the social determinants of tuberculosis infection and disease, such as levels of poverty, social protection, nutrition, housing quality, and income distribution;

[1] Examples of country blocs include the G20 and BRICS (Brazil, Russian Federation, India, China and South Africa).

[2] There are four components under pillar 1, four under pillar 2, and two under pillar 3.

[3] A tuberculosis pre-elimination or elimination plan is appropriate in countries that already have a low incidence of tuberculosis.

- maintenance or strengthening of national health information and vital registration systems to enable reliable tracking of the tuberculosis epidemic (in terms of absolute numbers and trends in tuberculosis cases and deaths);

- media campaigns, for example to raise public awareness about tuberculosis;

- funding for and implementation of tuberculosis research and development.

C.3.3 Monitoring and reporting

35. The monitoring and reporting component defines the main elements that are needed at national and local levels to reliably track the tuberculosis epidemic and the national response.

36. For **monitoring**, there are three key elements. The first is routine surveillance of tuberculosis cases[1] through a national health information system that meets quality and coverage standards. Ideally this system should be case-based and electronic, in order to facilitate timely availability and analysis of data, and the analyses should be disaggregated by variables such as age, sex and location.[2] The second is routine monitoring of deaths due to tuberculosis through a national vital registration system, with coding of causes of death according to international standards.[3] A large number of countries already have such systems in place, but many others, including most with a high burden of tuberculosis, do not. The third element is monitoring of other priority indicators related to the national tuberculosis response, and associated targets, building on the 10 priority operational indicators recommended by WHO for monitoring the End TB Strategy.[4]

37. Routine systems for monitoring can be complemented by periodic studies, including surveys on priority topics.

38. For **reporting**, the main element is a national report. This should include the key results at national and subnational levels from routine monitoring (and special studies, if appropriate), with results disaggregated by age, sex, location and other relevant variables; interpretation of results, including assessment of trends in Sustainable Development Goal indicators associated with the tuberculosis incidence in the country; and definition of future actions needed based on findings.

39. The national report can be accompanied by complementary outputs and products that are customized for particular audiences, such as brochures, policy briefs, presentations, press releases, fact sheets and dashboards showing progress against indicators. Audiences include politicians, the general public, health professionals and international donor agencies. Reports from civil society organizations may also be appropriate.

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[1] WHO provides standard guidance on case and treatment outcome definitions and associated recording and reporting. The latest guidance was issued in 2013.

[2] Sustainable Development Goal target 17.18 is "By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts".

[3] Indicator 17.19.2 for Sustainable Development Goal target 17.19 is: "Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration".

[4] See Global tuberculosis report. Geneva: World Health Organization; 2017, page 13.

40. Although some countries do produce a national tuberculosis report every year and in others there are reports produced by civil society and nongovernmental organizations, these elements are not yet in place in many countries, including most countries with a high burden of tuberculosis.

C.3.4 Review

41. The review component includes two elements that are already well established for tuberculosis. These are reviews of national tuberculosis programmes, which can either be specific to tuberculosis or part of a national health sector review; and reviews of specific topics, such as the programmatic management of drug-resistant tuberculosis.

42. The review component also includes a new element: a high-level review of the national tuberculosis response with a multisectoral perspective and the engagement of key stakeholders, including the private sector, civil society and tuberculosis-affected communities; and/or independent review.[1]

43. This high-level review could be performed by a national interministerial commission on tuberculosis or an equivalent. Sectors or ministries other than health that should be involved include those responsible for finance, poverty alleviation, social protection, housing, labour, justice and migration.

C.4 How the global/regional and national parts of the framework are linked

44. The global/regional and national parts are, by definition, part of the same framework. This section explains the linkages between them.

45. The commitments shown in the global and regional part of the framework can be adapted at national (and local) levels. Examples of adaptation include: defining targets for reductions in incidence and mortality of tuberculosis in terms of absolute numbers as well as relative (percentage) reductions; setting targets that are more ambitious than ones set globally; and setting additional, complementary targets.

46. Actions taken at global and regional levels by global agencies should support actions needed at country level to end the tuberculosis epidemic. This is the reason for including in the global and regional part of the framework actions such as: development and dissemination of global guidance, norms and standards (which in turn inform national guidelines, norms and standards); global advocacy and communication (for example, to raise global awareness and help to mobilize global resources for ending tuberculosis); mobilization and allocation of funding by global financing agencies (which then support countries in need of external resources); provision of strategic and technical support to countries (differentiated according to need); and establishment and maintenance of international research networks.

[1] The Moscow Declaration called for a multisectoral accountability framework "that enables measuring progress both globally and nationally through an independent, constructive and positive approach, especially in the highest burden countries, and an independent review of progress by those countries." It also stated that the framework could include, according to needs, "the convening of national inter-ministerial commissions on tuberculosis, or their equivalent, by Ministries of Health in partnership with civil society and, where appropriate, with the direct engagement of the Heads of State, and the consideration of expanding existing intersectoral fora to include actions against tuberculosis …".

47. Adoption of WHO guidance related to routine recording and reporting of tuberculosis cases and treatment outcomes has ensured a standardized approach to recording and reporting of tuberculosis cases and treatment outcomes at national levels since the mid-1990s.[1] National reporting of data according to this standardized approach by Member States to the Secretariat since that time (around 200 countries and territories report data each year, including almost all Member States) has enabled WHO to conduct global analyses and to report on the tuberculosis epidemic and progress in the response at global, regional and country levels on an annual basis since 1997. The International Statistical Classification of Diseases and Related Health Problems, as periodically revised,[2] guides coding of causes of death at national level and in turn reporting of deaths by cause to WHO. Global guidance from WHO (developed with countries and partner agencies) has also helped to ensure a standardized approach to special studies at national level, including national tuberculosis prevalence surveys, national surveys of resistance to anti-tuberculosis medicines, inventory studies to measure the under-reporting of detected cases of tuberculosis, and surveys of costs faced by tuberculosis patients and their households. WHO has also published a handbook that provides guidance on analysis and use of data on tuberculosis derived from routine monitoring and special studies.

48. Findings from reviews of the national tuberculosis responses should inform reviews of the tuberculosis response at global and regional levels, and global or regional reviews should help to drive actions needed to accelerate progress towards ending tuberculosis at global, regional and national levels. All Member States have the opportunity to participate in existing global reviews related to the Sustainable Development Goals that are convened by the United Nations.

D. FRAMEWORK ADAPTATION AND USE

49. The process of adapting the framework at national level, as appropriate, should include assessment of all relevant elements according to the country context, such as burden of disease and national legislation.

50. The process of adapting the framework should involve officials across government sectors, civil society and tuberculosis-affected communities, and other relevant stakeholders such as parliamentarians, nongovernmental organizations, professional associations and the private sector. The end result should be a framework of clear commitments, concrete actions, rigorous monitoring and reporting, and authoritative high-level and independent review mechanisms.

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[1] The latest WHO guidance was issued in 2013. Definitions and reporting framework for tuberculosis – 2013 revision. Geneva, World Health Organization; 2013 (WHO/HTM/TB/2013.2). Available at: www.who.int/iris/bitstream/10665/79199/1/9789241505345_eng.pdf.

[2] An update on the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems will be provided to the Executive Board at its 143rd session (see document EB143/13).