Operationalization of the Multisectoral Accountability Framework to accelerate progress to end the Tuberculosis epidemic (MAF-TB) within regional and national contexts of eastern Europe and central Asian countries of the WHO European Region

Consultation Report 2021
ABSTRACT

The incidence of tuberculosis (TB) is exacerbated by specific social and economic factors within the broader determinants of health, known as the social determinants of health. Poverty, food insecurity, and poor living and working conditions, among others, affect how people become infected, develop TB and cope with the hardships of treatment, and influence the health outcomes they face. The social determinants of TB cannot be influenced by the health system alone: firm political commitment is also required to pursue health equity through increasing access to opportunities and conditions conducive to health for all people, no matter who they are and where they live.

To leverage political commitment, strong multisectoral collaboration and an accountability system are needed to support vulnerable individuals and groups who are disproportionally affected by TB. 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, aligned with the Sustainable Development Goals, to guide accelerated action from 2016. At the request of Member States, WHO developed the Multisectoral accountability framework to end TB by 2030 (MAF-TB) that encourages a multisectoral response in the fight against TB through addressing its social determinants.

Between November and December 2020, a round of consultations was conducted with regional stakeholders in TB (technical agencies, donors, civil society and communities affected by TB) to co-create a vision for MAF-TB operationalization in countries of eastern Europe and central Asia. This report outlines the outcomes of this consultation.

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In the long term, uptake of the MAF-TB tools will help to strengthen health and community systems and provide important entry points for sustaining TB and HIV programmes and responses during public health emergencies and the transition from donor funding to domestic financing.
Abbreviations

CCM          Country Coordinating Mechanism
CRG          communities, rights and gender
EECA         eastern Europe and central Asia
MAF-TB       Multisectoral accountability framework to accelerate progress to end tuberculosis by 2030
NTP          national tuberculosis programme
SDG          Sustainable Development Goal
TB           tuberculosis
1. Introduction

1.1 Background

The first WHO Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era, held in Moscow, Russian Federation in November 2017 (1), was followed by the United Nations General Assembly High-level Meeting on the Fight Against Tuberculosis, held in New York, the United States of America in September 2018 (2). Following these events, WHO developed the Multisectoral accountability framework to end tuberculosis by 2030 (MAF-TB) at the request of Member States (3,4). MAF-TB encourages a multisectoral response in the fight against tuberculosis (TB) through addressing all determinants of health, including the social and structural determinants.

MAF-TB aims to strengthen the accountability of Member States and of multisectoral partners and stakeholders at the national, regional and global levels to meet the commitments and targets set for 2022 in the 2018 Political Declaration of the United Nations General Assembly High-Level Meeting on the Fight Against Tuberculosis (5), the United Nations Sustainable Development Goals (SDGs) (6) of the 2030 Agenda for Sustainable Development (7), and the WHO End TB Strategy (8).

MAF-TB can support the process of defining (i) who is accountable, (ii) what they are accountable for, and (iii) how they will be held accountable at the local, national, regional and global levels. MAF-TB includes four essential interrelated components: commitments, actions, monitoring and reporting, and review (outlined in Fig. 1).

Fig. 1. The four components of MAF-TB

To support countries to launch a national MAF-TB, WHO also developed the Baseline Assessment Checklist for country use in pursuing a national MAF-TB (9) to evaluate the baseline situation for the four essential components of MAF-TB. Recommendations are derived from analysis of the MAF-TB baseline assessment and agreement on the main findings by key TB stakeholders at country level. These recommendations form the basis of a national roadmap on strengthening multisectoral collaboration and accountability to help mobilize a whole-of-society response to end TB.

In the long term, uptake of the MAF-TB tools will help to strengthen health and community systems and provide important entry points for sustaining TB and HIV programmes and responses during public health emergencies and the transition from donor funding to domestic financing.

The MAF-TB Baseline Assessment Checklist includes three annexes designed to help in assessing the status of the TB response and accountability of ministries and governmental bodies (Annex 1), the engagement of civil society and affected communities (Annex 2), and the adaptation and implementation of WHO TB guidelines published between 2016 and March 2020 (listed in Annex 3) (9,10).
1.2 Technical cooperation of the WHO Regional Office for Europe in support of MAF-TB uptake

In collaboration with the WHO Global Tuberculosis Programme (11), the WHO Regional Office for Europe provides regional guidance on the operationalization of MAF-TB. It has also provided technical cooperation for five pilot countries in the eastern Europe and central Asia (EECA) region (Belarus, Kazakhstan, the Republic of Moldova, Tajikistan and Ukraine) on adapting and implementing MAF-TB within their specific context by:

- developing regional guidance on MAF-TB adaptation and implementation;
- consulting regional and national stakeholders (including technical partners, donor agencies, civil society and TB-affected-community organizations) on the operationalization of MAF-TB;
- providing technical cooperation for launching MAF-TB, including:
  - providing support for multistakeholder consultations and conducting a baseline assessment using the MAF-TB Baseline Assessment Checklist (9,10);
  - developing a data collection and analysis approach to operationalize the MAF-TB Baseline Assessment Checklist;
  - providing support for establishing and/or strengthening the MAF-TB coordination mechanism and high-level review mechanism;
  - providing support to developing national roadmaps tailored to the country context on strengthening multisectoral collaboration and accountability to end TB; and
  - providing strategic advice to national working groups on preparing a National Strategic Plan for Tuberculosis and funding applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- sharing experiences on piloting MAF-TB in Member States, including with other WHO regional offices; and
- documenting evidence for sustainable investment, including donor funding to support MAF-TB.

The activities of the WHO Regional Office for Europe are built on three-tier WHO collaboration with the WHO Global Tuberculosis Programme (11) and WHO country offices in pilot countries, and use a participatory approach to implement MAF-TB in EECA. This approach incorporates:

- partnership with the TB Europe Coalition (a regional civil society network) to implement Annex 2 of the MAF-TB Baseline Assessment Checklist, ensure that related data collection activities align with the MAF-TB Baseline Assessment Checklist and with the other annexes, and ensure the overall coordination of all aspects of work related to MAF-TB;
- alignment with the priority areas of activities on MAF-TB of the WHO Civil Society Task Force on TB (12), which is hosted by WHO Global Tuberculosis Programme;
- collaboration with the Global TB Caucus to establish a baseline for parliamentary engagement in MAF-TB activities;
- seeking opportunities for collaboration with the Global Fund and with EECA constituencies of the Global Fund Board (13), the Stop TB Partnership, and other regional and national stakeholders; and
- partnership with national governmental and nongovernmental stakeholders to support MAF-TB processes.
The participatory approach helps to advance the MAF-TB agenda through creating a joint vision of the most effective way towards multisectoral collaboration and accountability. It also contributes to capacity-building and the empowerment of all interested stakeholders and to national-level participation in the process. Last, but not least, it is an essential precondition for national ownership of the MAF-TB process and outcomes.

1.3. Methods

1.3.1 Aim and objectives

The main aim of the consultation was to gather subjective information to ensure the co-generation of knowledge, to co-create a vision for the operationalization of MAF-TB at the regional (i.e. EECA) and country levels, and to ensure the sustainability of MAF-TB.

Between November and December 2020, a round of consultations was conducted with regional stakeholders in TB: technical agencies, donors, civil society and communities affected by TB. Dr Tereza Kasaeva, Director of the WHO Global TB Programme, provided input for this activity.

The purpose of the consultation was to:

- discuss conceptual aspects and the practical value of MAF-TB in multisectoral processes/mechanisms at the regional and national levels in EECA countries;
- define the core elements of the accountability mechanisms and key stakeholders to drive MAF-TB processes at country level;
- define the elements of and criteria for effective MAF-TB mechanisms and ways to reinforce political commitments;
- identify the best approach to piloting the MAF-TB Baseline Assessment Checklist, including:
  - defining potential body(ies) to be responsible for coordinating the MAF-TB baseline assessment at country level;
  - determining the frequency of conducting follow-up assessments using the MAF-TB Baseline Assessment Checklist and annexes to evaluate the progress of MAF-TB implementation; and
  - applying the findings of the assessment to enhance multisectoral accountability and collaboration and inform the development of regional guidance on MAF-TB adaptation and implementation and MAF-TB national roadmaps;
- explore the vision for formalizing the MAF-TB coordination and high-level review mechanisms at country level;
- discuss the implementation of MAF-TB reporting processes at different levels;
- explore the need for resources and capacity-building to launch and sustain an effective MAF-TB; and
- discuss additional themes brought forward by participants that should be considered in the development of MAF-TB regional guidance and MAF-TB national roadmaps.
1.3.2 Design

Consultations took the form of conversational interviews to enable the free sharing of ideas between participants and used qualitative data collection methods. Interviews consisted of a dialogue between an interviewer (a consultant from the WHO Regional Office for Europe) and an invited interviewee. Conversations were guided by a flexible semi-structured interview protocol (Annex 1), supplemented by follow-up questions, probing questions and comments. Questionnaires included general questions related to MAF-TB and how it is perceived by participants; specific questions related to particular aspects of MAF-TB operationalization and adaptation in specific contexts; and probing questions arising from participant responses during the interview.

The semi-structured interview questionnaire covered the following topics:

- the aim and stages of MAF-TB implementation suggested in a concept paper on adaptation and implementation of MAF-TB approach at national level (Annex 2, Table 2) developed by the WHO Regional Office for Europe to support countries in piloting MAF-TB; and
- the four essential components of MAF-TB – commitment, action, monitoring and evaluation, and review (Fig. 1) (3,4).

Use of the conversational interview method allowed the collection of open-ended data and exploration of participants' thoughts and beliefs about MAF-TB and how it could be effectively operationalized in EECA. This approach helped to:

- raise awareness in participants of ongoing and prospective MAF-TB activities in EECA;
- create an environment for expanding the MAF-TB partnership, with technical cooperation from the WHO Regional Office for Europe;
- inform ongoing and future actions to strengthen MAF-TB activities at the national and regional levels; and
- inform the development of regional guidance on MAF-TB adaptation and implementation and of national roadmaps for adapting and using MAF-TB.

1.3.3 Selection of participants

Inclusion criteria for conversational interviews were that participants:

- were likely to provide the best quality information in response to interview questions;
- were available and willing to be interviewed;
- had lived experiences and knowledge about the topic of interest (political commitments, multisectoral collaboration, interagency coordination and accountability in the TB response); and
- were international/regional partners in global health and TB.

As conversational interviews are based on qualitative data collection methods, neither statistical representativeness nor a large sample size was sought. Instead, the WHO Regional Office for Europe MAF-TB team aimed to obtain an in-depth, detailed understanding of participants' perceptions through purposeful sampling. The Regional Office's MAF-TB team created a preliminary list of participants based on the inclusion criteria and the likelihood to reach thematic saturation, based on
their relevant experience, skills and knowledge. Representatives from the following agencies were selected to participate in the consultation:

- Center for Health Policies and Studies
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Global TB Caucus
- International Charitable Foundation "Alliance for Public Health"
- Stop TB Partnership
- TB Europe Coalition
- TBPeople.

1.3.4 Data analysis and use

Data analysis and interpretation included reviewing interviewers' detailed notes to identify patterns and recurrent themes. The report also includes quotations illustrating commonalities and differences in opinion expressed by participants to support the conclusions of data analysis. Findings of the conversational interviews were validated by obtaining feedback from participants on the data analysis.

The conversational interviews elicited participants' ideas on the practical value of MAF-TB and the factors needed for effective and sustainable multisectoral accountability, including features of the MAF-TB coordination and high-level review mechanisms and the potential benefits of MAF-TB to key and vulnerable groups of people. Discussions also covered the roles, functions and accountability of various regional and national stakeholders in the TB response and the resources needed to ensure the sustainability of MAF-TB processes. Based on the data analysis, a set of policy considerations were developed to support effective regional and national MAF-TB processes.

Findings of the consultation will inform the final version of the regional guidance on MAF-TB adaptation and implementation, which will help countries to adapt, implement and operationalize MAF-TB at national level. An updated preliminary version of the regional guidance will undergo consultation with a broader group of partners and stakeholders, including the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis (14).
2. Results and analysis

2.1 Conceptual aspects and practical value of MAF-TB

The development of MAF-TB dates back to the first Global Ministerial on Ending Tuberculosis in the Sustainable Development Era, held in 2017. The conference was attended by 118 national delegations and resulted in the Moscow Declaration to End TB (15). The Moscow Declaration includes commitments by Member States and calls on global agencies and other partners to accelerate efforts towards achieving the SDG targets for TB (6) and the targets and milestones of the End TB Strategy (8). To help meet these commitments, Member States requested WHO to develop, in close cooperation with relevant partners, a multisectoral accountability framework for consideration by WHO governing bodies in advance of the 2018 United Nations General Assembly High-level Meeting on the Fight Against Tuberculosis. The Political Declaration of the High-level Meeting of the General Assembly on the Fight Against Tuberculosis (5) reinforced national commitments to the SDG targets for TB (6), the End TB Strategy (8) and the Moscow Declaration (15). Member States have also made new commitments, including new global targets, consistent with the targets and milestones of the End TB Strategy. WHO finalized and published MAF-TB in May 2019, and in 2020 introduced the MAF-TB Baseline Assessment Checklist and annexes for country use in pursuing a national MAF-TB (9,10).

In the conversational interviews, participants emphasized the relevance of MAF-TB to the 2030 Agenda for Sustainable Development (7) and shared their thoughts on its conceptual and practical value.

2.1.1 Transforming political commitments into practice through MAF-TB operationalization and adaptation

Although the idea of multisectoral collaboration is not new and multisectoral responses have been used in other health-related programmes beyond TB, the value and potential impact of MAF-TB is that it has clearly defined and interlinked essential components. An understanding of the essential components of MAF-TB was considered helpful to operationalize, implement and sustain MAF-TB: "First go commitments, voiced at the global level and translated into national priorities. In accordance with this, priorities should be transformed into the objectives and tasks within the country. Activities should be grounded into multisectoral [implementation] plans". Therefore, commitments should be followed by the actions needed to achieve or maintain them. Monitoring and reporting are then used to track the progress related to commitments and actions. A high-level review mechanism is used to assess the results of monitoring, as 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 and accountability can be strengthened by reinforcing one or more of the four essential components of MAF-TB.

One way to translate political commitment into practice would be to have a MAF-TB national roadmap to strengthen multisectoral coordination and accountability in the TB response. The value of MAF-TB is explicitly related to its implementation to address the various bio-psychosocial needs of people and communities affected by TB. High-level political will to make sure that TB is accepted as a whole-of-government and whole-of-society priority is necessary to galvanize the implementation of political commitments. One participant said:
Before MAF-TB, I have not come across a mechanism that would be so responsive to the practical needs of the patient, when it comes to implementation of the political commitments and high-level accountability. Representatives of counties have signed [political] declarations, but that was it. People on the ground were not clear about the practical value of the declarations and the role of international community in the process.

Adaptation to the country context was considered a necessary prerequisite for operationalization of MAF-TB in order to make it practical and effective: "MAF-TB is not a tool to make accountability: instead, it is a framework. It should be explained as a framework that lists certain things to expect from countries to generate an accountability system".

Furthermore, MAF-TB implementation has the potential to raise TB in the political agenda of Member States and make the TB response sustainable in the face of health emergencies. Although TB is only one of many competing health priorities, promoting multisectoral accountability and collaboration through TB-focused interventions will help to strengthen the health system as a whole:

TB and HIV programmes are the building blocks of the whole system. The health-care system cannot be strengthened if its building blocks are not strengthened too. The same is true for the multisectoral accountability approach. TB could be used to pilot this approach to start with, and other elements could be added later on.

**2.1.2 Promote multisectoral collaboration and mutual accountability to address the social and structural determinants of TB**

Participants agreed that TB has many social determinants (including poverty and malnutrition) and, therefore, should be addressed with efforts from sectors beyond health care alone. Participants highlighted that the introduction of antibiotics improved medical care for TB; however, there is also an obvious causal relationship between improved hygiene/social protection and rapid reductions in the spread of TB. In turn, social protection depends on multiple factors including having an effective social welfare system and the ability to collect and distribute resources, the societal attitude to key and vulnerable populations, and the promotion of gender equity and protection of human rights – all of these factors are linked to sustainable development and the multisectoral response required to achieve the SDGs: "[MAF-TB] should address housing, nutrition, earning money – everything to reduce vulnerabilities. Once we reduce vulnerabilities, some improvements will come".

Owing to its multisectoral nature, MAF-TB contributes to sustainable development: by helping to bring different sectors together to adapt their respective policies and interventions towards contributing to ending TB, MAF-TB could help improve population health:

MAF-TB should support and streamline government efforts to ensure that people and communities affected by TB have whatever they need for effective prevention and recovery –they cannot do it for themselves as individuals. Society should find a way to address it [TB]. TB is not an equitable disease, so resources should be taken from the wealthy for an equitable approach. As for states to have [sufficient] resources, they should be able to collect them. Social protection is important.
MAF-TB incorporates the notion of collaboration beyond the health sector alone, with clear roles and functions for all involved stakeholders. Therefore, implementing MAF-TB would enable mutual accountability and improved multi- and intersectoral coordination, thereby uniting efforts to achieve the goal of ending TB epidemic. Programmatic interventions should be embedded within different sectors to address the various needs of people and communities affected by TB and ensure a people-centred response. People-centred care focuses on the overall well-being, choices, convenience and safety of the individual. Thus, it considers the social and personal circumstances of the individual, not just the immediate requirements for medical treatment (16). A people-centred response includes social protection, psychosocial support services, peer support, legal aid, income/livelihood support and nutritional support and accounts for gender, age and risk factors affecting key and vulnerable population.

The multisectoral roadmap should recognize the role of different sectors: the objectives and budget should not only be the responsibilities of the Ministry of Health. For example, the responsibilities of the Ministry of Social Policy in its TB portfolio could include psychosocial support – the provision of financial support and nutritional support for people with TB undergoing treatment, and for three months beyond.

2.1.3 Accelerate an equity-based response and focus on key and vulnerable populations

MAF-TB was mentioned in the Political Declaration of the High-level Meeting on Universal Health Coverage (17), which is based on the principle that no one should be left behind or face catastrophic health-care costs. The risk of catastrophic health-care costs, although faced by many, is most acute for key and vulnerable people. One participant said:

Before a person is diagnosed with TB, [health] services are not free. Services are accessible to those who have insurance, but not accessible for those who have not – migrants, people who do not have a permanent residence, people who are poor. The at-risk groups are those who will be missed because of how the systems are set up. Key populations are experiencing structural barriers to accessing services. They need to be accompanied and their costs are to be covered.

MAF-TB was perceived as a tool to help ensure that every person with TB has access to the necessary diagnostics, treatment and care. As such, it should place the greatest emphasis on achieving an equity-based response for key and vulnerable populations. Implementation of MAF-TB would help key and vulnerable populations to successfully overcome the cost of TB treatment by strengthening multisectoral collaboration in monitoring and reporting and in ensuring effective referral systems between agencies: "MAF-TB will make an impact on key and vulnerable groups. It is about equity. Those who need it most will have it addressed most".

2.1.4 Enable meaningful engagement of civil society and affected community

The role of civil society and TB-affected-community organizations should not be overlooked: "MAF-TB should be not only a whole-of-government but a whole-of-society approach if it is to be inclusive and represented meaningfully". Participants said that the role of civil society and communities in MAF-TB should cover aspects of community-based monitoring such as accessibility and quality of services;
acting as educators on TB and reaching out to governmental counterparts to find solutions to address identified barriers; and raising awareness about issues or areas of concern: "Communities, rights and gender [approach] are the things communities should be doing. Peers should work with hard-to-reach populations".

Civil society, and affected communities in particular, should be included in MAF-TB processes at all stages; they should have clearly defined roles and be supported with sustainable resources under MAF-TB national roadmaps. According to one participant, "CSOs [civil society organizations] can drive agendas if they are activists. They can be competitive providers of services, specializing in certain groups, such as homeless people. They can work on policies and the provision of services. They could be competitive".

However, civil society and affected communities are still not perceived as equal partners in the TB response and need sustainable resources for capacity-building and service provision. Therefore, MAF-TB will add value by strengthening the response of community systems. Different civil society organizations working on TB and on HIV still operate in parallel. This is unfortunate because there are many potential areas for interventions and opportunities for complementary efforts and combining resources to improve the effectiveness of health advocacy to mobilize political will and serve as a knowledge platform: "Civil society in TB and HIV are still in parallel world. MAF-TB has a convening power".

2.2 Defining accountability and reinforcing political commitments

The MAF-TB approach provides national stakeholders both the freedom and responsibility to define who is accountable, what they are accountable for and how they will be held accountable at all levels (local, national regional and global). This is designed to enhance collaboration and provide a sense of ownership and empowerment for all stakeholders involved in adapting MAF-TB-linked activities and indicators to the country context.

Participants were asked questions about who is accountable, to whom and for what, and how accountability might be reinforced. The following sections summarize the insights obtained on this theme.

2.2.1 Dimensions and perceptions of accountability

As the issue of accountability over political commitments can be considered from various perspectives, a combination of several complementary approaches is likely.

The first aspect of accountability is the accountability of the state towards its people. The fulfilment of political commitments is important from the perspective of accountability of the political leadership to citizens: "The state should be accountable to its voters. We see this in established democracies and young democracies. The public exert pressure when it thinks it is not enough. TB is nothing like the COVID-19 pandemic in terms of political priorities".

Heads of state that sign the Political Declaration of the United Nations General Assembly High-Level Meeting on the Fight Against Tuberculosis (5) can take action to fulfil their commitments through the judicial, legislative and executive branches of public administration. These are the enforceability
dimensions of accountability. However, in order to be enforced by government at all levels, the Political Declaration must first be ratified by parliament. As far as participants were aware, this has not yet been done.

In general, accountability for fulfilling political commitments that countries have taken by signing political declarations relates to the field of soft law. Soft law is enacted through cooperation-based instruments that are not legally-binding, such as MAF-TB. Therefore, multisectoral accountability is a moral issue that is implemented through engagement, connection and demands – but has no legal implications. Despite this, diplomatic tools and discussions can be used to enforce a country's overall commitments to the United Nations, which, in turn, will amplify the level of commitment to a particular political declaration such as the 2018 Political Declaration of the United Nations General Assembly High-Level Meeting on the Fight Against Tuberculosis (5). One participant said:

If you publicly commit to something, then there is an implication. Of course, it is more about moral interaction than legal accountability. But there is a credibility issue for the countries, with an impact on business, on relations. You commit to something, and you don't do it. The country is not credible. Then, comparison with other countries shows how you stand with your peers.

Participants also noted the importance of WHO-supported platforms and meetings for exchanging experiences between countries to facilitate reputational accountability: "WHO meetings for countries are very important as they mobilize reputational accountability at high level. All countries mobilize the best of their collective efforts in preparation for such meetings".

Another perspective on who is accountable to whom and for what was described as "everyone for everything". According to this interpretation, government should not be perceived as a single accountable entity: other sectors of society (i.e. civil society and community organizations, the private sector, technical agencies, donors and multilateral organizations) have accountability towards the people they serve as determined by their missions, responsibilities and obligations towards the common goal of ending TB and broader health agenda.

Multisectoral collaboration should provide answers about how to monitor the fulfilment of specific political commitment at country level, including by developing indicators and having a clear agreed set of actions on how it will be implemented. By including clear goals, activities and indicators for each sector involved, the MAF-TB national roadmap will be a practical tool to enable mutual accountability for all stakeholders.

2.2.2 Role of multisectoral collaboration, advocacy and communication

Although MAF-TB cannot enforce the fulfilment of political commitments, through its support political commitments should eventually be put into practice, thereby transforming lives of people. A

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1 According to the United Nations Development Programme, the enforceability dimension of social accountability is the obligation of power holders to ensure that action is taken or redress provided when accountability fails (18).
2 According to the Organization for Economic Cooperation and Development, soft law refers to co-operation based on instruments that are not legally binding, or whose binding force is somewhat weaker than that of traditional law, such as codes of conduct, guidelines, roadmaps and peer reviews (19).
combination of supporting factors and internal pressure is needed to reinforce the commitments of political declarations. Therefore, multisectoral collaboration and advocacy efforts can compensate for a lack of legal enforceability.

Advocacy and communication are integral components of accountability: "To reinforce the commitments of the political declaration, you need to have communities on board. Advocacy is the thing which could be imposed from within by crafting internal pressure".

Several participants highlighted that government, although primarily accountable for fulfilling political commitments, cannot be the only driver of public accountability because usually government officials are not formally accountable to the public. The limitation of answerability\(^3\) is that it often remains voluntary and can only be stimulated through the social engagement of citizens focused on bringing areas of concern to the discussion table, or community-led monitoring. Moreover, the initial stages of MAF-TB implementation require a lot of effort, commitment and resources. Governmental officials might not be interested in providing this because it represents an additional burden among many competing priorities and they lack specific resources to support MAF-TB processes. Of course, this will change when the first results of multisectoral accountability and collaboration become available. Therefore, piloting MAF-TB operationalization and adaptation is critically important, along with documenting and sharing successes and lessons learned. Participants noted that "One or two countries should start doing something. It will start doing pressure to have the solid results" and "It should be done in one place and replicated in another".

### 2.2.3 Role of civil society and TB-affected communities in reinforcing political commitments

Civil society and TB-affected communities should both drive and benefit from MAF-TB because "These groups are most interested in making the promises a reality". Strong multisectoral collaboration and accountability at the national, regional and global levels should galvanize progress towards addressing the needs and overcoming service barriers, human rights violations and TB stigma faced by people affected by TB. Many participants highlighted the role of civil society and TB-affected communities in addressing these needs through close participation in all stages of MAF-TB adaptation and implementation: "For meaningful involvement, they should have a seat at the table".

The right to participate for civil society organizations, and for community organizations in particular, was mentioned and their right of these to represent their constituencies was acknowledged. As civil society and community organizations speak on behalf of the people they represent, they both demand accountability from the state and are themselves accountable to the people they serve and represent through fulfilling their missions. Civil society also has an instrumental role in increasing the demand for TB prevention and care services at community level. Participants said that civil society organizations and community-led organizations have an obligation to be transparent in fulfilling their commitments; in ensuring the provision of effective and efficient high-quality services; and in bringing change. They are accountable for fulfilling their missions, having transparent budgets and meeting the expectations of both the public and the people they serve.

According to participants, an important aspect of accountability for civil society and community organizations was building relationships with multiple stakeholders in the TB response, in particular,

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\(^3\) According to United Nations Development Programme, the answerability component of social accountability is the obligation of duty-bearers to account for their actions and the right of the public to get a response (20).
national TB programmes (NTPs), including data sharing through reporting: "If it's only reported to donors, it's perceived as untrusted, unseen. Reporting to the NTP should start to build relations. Sending information to NTP will increase the level of confidence". For accountability and meaningful engagement in the TB response, civil society and TB-affected community organizations should be members of a Country Coordination Mechanism (CCM) and of its technical working groups and oversight committee; and participate in the development, implementation, and monitoring and evaluation of national strategic plans for TB.

2.2.4 Role of elected representatives in multisectoral collaboration and accountability processes

For decades, lack of political will to end TB has been considered a key barrier in the global fight against TB. Given the political nature of most commitments on TB, it is crucial that parliamentarians are included as key stakeholders in the TB response. By definition, parliamentarians are agents of accountability and can access, learn from and influence stakeholders at all levels of the TB response. Therefore, they are examples of key stakeholders who can deliver political commitments.

Participants said that parliamentarians have the political motivation and a stake in assessing government motivation and voting on budgets related to TB: "One of the natural places for driving MAF-TB could be a Parliamentary Commission on Health and Social Protection or the like". Several countries around the world have a National TB Caucus that serves as a platform for parliamentarians to monitor the national progress against TB and advocate for the fulfilment of government commitments: "Parliament has the leverage to go to the Head of State, Prime Minister; their resolution has weight".

Parliamentarians were key stakeholders in the United Nations General Assembly High-level Meeting on the Fight Against Tuberculosis (2) and have the capacity to promote issues that are low on political agenda: "Having MPs [members of parliament] sensitized will help to have them as allies who are able to elevate different aspects of MAF-TB". Ensuring that parliamentarians are briefed and aligned with existing processes of multisectoral collaboration and accountability can improve the political sustainability of the TB response.

In addition, elected officials are accountable to both their electorate and their political party (unless they are unaffiliated). They can leverage their positions to complement and advance the work of civil society organizations and communities by addressing health disparities and promoting health equity for the benefit of the electorate. Parliamentarians are uniquely positioned to convey key messages to disparate stakeholders and can address the issues raised by their constituencies, influence the legislative body, and ensure that commitments are backed by policy and funding at the national and global levels: "They have a controlling, enforcing power because the executive power is accountable to them. They have leverage".

2.3 Ministries and agencies that should be involved in MAF-TB processes at national level

Traditionally, the TB response has been vertical and the NTP (i.e. an institution responsible for implementing the national TB strategy/TB response programme) is often perceived or held solely
accountable by both internal institutional mechanisms and public administration. However, the NTP alone does not have sufficient influence over the other sectors to ensure an effective multisectoral TB response. Therefore, it is critically important to clearly define levels of accountability depending on the powers, functions and responsibilities of the involved stakeholders. For example, to reduce catastrophic costs, MAF-TB should provide an entry point for enhancing the social protection of people affected by TB within the social policy/welfare sector.

Unfortunately, it is only the National TB Programme that is accountable for everyone. However, it is not in the position to be responsible for everything. So, the types of accountability should be diversified. There should be roles beyond NTP. Others should have their own roles and key performance indicators – shared goal should be achieved through joint contributions.

Participants were asked to identify which ministries/agencies were important stakeholders in MAF-TB efforts beyond the Ministry of Health (the key responsible entity for state health-care policies) and its aligned structures. Table 1 outlines the identified bodies and their potential roles in the TB response.

Table 1. Roles of ministries and other bodies in multisectoral efforts to end TB

<table>
<thead>
<tr>
<th>Ministry/body</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Justice/probation service</td>
<td>Provision of rights-based and quality TB care policies, and oversight of service provision for people who are detained and imprisoned</td>
</tr>
<tr>
<td></td>
<td>Ensuring a framework for coordinating the referral of ex-prisoners to social support services</td>
</tr>
<tr>
<td></td>
<td>Supporting de-criminalization principles to reduce the prison population, including through development of the probation service</td>
</tr>
<tr>
<td>Ministry of the Interior</td>
<td>Developing/sharing TB prevention and care policies and standards among staff of aligned structures (e.g. police force, National Guard)</td>
</tr>
<tr>
<td>Ministry of Migration/Migration Service</td>
<td>Developing/sharing TB prevention and care policies and standards to ensure access to rights-based TB care for migrants and internally displaced persons</td>
</tr>
<tr>
<td></td>
<td>Promotion of transborder cooperation on TB</td>
</tr>
<tr>
<td>Ministry of Finance/Health Insurance Fund</td>
<td>Ensuring supportive budget policies and strategic frameworks for reforms towards people-centred TB care</td>
</tr>
<tr>
<td></td>
<td>Putting in place policies and strategies on financial security, including through health insurance, that are integral to state-guaranteed insurance package for both general and</td>
</tr>
<tr>
<td>Medical agency or other entity that regulates new medicines (e.g. procurement agencies)</td>
<td>Ensuring policies on transparent and efficient procurement to enable access to quality WHO-prequalified and affordable TB medicines, consistent with WHO treatment guidelines</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>Providing policies and methodological recommendations on screening for teachers and addressing issues of stigma in educational settings (where teachers can be both victims and perpetrators) Introducing healthy behaviour (cough etiquette) programmes as part of the educational curriculum to reduce the risks of TB transmission</td>
</tr>
<tr>
<td>Ministry of Social Policy/Welfare</td>
<td>Developing and implementing state policy on social protection and welfare, which should include the prevention of catastrophic cost for people undergoing TB treatment Methodological guidance on standards of social services for nonmedical aspects of TB prevention for key &amp; vulnerable people Psychosocial support and coordination of interagency referral for key &amp; vulnerable people affected by TB</td>
</tr>
<tr>
<td>Ministry of Labour</td>
<td>Ensuring workplace security policies for all people receiving treatment for TB and paid sick leave during TB treatment Prevention of catastrophic costs</td>
</tr>
<tr>
<td>Ministry of Information Politics</td>
<td>Putting in place policies and strategies on awareness-raising campaigns for the general population (including free-of-charge public health adverts on national television and radio) to reduce stigma; promote human rights and health/gender equity; and raise awareness of TB symptoms in the population to ensure the timely referral for diagnosis and treatment and increase the demand for TB prevention and treatment</td>
</tr>
<tr>
<td>Ministry of Defence</td>
<td>Ensuring rights-based TB prevention and care policies, standards and services for servicemen in the armed forces, including coordinating referral to TB care for ex-servicemen</td>
</tr>
</tbody>
</table>

Annex 1 of the MAF-TB Baseline Assessment Checklist suggests a broader list of ministries and bodies that might engage with the Ministry of Health to end TB, as well as other interested stakeholders (10). However, at the point of consultation, not all possible roles and activities of all potential players had been explored in depth, and analysis of the data collected through pilot implementation of the MAF-TB baseline assessments is needed.

All key stakeholders should have agreed, concrete tasks grounded in the MAF-TB national roadmap. Such practical consideration of the essential components of accountability highlights the interrelationship between collaboration and accountability.
Participants also said that beyond the national, central level, coordination between local mayors/government and remote areas are needed to ensure an effective multisectoral response. The commitment of mayors and local authorities to ending TB is of key importance in the context of decentralization reforms. Decisions on budget allocations for the TB response (including on social contracting for the procurement of psychosocial support services) are being made at local level. Therefore, engaging local mayors as champions of the multisectoral TB response is an important element of the multisectoral accountability.

2.4 MAF-TB baseline assessment

Adapting and implementing MAF-TB at national level should be based on a MAF-TB baseline assessment, conducted using the WHO-developed MAF-TB Baseline Assessment Checklist and the aligned Annexes 1–3 (9,10), to inform multisectoral, outcome-focused and costed actions.

Participants of the conversational interviews shared their vision for performing the MAF-TB baseline assessment. They said that the NTP manager has a key role in coordinating the MAF-TB baseline assessment and that support and commitment from the Ministry of Health are needed to launch this. However, they also identified other essential factors as clear recommendations in the form of a how-to guide on conducting the baseline assessment and the resources to support these assessments. The baseline assessment is likely to involve multiple stakeholders, and processes for coordination and the participatory endorsement of findings by all stakeholders will support capacity-building and further collaboration. Technical cooperation requires defining clear roles for other stakeholders and guidance from the Ministry of Health, CCM secretariats and national consultants on collecting and analysing the data necessary to complete the MAF-TB Baseline Assessment Checklist. Civil society and affected communities are instrumental in leading the baseline assessment (Annex 2 of the MAF-TB Baseline Assessment Checklist (10)), as well as contributing to data collection and the participatory endorsement of findings and recommendations related to the other annexes. A frequency of once every two years was suggested for assessment because two years is a good time frame to initiate change and measure its impact.

Participants emphasized that the results of piloting MAF-TB implementation should be documented and the successes and lessons learned shared between countries. Related MAF-TB assessment tools such as the MAF-TB Baseline Assessment Checklist and annexes (9,10) should be evaluated and regularly revised to create a document that is flexible and adaptive to the changing environment and evolving context. Regular evaluation will improve the approach and tools: "You never have something perfect. Revisit and revise. Evaluation is good at some point to evolve".

2.5 MAF-TB coordination and high-level review mechanisms

MAF-TB approach involves establishing, formalizing or strengthening (i) the MAF-TB coordination mechanism responsible for operational activities and for monitoring and reporting and (ii) the MAF-TB high-level review mechanism responsible for the periodic review of progress (3,4).

Participants discussed the functions of these mechanisms and which stakeholders should be involved.
2.5.1 MAF-TB coordination mechanism

Most participants said that the Global Fund CCM for mitigating the impact of HIV/AIDS, TB and malaria is a potential model for the MAF-TB coordination mechanism. CCMs usually include representatives of all sectors involved in the response to all three diseases: academic institutions, civil society, faith-based organizations, government, bilateral and multilateral agencies, nongovernmental organizations, people living with the diseases, the private sector, and technical agencies (21). As a multisectoral representation of stakeholders, a CCM is a good forum for discussion and planning a multisectoral response.

However, the scope of Global Fund CCMs is limited by their core functions, which are to submit funding applications to the Global Fund and oversee grants on behalf of their country. The Global Fund’s CCM Evolution Strategic Initiative includes objectives to facilitate inclusive oversight and meaningful engagement in alignment with national structures for sustainable health governance (22). It provides an opportunity to broaden the functions of the CCM and ensure its sustainability after the withdrawal of Global Fund support from the EECA region. Participants said that another limitation of the CCM is linked to how it is formally established: if it is created at the level of Cabinet of Ministers, it has more influence on the multisectoral response than if it is directly linked to the Ministry of Health.

Although their current functions might be too narrow to include MAF-TB, CCMs are still a good model for a MAF-TB coordination mechanism. Once clear objectives and a framework to facilitate and monitor progress towards implementation of national and global political commitments and targets are in place, CCM might be a good platform for MAF-TB coordination and operational activities: "CCM is the best intersectoral mechanism. CCM convenes the most actors needed. Missing block of MAF-TB could build-in through expansion of the technical working groups aligned to CCM".

2.5.2 High-level review mechanism

The MAF-TB high-level review mechanism is essential to ensure the oversight of MAF-TB implementation by high-level leadership – preferably, the head of state or the head of government. The involvement of high-level country leadership is critical to sustaining political will in the fight against TB by allocating sustainable financing and ensuring the implementation of recommendations for the multisectoral response, as identified by the MAF-TB coordination mechanism (3,4). The MAF-TB high-level review mechanism should have authority over all other government ministries. According to one participant, "Without the Prime Minister signing it, it [the decision] does not have weight".

Complementary functions of the MAF-TB coordination and high-level review mechanisms were highlighted:

The high level of involvement is for the President and Prime Minister. However, there should be a balance between operational commitments and high-level commitments. For example, a Presidential Commission is representation level. A plan of work for ministries could be developed in a one-month period. It could be fixed at high governmental level as a serious intention; however, the routine role should be given to someone. The Ministry of Health should secure data collection for reporting and somebody should be responsible for coordination. The mechanism should be formalized.
One participant said that a checklist should be developed for the MAF-TB high-level review so that everyone is clear what is expected of them.

Participants suggested that the following stakeholders should be involved in the MAF-TB high-level review mechanism:

- the President and Prime Minister (as the executive branch of power);
- the Minister of Health and high-level focal points (i.e. ministers) of the priority ministries for MAF-TB efforts;
- influential political parties;
- international technical, development aid and donor agencies represented at country level;
- representatives of embassies from donor countries;
- United Nations agencies (for external review);
- representatives of the governmental body responsible for obtaining donor assistance at country level, ensuring that all commitments are met by the NTP and interacting with United Nations ambassadors and residence coordinators;
- civil society and community representatives, particularly those with insight into TB and HIV; and
- parliamentarians.

A Parliamentary Commission on Health and Social Protection (or equivalent) was suggested as a possible host for the high-level review mechanism: "Parliament has the leverage to go to the Head of State, the Prime Minister. Their resolution has weight". In countries where parliament does not have decision-making power, other entities may be considered responsible for meeting the SDG targets (6), for example, the Presidential Administration or Cabinet of Ministers.

### 2.6 MAF-TB monitoring and reporting

An essential component of the MAF-TB approach is monitoring and reporting. Monitoring and reporting activities include routine recording and reporting of the TB epidemiological situation and treatment outcomes using the End TB Strategy indicators (8). Reporting can be achieved through a national TB annual report, annual reports to WHO and reports by civil society and nongovernmental organizations customized for target audiences (3,4).

The following sections present participants' thoughts on MAF-TB reporting at the national, regional and global levels.

#### 2.6.1 National level

MAF-TB processes are linked to the End TB Strategy’s milestones for 2030 and targets for 2035 (8) and the SDG targets for 2030 (6). The Political Declaration of the High-level Meeting of the United Nations General Assembly on the Fight Against Tuberculosis included additional targets for the 2018–2022 period (5). Progress on meeting the additional targets will be reviewed at a United Nations high-level meeting in 2023.

Participants highlighted the need to strengthen monitoring of the fulfilment of commitments to end TB, particularly commitments to the Political Declaration. They said that developing indicators at
country level is key to measuring progress. At the same time, MAF-TB targets (aligned by WHO with the End TB Strategy) provide a good entry point for countries to report on milestones of the End TB Strategy within the WHO reporting cycle. Several participants also said that WHO is the most appropriate entity to request that countries set and report progress on national targets specifically related to the Political Declaration. However, according to its mandate, WHO can only advise countries at their request on how to use the methodology for the country-level breakdown of global targets for the 2018–2022 period: it cannot ask countries to use any specific methodology beyond the agreed milestones and reporting on the End TB Strategy. Therefore, leverage for countries to adopt national breakdown methodology lies with civil society and communities and should be based on consensus-building at national level.

Additional data need to be reported or strengthened at country level. Participants said that neither indicators related to community, rights and gender (CRG) nor disaggregated data for key and vulnerable populations were reported at country level: "For key populations, countries might be resistant to ensuring equity and collecting that kind of CRG-related data".

A possible explanation is that CRG-related commitments included in the Political Declaration are difficult to track, particularly when they are not linked to specific numerical targets:

Those [commitments] are difficult to track that relate to human rights, stigma and discrimination. A system is needed to track the dynamic of change for stigma, discrimination and measure the engagement of civil society in the process – how CRG topics are placed and built into the system. It should be in the Checklist and the roadmap. It should be a to-do list.

Participants recommended that CRG commitments and indicators should be included in the National Strategic Plan for Tuberculosis and in MAF-TB national roadmaps, along with an available budget to support activities to achieve these indicators. The WHO guidelines on developing a national strategic plan for TB, issued in 2015 (23) need to be updated to ensure they are consistent with the MAF-TB approach.4

National treatment indicators might not be completely accurate because the responsible officials may fear punishment if data do not show the desired outcomes. One participant said: "For the collection of the additional data, countries need an explanation of how to do things correctly, including provisions to ensure confidentiality and prevent punishment for reporting statistical findings they consider troublesome".

As MAF-TB recommends the publication of national annual reports with the participation of a broad range of stakeholders (including civil society and TB-affected communities) as well as an annual high-level review: countries need to be clear about what to report and have a MAF-TB national roadmap with implementation steps to reach the indicators.

4 As of September 2021, WHO guidelines on a developing a national strategic plan, entitled Toolkit to develop a national strategic plan to end tuberculosis: methodology to develop a national strategic plan, is under revision and development.
2.6.2 Regional and global levels

Participants had varying perspectives on MAF-TB at regional level in EECA countries, depending on their experiences and their understanding of MAF-TB regional processes.

One suggestion was to create a regional multisectoral team including subject experts, similar to those responsible for the standardization of United Nations reports and the United Nations Development Programme’s Human Development Index (24): "[A regional multisectoral team] should create all of their reports together, create the reports publicly, and countries should validate the report together and submit it to the United Nations". The reporting system of the United Nations General Assembly Special Session on HIV was cited as another example (25).

The WHO Regional Office for Europe was suggested as the entity that "should take a leading role in the Region and use its convening power create an agreed to-do list and a course of action".

One participant said: “There is a need for regional consultation on what countries should report and how they should report it. NTP managers should be part of a regional discussion to create a platform for experience exchange and have a say in how multisectoral accountability processes should be performed in their country”.

Currently, a virtual accountability platform is run by civil society activists as an informal space to reflect the current dialogue on accountability and information sharing. It is supported by RESULTS UK (26), Stop TB Partnership and the Global TB Caucus.

Participants said that MAF-TB reporting at global level was currently happening through the WHO global tuberculosis reports (27), which are prepared using independent, representative data collection and analysis methods: "It is monitoring and data collection from 202 countries. The indicators on MAF-TB could be added to the framework for a global report".

However, participants emphasized that for regional and global reporting to be effective, every stakeholder (individual or group) should be able to contribute to it: "Donors know where to obtain finance. Civil society knows where the gaps are and can push. Government should know where the gaps are in the regulatory system. Everyone has their stake and information should be targeted for better coordination".

Although MAF-TB objectives and processes extend beyond its reporting component, given the approaching global accountability milestone of the United Nations high-level review in 2023, participants particularly linked regional and global reporting with achieving the 2022 targets outlined in the Political Declaration of the United Nations General Assembly High-Level Meeting on the Fight Against Tuberculosis of 2018 (5). They stated the need for a clear to-do list related to MAF-TB reporting processes, with clear guidelines on reaching and reporting the 2022 targets, and suggested that WHO lead this initiative.

2.7 MAF-TB processes: resources and sustainability

Participants identified a need for sustainable technical support and financing for MAF-TB processes – from support to conduct the baseline assessment, administrative and technical support for the MAF-TB coordination and high-level review mechanisms, and capacity-building for stakeholders to ensure sustainable MAF-TB processes to the implementation of multisectoral activities. According to one
participant: "Lack of finances could be an issue for sustainable MAF-TB processes and their initialization".

Investment in the community is a prerequisite for successful MAF-TB processes. Although MAF-TB does not specifically mention how donor countries should be held accountable, financial allocations and technical support from donor countries might contribute to overall accountability for the public good. However, participants recognized that sustainable investment in the community should be provided by the state because only state budget allocation can ensure that all processes become sustainable.

The overall accountability process should also include the engagement of parliamentarians to leverage their position as agents of national accountability.

Donors should be made aware of gaps in MAF-TB funding, and coordinated action by donors is needed to ensure financial allocations to support MAF-TB. Currently, no activities have been organized and the Cabinet of Ministers has not allocated a budget to support MAF-TB, so the only funding sources are donor resources and grants. To persuade donors to finance MAF-TB activities, a business plan must include clear, specific objectives (and the estimated value of meeting these objectives) and relate these to donor-specific objectives. For example, in the EECA, specific objectives of the Global Fund are linked to improved treatment outcomes for multidrug-resistant TB. A regionally focused approach is important for strategizing opportunities for donor support. Use of the MAF-TB Baseline Assessment Checklist should provide a clear picture of the funding needs and gaps linked to specific objectives. The inclusion of MAF-TB in funding requests to the Global Fund will ensure donor support in the early stages of its implementation.

2.8 Additional themes introduced by participants

The format of conversational interviews included a series of probing questions to elicit additional suggestions from participants. Based on these, the following themes and recommendations emerged.

2.8.1 Communication needs

Participants highlighted the critical role of communication and the importance of defining ways to communicate issues related to MAF-TB. Targeted messages to specific groups, specific channels and consistent messaging should be combined into a single strategy to end TB by 2030. One participant said: "Government does not have enough information what their responsibilities are as for the MAF-TB. Ministries are not very clear on what the political commitments are".

Priority actions should be also communicated to parliamentarians in order to maximize their contribution to accelerating MAF-TB processes.

2.8.2 Role of WHO and other United Nations agencies

WHO has an important role in engaging high-level leadership in countries to initiate the launch of MAF-TB. Participants suggested that WHO country offices should have an active role in promoting MAF-TB at county level: "There should be a mission statement or policy brief from the WHO country
office – 'this is our mission: we would like to see it happening'. It should be clear that support is here at country level, behind WHO”.

United Nations agencies and other technical partners should be mobilized to ensure effective MAF-TB processes and outcomes. United Nations agencies with credibility and neutrality are important at national level for high-level outreach and at regional level for reporting and strategizing.
3. Policy considerations

The following policy considerations are based on an analysis of qualitative data from conversational interview and presented in three categories.

Technical cooperation by the WHO Regional Office for Europe

- Clear guidance should be developed for adapting and implementing MAF-TB processes at country level. This should include guidance on conducting the MAF-TB baseline assessment; developing MAF-TB national roadmaps tailored to the country context to strengthen multisectoral collaboration and accountability; national reporting and review mechanisms; terms of reference for the MAF-TB national focal point; MAF-TB coordination and high-level review mechanisms; regional reporting; and communication strategies.
- Successful practices and lessons learned from piloting MAF-TB launch in selected countries should be documented and shared with other countries planning to launch MAF-TB.
- A communication strategy should be developed with tailored messages for specific groups on their roles and contributions to supporting MAF-TB. Target groups should include, but are not limited to, parliamentarians, WHO country representatives and heads of country offices, civil society and TB-affected communities, national stakeholders in TB (Ministry of Health and other ministries/agencies) and city mayors, and donor agencies.

National response by Member States

- The first stage is to consider the available national multisectoral mechanisms (e.g. CCMs and interministerial commissions) as the bodies responsible for the oversight, coordination, periodic review of the national TB response, and accountability of all related sectors towards achieving national and global targets. Their roles and responsibilities should be revised and expanded (with capacity-building, where needed) to ensure that MAF-TB elements are included in their function.
- All stages of MAF-TB process should be transparent and involve the participation of all stakeholders (including national government, ministries and sectors) relevant to the TB response, international technical agencies and donors represented at national level, civil society and TB-affected communities, members of parliament, and the private sector. Beyond central level, coordination with the peripheral level (including local mayors, city councils and remote areas) is needed to ensure an effective multisectoral response.
- Member States should consider ratifying the 2018 Political Declaration of the High-level Meeting of the United Nations General Assembly on the Fight Against Tuberculosis so that it can be enforced at all levels of government.

Policy updates/outreach to the WHO Global TB Programme

- The 2015 WHO Toolkit to develop a national strategic plan for TB prevention, care and control should be updated to include MAF-TB and its elements.
- A to-do list should be developed in order to achieve and monitor the 2018–2022 TB targets outlined in the Political Declaration on the Fight Against Tuberculosis at country level and for reporting at global level.
• A communication brief should be prepared to ensure that preparation of the 2023 United Nations progress report is the inclusive and participatory.
• The MAF-TB approach and assessment tools should be regularly evaluated and revised to ensure it is flexible and adaptable to the changing environment and evolving context.
References


Annex 1. Flexible semi-structured interview protocol

Table A1.1 shows sample questions and the rationale for including these in the semi-structured interviews with key informants. Interviewers selected questions that were appropriate to the background and affiliation of each key informant.

Table A1.1. Sample questions and their rationale

<table>
<thead>
<tr>
<th>Open-ended question for key informants</th>
<th>Rationale for inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your opinion, what is the practical value of multisectoral accountability in ending TB?</td>
<td>Will help to establish a practical added value for the MAF-TB in comparison with other multisectoral processes/mechanisms</td>
</tr>
<tr>
<td>In your opinion, what makes the MAF-TB mechanism unique in comparison with other multisectoral processes/mechanisms?</td>
<td>Will encourage feedback from key informants on the elements of effective MAF-TB mechanism; addressing the key elements will help improve sustainability</td>
</tr>
<tr>
<td>How would you describe the main elements/criteria of political commitments for effective and sustainable multisectoral accountability over TB? Who is accountable to whom and for what?</td>
<td>Will help to focus on key and vulnerable groups to inform the direction of regional and national MAF-TB mechanisms</td>
</tr>
<tr>
<td>What key and vulnerable groups in the EECA region would benefit from implementation of the MAF-TB? Which of their needs can be addressed through multisectoral accountability? How might MAF-TB address their needs?</td>
<td>Will help to define the preliminary focus of MAF-TB baseline assessments and provide insight which bodies should be involved in the operational and high-level review MAF-TB mechanisms</td>
</tr>
<tr>
<td>What ministries and agencies (3–5) beyond the Ministry of Health should be the main focus of MAF-TB processes? Why?</td>
<td>Will help to define the preliminary focus of MAF-TB baseline assessments and provide insight which bodies should be involved in the operational and high-level review MAF-TB mechanisms</td>
</tr>
<tr>
<td>How would you describe the added value of MAF-TB to civil society and TB-affected communities? What would make their involvement meaningful, beyond collecting data for Annex 2 of the MAF-TB Baseline Assessment Checklist? How would you describe the ideal accountability for civil society and TB-affected community organizations? What they should be accountable for and for whom?</td>
<td>Will broaden perspectives on the participation of civil society and communities, as well as of members of parliament to support MAF-TB processes</td>
</tr>
<tr>
<td>What is the role of the members of parliament in the MAF-TB? How could they contribute to both multisectoral collaboration and accountability?</td>
<td>Will help to set the background for defining and describing MAF-TB coordination mechanism, as well as possible aligned activities</td>
</tr>
<tr>
<td>For the sustainability of MAF-TB processes, a body should be responsible for its operational activities. What elements should this body have in terms of structure and resources in order to be effective and sustainable?</td>
<td>Will form the basis of defining and describing the MAF-TB high-level review mechanism</td>
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<tr>
<td>Could a CCM model and mode of could be used/applied to the MAF-TB coordination body?</td>
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<tr>
<td>What functions should the high-level review mechanism perform? Representatives of which agencies should be part of the high-level review mechanism? If the same ministries represent both the high-level review mechanism and the MAF-TB</td>
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</tr>
</tbody>
</table>
coordination mechanism, how can conflicts of interest be avoided in terms of reviewing their own work? Should the functions of the high-level review mechanism include supervision/control or enforceability? If yes, how can this be ensured?

On your opinion, who/which body could be in charge for launching MAF-TB baseline assessments at national level? What resources might be available to support these activities at national level?

On your opinion, should MAF-TB assessments using the checklist be performed regularly to monitor progress from the baseline assessment? Is so, how often?

What is your vision of strong multisectoral accountability on TB at regional level? What approach should be adopted for effective external reporting and review, beyond national level? What United Nations agencies/mechanisms should be part of the regional and/or national MAF-TB? What regional initiatives have the capacity to promote MAF-TB activities?

What are your other suggestions for the development of regional MAF-TB guidance and national MAF-TB roadmaps?

| Will help to generate ideas on logical and effective processes for MAF-TB baseline assessments |
| Will generate ideas on the appropriate frequency of MAF-TB assessments using MAF-TB checklist tools to monitor the dynamics of change |
| Will generate input on MAF-TB external reporting (i.e. beyond national level), including through United Nations agencies |
| Opportunity to make suggestions on topics that the key informants consider important |
Annex 2. Concept paper on adaptation and implementation of the MAF-TB approach at national level in EECA Member States of the WHO European Region

Background

The importance of the multisectoral approach has been a cross-cutting theme in political commitments to end tuberculosis (TB) ever since the WHO End TB Strategy (1), aligned with the SDGs (2), was developed to guide accelerated action from 2016. TB is a disease that is highly impacted by social determinants: poverty, malnutrition and poor living conditions, among others, affect how people become infected and develop TB, how they will cope with the hardships of treatment (medical, financial and social) and what health outcomes they eventually face. Collaboration between different governmental and nongovernmental stakeholders at all levels is needed to address the challenges faced by people and communities affected by TB and to enact measures to prevent TB transmission in workplaces, schools, transportation systems, prisons and other congregate settings. A multisectoral approach is key to galvanizing the implementation of political commitments by global leaders to end TB that address the social determinants of health (including barriers to TB care and support services, human rights violations, stigma, and gender) and to strengthening multistakeholder response, beyond the health sector. This is especially critical in the context of the coronavirus SARS-CoV-2 COVID-19 (COVID-19) pandemic, which has put impedes progress in ending TB, and to ensure equitable access to prevention and care in line with WHO's drive towards achieving universal health coverage (3).

As a practical solution to advance multisectoral collaboration in the TB response, the Multisectoral accountability framework to accelerate progress to end the tuberculosis epidemic (MAF-TB) (4) was developed by WHO upon request from Member States, following the first WHO Global Ministerial Conference on Ending TB in the Sustainable Development Era: A Multisectoral Response (5) in November 2017 and the United Nations General Assembly High-level Meeting on the Fight Against Tuberculosis (6), and consequent political declaration entitled United to End TB: An Urgent Global Response to a Global Epidemic (7). MAF-TB aims to support the effective accountability of governments and all stakeholders at the national, regional and global levels to accelerate progress to ending TB, in line with the following national and global targets and commitments:

- SDGs, including SDG target 3.3 to end the TB epidemic by 2030 and other relevant targets;
- the WHO End TB Strategy (1): targets (for 2030, 2035) and milestones (for 2020, 2025), adapted to national level;
- commitments of the 2017 Moscow Declaration to End TB (8), made at the WHO Global Ministerial Conference on ending TB;
- the 2018 Political Declaration of the United Nation General Assembly High-level Meeting on the Fight Against Tuberculosis (7), containing new global targets and commitments to:
  - diagnose and treat 40 million people with TB by 2022;
  - reach 30 million people with TB preventive treatment by 2022;
  - mobilize sufficient sustainable financing to reach US$ 13 billion per year to support efforts to end TB; for every $1 invested in ending TB, $43 will be gained as the benefits of a healthy functioning society (9);
  - invest to reach at least $2 billion per year in TB research towards better science, better tools and better delivery; and
  - commit to enable and pursue multisectoral collaboration and accountability by adapting and implementing MAF-TB.
MAF-TB can support the process by defining who is accountable, what they are accountable for and how they will be held accountable at the local, national, regional and global levels (4). MAF-TB includes four essential interrelated components – commitments, actions, monitoring & reporting and review (Fig. 1).

Fig. 1. The four components of MAF-TB

To support countries to launch the MAF-TB framework, WHO developed the MAF-TB Baseline Assessment Checklist (10) on the request of Member States, including three aligned annexes. This helps countries to evaluate their baseline situation in regard to the four essential components of MAF-TB. The annexes help countries to assess the status of the TB response and the accountability of ministries and government bodies (Annex 1); engagement of civil society and affected communities (Annex 2), and adaptation and implementation of WHO TB guidance (Annex 3) (11).

The MAF-TB baseline assessment, which includes data collection and analysis, discussion of main findings, and development of recommendations, requires interaction between health and related non-health stakeholders, from both governmental and nongovernmental sectors. Recommendations derived from the baseline assessment, along with interaction between key stakeholders in TB (an inevitable part of the data collection process) and their agreement on the main findings will form the basis of developing MAF-TB national roadmaps to strengthen multisectoral collaboration and accountability and will mobilize an all-of-government and all-of-society response to end TB.

In summary, adapting and launching MAF-TB at national level includes several core stages (described in Table A2.1), all of which are based on a participatory approach. The participatory approach, embedded in consensus-building, is empowering: the process of agreeing and adapting MAF-TB is a building block and entry point to further accountability and multisectoral collaboration. It should include:

- ensuring that the MAF-TB launch process is coordinated by national MAF-TB focal point(s) in a manner that is transparent and open to contributions from all interested stakeholders in and beyond the health sector, including meaningful engagement with TB civil society and affected communities and the involvement of parliamentarians;
- enabling leadership by focal points from civil society and affected communities to collect and analyse data as outlined in Annex 2 of the MAF-TB Baseline Assessment Checklist and ensure that the findings are integrated into the main assessment and reflected in the consolidated report; and
- creating a supportive environment that considers the voices of various TB stakeholders (in particular, affected communities) in making decisions to ensure MAF-TB processes are effective, including seeking agreement on the MAF-TB baseline assessment process and on recommendations based on the baseline assessment.
Table A2.1. Main stages in launching the MAF-TB implementation process at national level

<table>
<thead>
<tr>
<th>STAGE 1. MAF-TB initiation and consultation</th>
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<tbody>
<tr>
<td>Objective 1A Define a national MAF-TB focal point to coordinate and support MAF-TB launch activities</td>
<td></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td><strong>Associated process</strong></td>
</tr>
<tr>
<td>Send an enquiry to Member States to launch MAF-TB and introduce the MAF-TB approach</td>
<td>In consultation with WHO country offices, the WHO Regional Office for Europe sends an enquiry to Member States to launch MAF-TB processes/join the MAF-TB pilot initiative (as appropriate)</td>
</tr>
</tbody>
</table>

**Objective 1B Facilitate discussion on the purpose and adaptation of the MAF-TB approach to the national context**

1. Discuss options for a responsible multisectoral coordination mechanism that is institutionalized and sustainable, meets the criteria for multisectoral coordination and has the capacity to operationally support MAF-TB implementation

2. Define the time frame and the relevant body (possibly the CCM or another available coordination body in collaboration with the NTP) for launching and coordinating baseline assessments using the MAF-TB checklist and related annexes

<table>
<thead>
<tr>
<th><strong>Activity</strong></th>
<th><strong>Associated process</strong></th>
<th><strong>Outcome</strong></th>
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<tbody>
<tr>
<td>Initial national consultation on the MAF-TB approach with national MAF-TB focal point/s and other stakeholders involved in facilitating MAF-TB processes (Ministry of Health, NTP, CCM Secretariat, WHO Regional Office for Europe, WHO country offices, civil society partners and other stakeholders (TB Europe Coalition and Global TB Caucus) and other potential contributors), where available)</td>
<td>Presentation of the MAF-TB concept (objective, stages) by the WHO Regional Office for Europe Expectations of national stakeholders on MAF-TB are voiced, with discussion of possible alignment of MAF-TB processes with existing multisectoral coordination bodies/mechanisms, as appropriate</td>
<td>Coordination process and preliminary workplan for implementing MAF-TB activities, starting with agreement on the MAF-TB Baseline Assessment Checklist</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>STAGE 2. MAF-TB baseline assessment</th>
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<tbody>
<tr>
<td>Objective 2. To obtain evidence on what are the successes, gaps and opportunities in multisectoral collaboration</td>
<td></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td><strong>Associated process</strong></td>
</tr>
<tr>
<td>Launch of the MAF-TB baseline assessment: participatory data collection and analysis using the WHO Baseline Assessment Checklist and aligned annexes, supplemented with quality data collection</td>
<td>Collection of background data (desk review, surveys, interviews and focus-group discussions, as appropriate) to complete the checklist. The WHO Regional Office for Europe will provide</td>
</tr>
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</table>
(as appropriate) to the define roles and functions of other ministries/bodies in the TB response; and CRG aspects of the TB response within an agenda of meaningful engagement with civil society and affected communities. The assessment processes are to be led by the TB-affected community and civil society at national level

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<tr>
<th>Activity</th>
<th>Associated process</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>STAGE 3. National consultation for endorsing recommendations of the MAF-TB baseline assessment</td>
<td>2. Potential roles and responsibilities within and across the health sector and programmes, and other non-health stakeholders defined</td>
<td></td>
</tr>
<tr>
<td>Objective 3. Facilitate endorsement of the key recommendations of the consolidated report, resulting from the baseline assessment using the MAF-TB checklist/annexes, to inform development of the national MAF-TB roadmap</td>
<td>3. Consolidated report, based on a baseline assessment using the MAF-TB checklist/annexes</td>
<td></td>
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<tr>
<td>Activity</td>
<td>Associated process</td>
<td>Outcome</td>
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<tr>
<td>A General Stakeholder Endorsement Meeting convened by the Ministry of Health, with representatives of other sectors, including those who participated in the baseline assessment</td>
<td>Technical cooperation on the data collection and data analysis approach, including support to define the terms of reference for the national experts involved in baseline assessment data collection and analysis and in preparing the consolidated report (sample terms of reference are available from the WHO Regional Office for Europe)</td>
<td>Priority recommendations (action steps and time frame) to address the identified gaps to be reflected in the agreed/endorsed national MAF-TB roadmap on strengthening multisectoral collaboration &amp; accountability</td>
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<thead>
<tr>
<th>Activity</th>
<th>Associated process</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>STAGE 4. Development of the national MAF-TB roadmap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 4. Ensure that multisectoral TB stakeholders have a committed and agreed way towards sustainable multisectoral collaboration and accountability to end TB, with action steps and activities to be performed by different sectors</td>
<td></td>
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<tr>
<td>Activity</td>
<td>Associated process</td>
<td>Outcome</td>
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<tr>
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<tr>
<td>Developing a national MAF-TB roadmap</td>
<td>Develop a national MAF-TB roadmap based on results of the MAF-TB baseline assessment results and with technical support from the WHO Regional Office for Europe and involvement of the national MAF-TB focal points/experts. The roadmap should</td>
<td>National MAF-TB National roadmap produced and endorsed. Endorsement should be consistent with country context and its rules/norms</td>
</tr>
</tbody>
</table>

Note: background programme analysis should be informed by national TB and HIV strategic plans and the most recent NTP reviews and country funding requests to the Global Fund to Fight AIDS,
Tuberculosis and Malaria, as well as data from MAF-TB baseline assessments

Data produced for the national MAF-TB roadmap should be aligned and inform development/revision and/or implementation of the national strategic plans on TB and/or TB, HIV and viral hepatitis, and national funding requests to the Global Fund or other strategic/policy documents for sustainable and costed recommendations include the following.

1. Further areas, time frames and responsibilities of stakeholders for effective coordination and accountability of TB response – from revision/development and implementation of relevant TB legislation (including on human rights violations and policy development) to community-based monitoring of the TB response.

2. Sector-specific activities and targets to reach countries' share of the global and regional commitments to speed up the TB response and end TB epidemics by 2030 in line with the End TB Strategy, Tuberculosis Action Plan for the WHO European Region 2016–2020 and the Political Declaration of the High-level Meeting of the General Assembly on the Fight Against Tuberculosis of 2018. Targets should include complementary national TB and cross-disease targets and indicators beyond health that address social determinants and risk factors.

3. Actions for the further implementation of MAF-TB, including formalizing or strengthening the MAF-TB coordination mechanism and developing/institutionalizing a high-level review mechanism for periodic oversight and review of the national TB response, based on the principles of participatory approaches; timeline for the next assessment with the WHO Baseline Assessment Checklist or its elements to measure progress.

4. Mitigation interventions for risks posed to the sustainability of the TB response by emergencies, such as COVID-19
### STAGE 5. Defining national Coordination mechanism for MAF-TB implementation

#### Objective 5. Have in place a MAF-TB coordination mechanism for multisectoral collaboration and accountability activities

<table>
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<tr>
<th>Activity</th>
<th>Associated process</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Define and formalize/strengthen (as appropriate) a responsible multisectoral MAF-TB coordination mechanism based on the MAF-TB baseline assessment. This should include relevant ministries, agencies and other entities beyond health</td>
<td>When agreeing the MAF-TB coordination mechanism, consider that different available mechanisms, as well as options for country coordination of activities on TB related issues, might already be in place. If this is the case, analyse whether MAF-TB coordination functions could be aligned with already existing mechanisms, and determine the capacity and sustainability of the existing coordination mechanism and how it could be strengthened to perform MAF-TB role. A possible mechanism to consider is a Country Coordinating Mechanism on TB, HIV/AIDS and malaria by the Global Fund. Given the Global Fund’s Global Reform and Evolution Initiative and ongoing CCM reforms, the CCM is a potential mechanism for sustainable MAF-TB oversight and response. If MAF-TB-related functions were added to the CCM terms of reference, this would ensure sustainability of its structure beyond Global Fund financing.</td>
<td>1. Definition of the role and functions of MAF-TB coordination mechanism bridging health and other sectors in the terms of reference, and formalization/strengthening of the MAF-TB coordination mechanism (depending on whether the existing structures can be adapted to perform operational MAF-TB support). 2. Capacity-building and resource mobilization approach to support operational excellence and organizational sustainability of the MAF-TB coordination mechanism agreed/developed.</td>
</tr>
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### STAGE 6. Establishing/formalizing the high-level review mechanism

#### Objective 6. Ensure high-level political commitment to and prioritization of TB within an all-of-government and all-of-society approach

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<thead>
<tr>
<th>Activity</th>
<th>Associated process</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Establishing/formalizing a high-level review mechanism/body at the level of head of government/state for periodic oversight and review of the national TB response</td>
<td>The high-level review mechanism should enable high-level political will to end TB to be sustained, including through financial allocations and reforming health services to provide an equitable, rights-based and people-centred TB response.</td>
<td>Support ensured for implementation (resource allocation, enforceability dimensions for multisectoral response) and oversight for fulfilment of the recommendations of the national MAF-TB roadmap through a formalized mechanism</td>
</tr>
</tbody>
</table>
It should also support enforceability aspects of accountability for the fulfilment of political commitments across multiple sectors. Such a mechanism can take the form of an interministerial commission/council at the level of the Cabinet of Ministers chaired by the Prime Minister or a special body of the Presidential Administration led by the Head of State.

ACSM: Advocacy, communication and social mobilization.

*a Based on the WHO Regional Office for Europe’s pilot approach to implement MAF-TB in the pilot countries of the EECA region.
MAF-TB should help to develop a transparent, effective system to monitor progress and flag issues, delays, underperformance or failings so as to create an enabling environment for sharing lessons, finding joint solutions and nurturing resilience through enhanced multisectoral accountability and collaboration.

The WHO Regional Office for Europe supports Member States to adapt and implement MAF-TB at national level by working with ministries of health, NTPs, national coordination mechanisms and bodies (such as CCM secretariats) and all stakeholders, including civil society, TB-affected communities and parliamentarians. In 2020 and 2021 the Regional Office started technical collaboration with five countries in the EECA region (Belarus, Kazakhstan, the Republic of Moldova, Tajikistan and Ukraine) to support the operationalization and adaptation of the MAF-TB approach to the national contexts and to develop MAF-TB regional guidance based on the successes and lessons learned in these countries.

To guide the pilot approach on MAF-TB adaptation and implementation, this concept paper was initially developed by the Regional Office based in consultation with the WHO Global Tuberculosis Programme and WHO country offices in the pilot countries of the EECA region. The current version of the concept paper was updated based on input from the key regional stakeholders who participated in conversational interviews on adapting the MAF-TB approach and reflects the initial results of piloting the MAF-TB launch in Belarus, the Republic of Moldova and Ukraine.

**Dimensions of accountability**

The issue of accountability for the political commitments can be considered from two main perspectives.

- **The first is accountability of the state towards its people.** The fulfilment of political commitments is important for internal accountability of the political leadership and national government to their own citizens. Measuring these aspects of accountability and understanding its meaning can be guided by the following questions:
  - how are political commitments made by government implemented in practice?
  - how can commitments, transformed into practice, reach people with TB and ensure their access to preventive treatment, diagnostics, care and support? To what extent does the TB response equitable, rights based and people centred?
  - to what extent do commitments stimulate the political will for allocating funds to fight TB and to the health budget in general?
  - what measures can be used to monitor and evaluate progress?

- **The second is the mutual accountability of all TB stakeholders,** which is based on the roles and contribution of each stakeholder in the TB response. Civil society and community organizations, the private sector, technical agencies, donors and multilateral organizations are accountable to the people they serve, as determined by their missions, responsibilities and obligations. The meaning of mutual accountability may be unpacked with the help of the following questions:
  - what is the impact and role of all TB stakeholders and what added value does each brings to the TB response?
  - how well do they promote and contribute to an equity- and rights-based, people-centred and gender-sensitive TB response?
– how well do they coordinate with one another in terms of planning, implementation, reporting and reviewing progress?
– how sufficient is financing allocated to TB response, including for research and development?

As signatories of political declarations, heads of state can execute enforcing power through the judicial, legislative and executive branches of public administration. In general, however, accountability for the fulfilment of the political commitments taken by countries in signing political declarations relates to soft law. This works through cooperation-based instruments that are not legally-binding, like MAF-TB.

As such, multisectoral accountability is a moral issue that is implemented through engagement, working together towards a common cause, and demands. Diplomatic tools and discussions can be used as leverage for countries to honour their commitments to political declaration as part of their overall commitment to the United Nations. This is also true for global accountability, which is based on the upholding the reputations of countries as United Nations Member States, for example through reporting the progress made towards their commitments at United Nations High-level Meetings. These Meetings also serve as platforms for sharing experiences from national level to inform global policy.

**Time frame to deliver on political commitments**

Table A2.2 shows the time frame for entry points for the 2020–2025 period to stimulate the accountability agenda at the national, regional and global levels.

As part of the MAF-TB process, a baseline assessment using the MAF-TB Baseline Assessment Checklist and aligned annexes should be the benchmark for measuring the fulfilment of political commitments and aligned targets at various entry points suggested in Table A2.2. This assessment (using the MAF-TB checklist/annexes or appropriate elements of these) should be repeated after at a later date to measure the achievement and dynamics of change. The frequency of such assessments should be linked to internal and external processes of monitoring and reporting. Internal processes involve annual progress tracking that includes preparing an annual national TB report (including the role of civil society/communities) and submitting it for high-level review (by the head of state or government) and/or a parliamentary hearing. The national TB report should be aligned with regional and global reporting and review mechanisms to inform the annual Global tuberculosis report and Tuberculosis surveillance and monitoring in Europe, and track monitoring indicators aligned with the Tuberculosis Action Plan for the WHO European Region 2016–2020. External processes involve available reporting mechanisms such as, for example, WHO-led NTP reviews; submitting data to annual global and regional TB reports; submitting an annual progress report to the United Nations Resident Coordinator and other relevant United Nations structures (to be determined; e.g. the United Nations Issue-based Coalition on Health and Well-being for All at All Ages, the United Nations Regional Coordination Mechanism, the regional United Nations Sustainable Development Group and the Office of the United Nations High Commission on Human Rights). Selection of the United Nations agencies should be based on their authority and advocacy capacity for sustaining political will and finance allocations.
### Table A2.2. Actions and time frames for the 2020–2025 period to meet the SDG targets (2030) and WHO End TB Strategy targets (2035)

<table>
<thead>
<tr>
<th>Annual targets</th>
<th>Interim targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report on tuberculosis surveillance and monitoring in Europe</td>
<td>Meeting interim milestones of the End TB Strategy. Outputs:</td>
</tr>
<tr>
<td>Report to the World Assembly, including regional committees.</td>
<td></td>
</tr>
<tr>
<td>Output:</td>
<td>- First UN General Assembly progress report towards global targets and implementation of the UN Political Declaration of the High-level Meeting of the General Assembly on the Fight Against Tuberculosis</td>
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<tr>
<td></td>
<td>- Report on implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020</td>
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<tr>
<td></td>
<td>Measuring &amp; documenting progress towards targets set at the UN High-level Meeting of the General Assembly on the Fight Against Tuberculosis</td>
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<tr>
<td></td>
<td>Comprehensive review by heads of state/government at the UN High-level Meeting of the General Assembly on the Fight Against Tuberculosis</td>
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<tr>
<td></td>
<td>Meeting milestones on the End TB Strategy &amp; the Tuberculosis Action Plan for the WHO European Region 2016–2020</td>
</tr>
</tbody>
</table>

UN: United Nations.

### References


The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
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