GLOBAL COALITION OF TB ADVOCATES

STRATEGIC PLAN 2021 - 2025

> "GCTA is about taking ground realities into global advocacy, and those changes at the global level are then brought down to the country level. In our work the momentum is like a moving wheel – it's a circle of feedback from the local to the regional to the global and back again.

Blessina Kumar, CEO, GCTA

Capacity Building Workshop, Peru, 2017

ABOUT

The Global Coalition of TB Advocates (GCTA) is a global platform that bridges the gap between civil society organizations and other stakeholders in the tuberculosis (TB) response, including the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaid, and other global health agencies, ensuring that communities are involved in all TB processes. Its primary mission is to ensure that the communities affected by TB are at the center of all advocacy efforts, and to champion issues identified as a priority by communities affected by TB. Since its inception in March 2013, GCTA has contributed to the global TB agenda through, inter alia, activism for the price reduction of TB technologies, including GeneXpert cartridges, the TB drugs bedaquiline and delamanid; capacity building of TB communities; data collection on community perspectives on the impact of COVID-19 on the TB epidemic; and the publication of a report with 20 recommendations towards activating a human rights response to TB.

Capacity Building of Communities to be Change Agents Training, Indonesia, 2019

This 2021-2025 Strategic Plan was informed by the experience and insights of numerous TB experts, including communities affected by TB. Our thanks to (listed alphabetically by surname):

TB and HIV workshop for YWCA, India, 2020

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EXECUTIVE SUMMARY

GCTA's Strategy for 2021-2025 is firmly grounded in its incorporating documents, i.e. to ensure a world free of tuberculosis: zero TB deaths, zero TB disease and zero TB suffering, and led by its overall mission of ensuring the voices of TB-affected communities influence the global TB and health agenda. As time progressed through the past strategy, it became evident that GCTA's voice permeated numerous levels of global decision-making on TB.

Looking forward, we present an updated mission for 2021-2025: that through the representation and influence of TB communities, GCTA will ensure accountability in global TB goals through coalition building, community-led monitoring, advocacy, and capacity building, and GCTA will achieve this through the following four strategic objectives:

Strategic Objective 1: Issue-Based Advocacy
GCTA represents community voices by raising issues that are important to TB communities at the global stage, such as TPT, access to all-oral regimens, community-led monitoring and accountability, rights-based TB responses, and health systems strengthening for TB, and ensuring global discourse on these issues reach TB communities regionally and locally.

Strategic Objective 2: Coalition-Building and Strategic Communications
GCTA's effectiveness is informed through the strength of its members, i.e. regional and country partners. GCTA pledges to institutionalize periodic sharing sessions with regional and country partners to ensure that all advocacy is informed by relevant local and regional data. GCTA also pledges to improve strategic communications on matters important to TB communities.

Strategic Objective 3: Improving Governance, Accountability, and Representation
Governance issues can be an impediment to effective and impactful representation of TB communities. GCTA will undertake a number of strengthening exercises to eliminate these barriers, including via the strengthening of regional focal points and increasing accountability within.

Strategic Objective 4: Capacity Building
Capacity building of TB communities remains very much necessary – and arguably GCTAs strategic advantage. GCTA understands, however, that this capacity building must progress with concrete aims in mind and with predetermined foci. As such, GCTA will focus on capacity building in these areas: TB literacy, relevance and application of updated guidelines, and translating domestic and regional results to global advocacy and vice versa.

SETTING THE SCENE FOR THE NEW STRATEGY

In the lifetime of GCTA's last strategy, the first United Nations High-Level Meeting on Tuberculosis (hereinafter the UN HLM) was held, leading to the establishment of aspirational targets on TB to be achieved by 2022, including that at least 30 million people globally receive TB preventive treatment, and that 40 million people are successfully treated by 2022.[1] Member States also affirmed the following:

That all these people [affected by TB] require integrated people-centered prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutritional and socioeconomic support for successful treatment, including to reduce stigma and discrimination.[2]

> UN HLM 2022 Targets
> ·40 million people successfully treated
> ·30 million people receive TB preventive treatment
> ·1.5 million people with MDRTB successfully treated;
> ·That people-centered care is required;
> ·Ending stigma and discrimination

Disruptions to routine care, and economic effects of lockdowns and restrictions due to the COVID-19 pandemic, however, have resulted in real threats to achieving these targets. In fact, drawing upon data from 84 countries, the WHO estimates that 1.4 million fewer people received care for TB in 2020 compared to 2019, and that COVID-19-related disruptions in access to TB care would cause an additional half a million TB deaths.[3] Several reports have also noted that TB communities were acutely affected by the economic impact of COVID lockdowns, and inadequate social protection.[4] The End TB Strategy specifically refers to the need to expand coverage of social protection including schemes compensating the financial burden associated with illness, including disability pensions, social welfare payments, and food packages etcetera. GCTA may be able to contribute in this area through collaborations with regional partners working on community-led monitoring of social protection and advocacy towards advancing social protection in country.

A number of recommendations have been posited as key in TB/COVID recovery plans, including the need for community-based testing[5] and the acceleration of TB Preventive Therapy (TPT) enrolment.[6] There may be opportunities for recovery going forward. In mid-2021, a fixed dose combination (FDC) of 3HP will be introduced in six countries (Ethiopia, Ghana, Kenya, Malawi, Mozambique, Zimbabwe) and by the end of 2021, Cambodia, India, and Indonesia too should receive FDCs.[7] And while landmark deals have reduced prices of rifapentine, a key ingredient in 3HP, these low prices are not available to all.
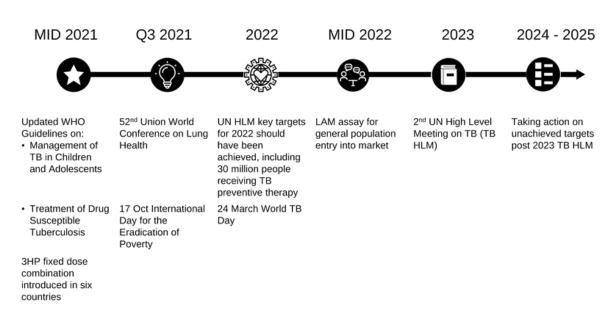
The Treatment Action Group (TAG) comments that more competitors should enter the market to drive down prices.[8] TAG also comments that TPT must be integrated into person-center comprehensive models of care that include psychosocial support to TB communities. The End TB Strategy commits to expanding TPT among people with a high risk of tuberculosis, and there is much that GCTA can do to mobilize partners around scaling up access to TPT and making TPT more affordable.

Other access issues have also been brought to the fore. Since 2019, the Time for $5 Coalition comprised of over 150 civil society organizations globally, has called on Cepheid to reduce the price of GeneXpert tests to $5, inclusive of service and maintenance, and in 2021 called upon the Diagnostics Pillar of the Access to COVID-19 Tools Accelerator (ACT-A)[9] to advance collective negotiations with Cepheid. Unfortunately, Cepheid has been dismissive, and at time of writing, collective negotiations have yet to start.

Importantly, efforts towards rights-based care still have a long way to go. In July 2020, GCTA in collaboration with Stop TB Partnership and Northwestern University Pritzker School of Law produced a technical brief with 20 recommendations for policymakers and program implementers on how to activate a human rights-based TB response. These recommendations included, inter alia, the creation of national strategies to eliminate all physical, financial, systemic, gender-related, and other barriers to TB health facilities, TB vaccines, TB diagnosis, and TB treatments, and that national governments mandate[10] recurring training for all TB health care providers on people-centered care.

There are a number of events during the lifetime of this new 2021 - 2025 strategy that GCTA can plan around and take action on:

UPCOMING EVENTS IN TB
For GCTA Planning and Advocacy

MID 2021	Q3 2021	2022	MID 2022	2023	2024 - 2025
Updated WHO Guidelines on: • Management of TB in Children and Adolescents	52nd Union World Conference on Lung Health	UN HLM key targets for 2022 should have been achieved, including 30 million people receiving TB preventive therapy	LAM assay for general population entry into market	2nd UN High Level Meeting on TB (TB HLM)	Taking action on unachieved targets post 2023 TB HLM
• Treatment of Drug Susceptible Tuberculosis	17 Oct International Day for the Eradication of Poverty	24 March World TB Day			
3HP fixed dose combination introduced in six countries					

TB literacy and capacity building efforts around new guidelines and new technologies will remain relevant. Keeping attention on TB means that TB activists may have to expand beyond the TB space. Given the documented lack of social protection for TB communities both during and before the COVID-19 pandemic, some action can be taken around the International Day for the Eradication of Poverty, for example. And given the UN HLM 2022 targets, GCTA can play an important role in coalition building and leveraging upon intel from regional partners to hold governments accountable to their promises. The emergence of a new LAM assay that will allow point-of-care diagnosis of TB will also require activist intervention to ensure tests are accessible, equitable, and affordable. Importantly, continuing work on human rights-based TB care must be translated into global impact.

Pre-AIDS Conference, Netherlands, 2018

GCTA'S MISSION FOR 2021 - 2025

To ensure accountability in global TB goals through coalition building, community-led monitoring, advocacy and capacity building

This mission is grounded in an understanding of GCTA's comparative advantage; that GCTA brings a rich legacy in amplifying the voices of TB affected communities in advocating for integrated services, equity, and access; and that GCTA has invested over the years in developing grassroots communities to be activists on the national, regional, and global level.

> *GCTA obviously brings a rich legacy in amplifying the voice of TB affected communities. And I think that they bring with them a significant amount of recognition. Their voice does count. It's a recognized voice in the response. And I think in terms of ensuring that TB voices are at the table, that's been really important in terms of keeping TB and the needs of communities on the health agenda. In addition, that they've helped advance the work on TB and human rights, (particularly on) supporting country level organizations to be able to provide human rights-based responses to TB.*

> *Another one of their strengths is that they've really invested over the years in developing grassroots communities to be activists and movements on the national and regional level.*

> *It's really important for us (as partners) to look at how the intersectionality of diseases come together, and the push was to create 'whole systems' – how can we push for the integration of services that ultimately help an individual walk into a health facility and get all the care and support that they need... and there hasn't been enough equity and access advocacy and information around TB care and access to medicines. It's a growing partnership with GCTA and we're really happy and proud of the outcomes we've been able to achieve with them.*

STRATEGIC OBJECTIVE 1

ISSUE BASED ADVOCACY

Advancing issue-based advocacy informed by TB communities and regional organizations, including the following policy goals:

1. Access to TB preventive therapy
2. Access to all-oral regimens for MDR-TB populations
3. Learning from and investing in community-led monitoring in TB
4. Rights-based TB responses
5. Health systems strengthening
6. Social protection for TB communities

Objectives

1. To establish a monitoring and evaluation system on priority issues, leveraging upon the knowledge of regional and local partners to hold governments, multilateral agencies, and corporations accountable. This would involve understanding the baseline of access to TPT, all-oral regimens, and the status of rights-based care in each region.
2. To translate data from regional and local partners on key issues into advocacy – including statements and bilateral and multilateral meetings on progress towards the HLM targets, on where regions and countries are lacking on TPT and rights-based TB programs, and to bring global changes through to regional and local levels.
3. To accompany messages on community inclusion in TB processes with the issues communities are facing.
4. To begin and sustain engagement with actors in the health systems strengthening and resilient health systems space.

Union World Conference on Lung Health, The Hague, 2018

STRATEGIC OBJECTIVE 2

COALITION BUILDING AND STRATEGIC COMMUNICATIONS

Committing to strategic, transparent, and accountable communications with GCTA members, regional TB movements, and TB communities.

Objectives

1. To establish a formalized, regular communications format in a biannual townhall call with regional and local partners and the wider TB community to inform about what work is being done and what are next steps. Updates can also occur around specific events.
2. To engage regional partners bilaterally on recommendations from WHO publications and other regulatory agencies, to understand relevancy for regional contexts, and to provide a platform for regional partners.
3. To hold annual coordination meetings for regional partners to share updates on progress, challenges, opportunities, and to strategize and coordinate on global action.
4. To build strategic, timebound, and targeted coalitions with the UHC and SDG movements, and to strengthen relationships and collaborations with existing TB projects.

Capacity Building of Communities to be Change Agents Training, Indonesia, 2019

STRATEGIC OBJECTIVE 3

IMPROVING GOVERNANCE, ACCOUNTABILITY, AND REPRESENTATION

Investing in a robust and representative Board, establishing clear duties and accountability mechanisms, annual reporting on financing and impacts, and to diversify representation.

Objectives

1. To accelerate GCTA re-registration and fiscal independence.
2. To strengthen the Board towards enabling effective, dynamic, and impactful representation of GCTA at global forums.
3. To reinstate the roles of regional focal points who would be able to represent GCTA at global fora;
4. To increase transparency on governance and financing – via an annual report presenting on leadership, governance, how money was spent, and that these should be linked to global targets. Key highlights should be summarized in communications in multiple languages.
5. To reinforce and develop robust internal policies on accountability and governance, including on roles of Board Members and reporting responsibilities. Board Members should report annually at the final Board meeting of the year on designated KPIs.

Union World Conference on Lung Health, India, 2019

STRATEGIC OBJECTIVE 4

CAPACITY BUILDING

Capacity building of TB communities in three key areas
1. TB literacy
2. Relevance and application of updated guidelines and new technologies
3. Translating domestic and regional results to global advocacy

Objectives
1. To map key capacity building needs based on regions in collaboration with regional organizations.
2. To continue capacity building for TB communities with specific foci, based on identified needs and in the languages they use.
3. To improve M&E on how capacity building has translated into national, regional, and global impact, via check-ins with trainees periodically post-training.

Community Connect - Union World Conference on Lung Health, India, 2019

INVESTMENT CASE
US $ 2.5M OVER FIVE YEARS FOR GCTA WOULD

Develop TB community voices towards accountability on TB targets, human rights and TB, and on addressing social determinants of poor TB outcomes:

Galvanize access for TB preventive therapy and all-oral regimens

Using the power of data and community voices, to bring governments and regional TB communities to the table on TPT and all-oral regimens.

Holding govts accountable through community-led monitoring

Piloting integration of community-led monitoring data into national indicators in **10** countries across the globe.

Creating a knowledge hub of community experiences

Conducting quarterly global and regional exchange meetings to gather stories of resilience, successes, best practices, and qualitative data that can inform policy, mobilize communities, and build on the power of numbers. These would create a global push towards national changes through informed and engaged communities across regions.

Rights-based approaches in TB

Articulate and advocate for culturally appropriate, scalable models of rights based, people centered care in **10** countries.

Support legal redress mechanisms for TB

Formal working group with 25 lawyers to establish legal support mechanisms in 10 countries. This will occur in stages, beginning with sensitization on human rights violations in TB, a mapping of applicable domestic laws, and potential avenues of redress for TB communities.

Spur dialogue on social protection for TB communities

Develop advocacy materials for social protection in **multiple languages**, mapping social protection mechanisms, and facilitation of bilateral and multilateral discussions based on these materials between governments and communities.

GCTA Stakeholder and Partners' Consultation on Capacity Building Modules - Change Agents Training, India, 2019

INVESTMENT CASE

Train and engage 100 TB Activists

Through capacity building of TB communities globally on TB literacy, building of coalitions, and advocacy collaborations on TPT, all-oral regimens, rights-based approaches, health systems, and social protection - and empowering communities to hold governments accountable. We would also establish and mobilize GCTA Youth to create sustainable and powerful future TB community leadership.

Proactive advocacy on TB policy change

The global health world is fast-changing and dynamic - requiring GCTA to be agile and to think quickly to ensure that these changes support rights-based approaches for TB communities. Sustainable funding means that as and when changes arise, GCTA can act quickly and respond so that TB communities are informed and prepared.

FOR ANY ENQUIRIES ABOUT THIS INVESTMENT CASE, PLEASE CONTACT
COMMUNICATION@GCTACOMMUNITY.ORG

Community Connect - Union World Conference on Lung Health, India, 2019

ANNEXURES

STRATEGIC OBJECTIVE 1 - CONTEXT

ISSUE BASED ADVOCACY

Interviewees overwhelmingly said that GCTA's message of community inclusion in global policy should be accompanied with more prominent messaging on issues affecting TB communities. When asked what issues were relevant in the next five years, interviewees described how TPT access was lacking in numerous countries and regions, that access to all-oral regimens was poor, that a lot still needed to be done on advancing human rights-based care, and that health systems were still insufficiently strong to support TB communities - especially TB communities during COVID. In addition, interviewees felt that GCTA could play a central role in community-led monitoring on these issues, TB HLM targets, TB care, and more.

Expanding TPT for people with a high risk of TB is a key goal in the End TB Strategy,[11] and the TB HLM targets aim for 30 million people to have received TPT by 2022. There are, however, numerous barriers remain to the expansion of TPT. In South Africa, reported barriers include that there is low literacy on TPT among TB communities, that healthcare staff didn't have time to do tuberculin skin tests (TST) which is a prerequisite for TPT initiation,[12] staff shortages in primary health clinics,[13] and non-integrated HIV and TB services. In Karnataka, India, barriers reported for PLHIV, in particular, were frequent drug stock outs, non-integrated HIV and TB services (TPT was not available at centers to collect anti-retroviral therapy), and a lack of training on TPT for counsellors based at HIV facilities.[14] These country accounts are corroborated by a May 2020 Call to Action by major global health agencies including the WHO, Unitaid, The Union for Tuberculosis and Lung Disease, and USAID, which stated that national programmes had limited capacity for testing, with limited supply of quality-assured TST, and that there was a need to build health systems capacity for this, including to increase human resources and improve the supply chain.[15] This is where GCTA can play a role in both the TPT and health systems indicators above.

As observed both in TB and HIV, 'political accountability deficits are a major reason quality of services differs so dramatically' in different areas within a country and in different regions. Community-led monitoring is a [16] way to ensure accountability on quality, rights-based consistency, and accessibility of services. For example, Ritshidze in South Africa is one of the most extensive community-led monitoring systems for HIV and TB services, and found that 92.7% of facility managers in Mpumalanga said that their facilities don't have enough staff, that patients waited an average of 4 hours 41 minutes to see a doctor, and 67% of clinics surveyed failed altogether at meeting the six basic best practices to stop the spread of TB. GCTA can play a role[17] in taking these findings to global forums, and through co-organising of sharing sessions on best practices in community-led monitoring, among other activities.

Poor health systems are a major contributor to TB mortality. In one South African example, poor referral pathways between different levels of care, and the inability of the system to provide access to all different services to TB communities in a single visit, and the failure of TB data systems to use data in a timely manner, and poor integration of TB into different programs such as HIV and reproductive health, were cited as key health systems barriers to TB service uptake and retention. In the TB [18]HLM Political Declaration, member states committed to 'strengthening public health systems as an essential pillar of the tuberculosis response, including health workforce capacity-building… community-based care services… robust health information systems comprising integrated case-based electronic surveillance… treatment outcome monitoring, and improvements in national vital registration systems'. Based on these [19]data and interviews with TB experts, GCTA could play a key role by bringing regional data to global forums, including into health systems and SDG discussions.

❝ *You can't just leave it to the MSF and the TAGs and ITPCs of the world to look at the access issues.* ❞

❝ *GCTA needs to concretise around a few objectives. On TPT, the fact that we have better, more effective, shorter, and easier-to-take prophylaxis – it should be scaled up. And during the lifetime of (GCTA's 2021-2015 strategy) the technology will be even more improved and science will deliver TPT that's easier to take.* ❞

❝ *But there is a lot of cross cutting things that we can push for. And you know, and not take health systems as a separate thing. Health systems encompasses response to any disease, we need to look at it as a whole. Because strengthening health systems means better response at the ground level. So, I think there needs to be a paradigm shift in the way we think.* ❞

❝ *I do think that issues of universal health coverage, and making sure everyone has equitable access to quality care, can't really be addressed with technological advances alone. So I think it's very important to keep the pressure on and to keep working on making sure that as countries adopt these new technologies, which are truly helping improve TB responses that community engagement is not neglected. I think it will be just as important to make sure that communities help bring the grassroots perspective to the table.* ❞

❝ *Communities affected should be involved – these are important principles. But what do communities want? What is the change you are seeking?* ❞

❝ *In this region (Latin America) we already have eight tuberculosis social observatories made up of civil society organizations. They already have their own line of work. I think that GCTA could be strengthening these actions with advocacy.* ❞

❝ *Actions around new technologies: pushing for country adaptation, so that they become available. And then secondly, trying to push for reasonable pricing.* ❞

STRATEGIC OBJECTIVE 2 - CONTEXT

COALITION BUILDING AND STRATEGIC COMMUNICATIONS

While GCTA maintained communications through Twitter, Facebook, and through its listserv, there is a need to strengthen communications – including what is communicated, what about, frequency, and in what format. There need to be clear communications channels to learn what partners need, inform what GCTA can provide; and to determine how to collaborate. Some interviewees also thought that GCTA should release frequent TB literacy updates for TB communities, including human rights updates, and to simplify updates on WHO guidelines and technologies for TB civil society and communities. Interviewees also felt that as a global coalition, it was important that GCTA materials and communications occur in multiple languages. This should be read jointly with Strategic Objective 1 – in that work on specific issues is strategically and comprehensively communicated. Finally, some interviewees, including GCTA Board Members, wanted to see GCTA engage beyond the TB space, including in the UHC and SDG spaces.

I don't get what exactly GCTA is doing. (The human rights report) is a global report, but it was not communicated – it was not delivered to the regional level.

The great majority of countries in this region – we speak Spanish. And GCTA documents, developments, meetings, and workshops – they are all done in English.

For a long time, there was a lack of coordination among TB advocates at the global level, it lacked some leadership of civil society organization and advocates at that global level. So GCTA's role is supposed to coordinate the regional groups, not the country ones. What are they (in Asia, in Africa, in Europe, in America) doing? GCTA should occasionally bring them together, so that we can have a common strategy, coordinated by GCTA.

It would be great to see TB civil society create close collaborations with civil society working on other sectors and on TB determinants, so on Sustainable Development Goals and so on. What we see, and this is something which is very true for our work as well, is that when we look at the UN agencies, agendas that work on COVID-19, on SDGs, on gender; most of the time TB is not mentioned at all. So I think we need to push for this as a TB community from specialised agencies, from technical experts, country experts and so on, with civil society in the centre, that we'll see change faster.

With every social movement, or health and social movement, there needs to be a facilitator. I think GCTA is well placed to play that role. So it's two pronged. On one hand, they have a role to play in creating networks, TB activating, building the capacity of communities, regional networks, entities, in order to become TB advocates. The whole coalition building aspect of it is something that GCTA absolutely has to focus on.

We collect a lot of data on TB during our community-led monitoring, such as around TPT, infection control, etc. Potentially what could be useful is some collaboration on campaigns based upon the result of data collection at country level.

IMPROVING GOVERNANCE, ACCOUNTABILITY, AND REPRESENTATION

GCTA has recently faced governance challenges, which in turn affects resource mobilization. Towards the end of the past strategy, GCTA received funds through intermediaries. In addition, many interviewees were unclear as to who was part of the organization and what roles regional and national partners play in GCTAs work, and that there was insufficient geographical representation on the Board. Interviewees also felt that GCTAs governance would be strengthened by more explicitly articulating their work in the context of global TB targets and HLM commitments.

❝ *There needs to be more transparency on the whole structure of GCTA. Because it's a global organisation, their constituencies should understand the leadership of GCTA, the funding of GCTA – how is the funding executed? Being a global organisation, we expect that the governance should come from different areas of the globe. We should have somebody from Africa, somebody from Europe, someone from Asia represented in governance and that would give them more transparency.* ❞

❝ *The loss of their legal registration, loss of access to their bank accounts, and having to work through intermediaries, is really problematic, and particularly with the rates that the intermediaries charge.* ❞

❝ *At the end of the strategic plan, we should be clear as we evaluate our contribution to the global targets and global commitments.* ❞

Launch of Women and Stigma, Civil Society Hearing - UN HLM, USA, 2018

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STRATEGIC OBJECTIVE 4 - CONTEXT

CAPACITY BUILDING

GCTA has a rich legacy in capacity building of TB communities. In the life of the past strategy, GCTA conducted training sessions with MDR and XDR-TB communities from various backgrounds and states in India, and in 2019 launched a training module on Capacity Building of Communities to be Change Agents. This module was used in multiple training sessions, including in a session in Timor-Leste in September 2019 in collaboration with WHO SEARO. Interviewees overwhelmingly agreed that capacity building should continue, but also that it should be focused and with specific goals in mind.

66*When it comes to capacity building or global positioning, the primary question that always comes to my mind is – 'to what end'? I think I think we really have to be clear, why do we want to build the capacities of TB survivors and people affected with TB? What are these capacities for? What do you want to achieve in the end? Of course we want to see groups of TB survivors convening - But GCTA really should be directing or providing recommendations on what TB civil society and TB survivors have to prioritise from the global level and, you know, make those connections and be the conveyor between what's happening and the global and what's happening at the national level.*99

66*So GCTA should be the lead in strengthening the capacity of TB communities to be able to take up advocacy, strengthening their capacity and understanding some of these complex technicalities in TB, for example, in understanding the new policies, new regimens that come up. This can be strengthened.*99

66*(TB policy) needs communities, because they're the ones who are essentially the recipients of care. They understand the issues that are happening on the ground. They're able to articulate to you what they need. Advocacy starts with education. If I know what the problem is, I will then be able to identify the problem. And then tell you what the problem is within my context. So you know, the education for communities, it's really critical.*99

**Capacity building of communities to be change agents training
Timor-Leste, 2019**

ANNEXURE 5
ACCOUNTABILITY AND REPORTING

Robust reporting, monitoring, and evaluation is an important part of how GCTA plans to be accountable to its constituents moving forward. On each of our Strategic Objectives, we will annually report progress in a template modelled on the following and disseminate through our networks. Through this strengthened reporting and accountability framework, GCTA will be enabled towards delivering robust actions on behalf of regional networks and TB communities.

Strategic Objective 1: Issue-Based Advocacy

Issue/Objectives	Actions taken	Type and Number of meetings held	Further action needed	Relevant global target
1. Access to TB preventive therapy				
2. Access to bedaquiline and delaminid for MDRTB populations				
3. Learning from and investing in community-led monitoring in TB				
4. Rights-based TB responses				

5. Health systems strengthening

- To establish a monitoring and evaluation system on priority issues, leveraging upon the knowledge of regional and local partners to hold governments, multilateral agencies, and corporations accountable. This would involve understanding the baseline of access to TPT, all-oral regimens, and the status of rights-based care in each region

- To translate data from regional and local partners on key issues into advocacy – including statements and bilateral and multilateral meetings on progress towards the HLM targets, on where regions and countries are lacking on TPT and rights-based

TB programs, and to bring global changes through to regional and local levels.

- To accompany messages on community inclusion in TB processes with the issues communities are facing

- To begin and sustain engagement with actors in the health systems strengthening and resilient health systems space

Strategic Objective 2: Coalition-Building and Strategic Communications

Issue/Objective	Actions taken	Type and Number of meetings held	Further action needed	Relevant global target
▪ To establish a formalised, regular communications format in a quarterly townhall call with regional and local partners and the wider TB community to				

inform about what work is being done and what are next steps. Updates can also occur around specific events.

- To engage regional partners bilaterally on recommendations from publications, to understand relevancy for regional contexts, and to provide a platform for regional partners.

- To hold annual meetings for regional partners to share updates on progress, challenges, opportunities, and to strategize and coordinate on global action.

- To build coalitions with the UHC and SDG movements, and to strengthen relationships and

collaborations with existing TB

projects

Strategic Objective 3: Improving Governance, Accountability, and Representation

Issue/Objective	Actions taken	Type and Number of meetings held	Further action needed	Relevant global target
▪ To accelerate GCTA re-registration and fiscal independence.				
▪ To elect a more representative Board capable of representing GCTA to global fora.				
▪ To increase transparency on governance and financing – via an annual report presenting on leadership, governance, how money was spent, and that these should be linked to global targets. Key highlights should be				

summarised in emails in multiple
languages.

- To reinforce and develop robust
  internal policies on accountability
  and governance, including on
  roles of Board Members and
  reporting responsibilities.

Strategic Objective 4: Capacity Building

Issue/Objective	Actions taken	Type and Number of meetings held	Further action needed	Relevant global target
1. TB literacy				
2. Relevance and application of updated guidelines				
3. Translating domestic and regional results to global advocacy				

- To map key capacity building needs based on regions in collaboration with regional organisations.

- To continue capacity building for TB communities with specific foci, based on identified needs and in the languages they use

- To improve M&E on how capacity building has translated into national, regional, and global impact, via check-ins with trainees periodically post-training

END NOTES

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