



BRINGING CIVIL SOCIETY TOGETHER
TO END THE TUBERCULOSIS EPIDEMIC

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THIRD Webinar within the cycle of webinars

**Opportunities for civil society and TB communities from EECA
region within the Global Fund Allocation Cycle 2020-2022**

June 25, 2020

How to engage with the Global Fund Allocation Cycle 2020-2022

Opportunities for meaningful participation of TB communities

25 JUNE, TBEC

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&

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Communities, Rights and Gender Department*

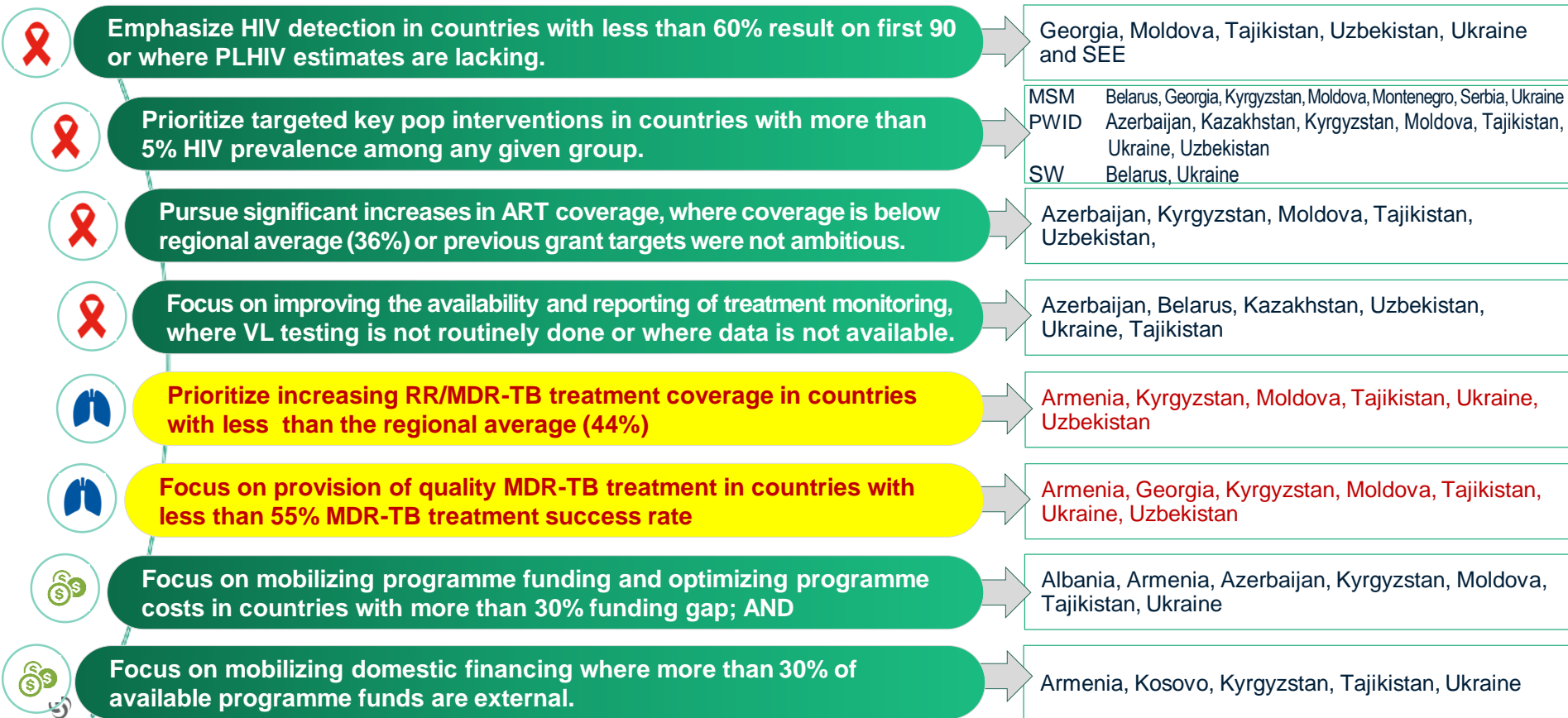


EECA Regional Priorities - Tuberculosis

EECA Strategic Priorities – TB (2020-2022)						
Visio	To accelerate and sustain the progress in reducing the incidence and mortality of all forms of TB in the region.					
End-TB Strategy Targets (2020)	Contribute to reaching END-TB Strategy targets					
	35% reduction in TB deaths	20% reduction in TB incidence	75% MDR-TB treatment success			
Strategic priorities	Expand access to timely and quality diagnosis of TB, with emphasis on RR/MDR-TB.			Enhance linkage to treatment and rapidly ameliorate treatment success of TB, with emphasis on RR/MDR-TB.		
	Enhance rapid diagnostic methods	Assess and enhance laboratory capacities	Boost efforts to find and link high-risk groups to treatment and preventive therapy	Ensure continuous supply of TB drugs	Strengthen capacities in clinical management of TB, with focus on RR/MDR TB.	Improve treatment adherence, especially among RR/MDR-TB cases
Priority interventions	Support continued roll-out of rapid molecular testing, in line with international recommendations.	Support laboratory strengthening measures based on robust nation-wide laboratory assessments and strategies, with focus on obtaining resistance profiles across the region. RSS H	Address needs of key and vulnerable populations for TB (PLHIV, migrants, children, prisoners, and TB contacts) through targeted efforts to conduct contact investigation, screening and active case finding.	Enhance access to quality-assured first- and second-line TB medicines, including new and repurposed drugs.	Develop effective mechanisms for expert support for diagnosis & clinical management of complex cases. RSS H	Accelerate the implementation of new treatment regimens, of patient-centered approaches, and support mechanisms. RSS H
				Support efforts to strengthen drug management capacities RSS H	Democratize the knowledge to improve RR/MDR-TB management incl. adverse reactions and comorbidities. RSS H	Co-finance investments to enhance infection control measures. RSS H
	Enhance electronic case-based information systems. RSS H					
Sustainability priorities	Accelerate the favourable epidemic trends while mobilizing domestic resources and optimizing overall programme costs					
	Promote and incentivize government financing and take-over of Global Fund funded interventions.					
	Facilitate engagement of civil society, communities, private sector and other service providers in TB control.					
	Support policy shifts to address allocative and cross-programmatic inefficiencies, incl integration of systems and services with PHC and other disease programs, and task shifting.					

EECA Regional Priorities - Sub-regional differentiation

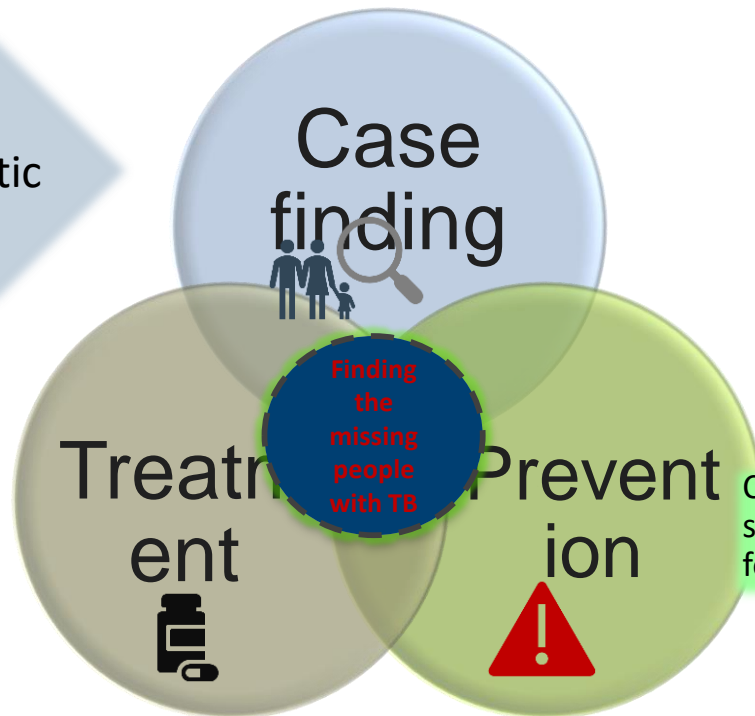
Recognizing the region's heterogeneity, the following prioritization are applied for EECA's strategic interventions.



The country prioritization listed here is non-exhaustive and is expected to be dynamic, based on changes in countries' epidemics.

Packaging Priority TB interventions

- Active and Intensified Case Finding, innovative private-provider and community engagement
- New screening and diagnostic tools
- Artificial Intelligence (x-ray readings), connectivity solutions



Contact investigation
shorter combination drugs
for TPT, infection control

Innovation, Quality improvement and efficiency, data

TB high-impact interventions

- Early diagnosis of all people with any form of TB
- Systematic screening of high-risk groups
- Prompt initiation of treatment for all people with DS and DR-TB, using a people-centered approach and with patient support
- Programs and approaches to address access barriers, including community-based and integrated services delivery
- TB/HIV Collaborative activities
- Private Sector TB Care
- Prevention and Treatment of TB Infection
- Antimicrobial resistance (AMR) – as a major concern for global health security.
- Management of Co-morbidities
- Surveillance, Data and Operational Research.
- Digital Technologies

Key changes: TB Modular Framework

- **Scope of interventions expanded** and aligned with the TB Information Note
- **New Interventions** under TB/HIV for screening & diagnosis, treatment and prevention
- New interventions under the three core modules for key populations – **Children, Miners & mining communities and Mobile populations added**
- **Cross-cutting systems approach** including provision of integrated and people-centered services at community and PHC levels
- **New module** “Removing human rights and gender related barriers to TB services”
- **Three new TB stigma indicators:**
 - Three new outcome indicators** on TB stigma:
 - TB O-7: Number of people with TB who experienced self-stigma due to their TB status that inhibited them from seeking and accessing TB services in the last 12 months
 - TB O-8: Number of people with TB who experienced stigma in health care settings due to their TB status that inhibited them from seeking and accessing TB services in the last 12 months
 - TB O-9: Number of people with TB who experienced stigma in community settings due to their TB status that inhibited them from seeking and accessing TB services in the last 12 months

List of modules under TB, HIV and RSSH

HIV/AIDS

Prevention

PMTCT

Differentiated HIV Testing Services

Treatment, care and support

TB/HIV

Reducing human rights-related barriers to HIV/TB services

Tuberculosis

TB care and prevention

MDR-TB

TB/HIV

Removing human rights and gender related barriers to TB services

RSSH

Health Products management systems

HMIS and M&E

Human resources for health including CHWs

Integrated service delivery and quality improvement

Financial management systems

Health Sector Governance & Planning

Community responses & systems

Laboratory systems

RSSH modules can be included in any disease component or can be part of a standalone RSSH funding request/ grants

RSSH module "HMIS and M&E" (can include both disease specific and/or cross-cutting activities)

Program Management

How do Gender Inequities Impact on Disease Outcomes?

TB

Globally, 64% of new cases occur among males – reflecting gender patterns in societies and cultures, such as those relating to high-risk occupations and poor health-seeking behaviors.

TB in pregnant women living with HIV increases the risk of maternal and infant mortality by almost 400%

Gender-related barriers affect

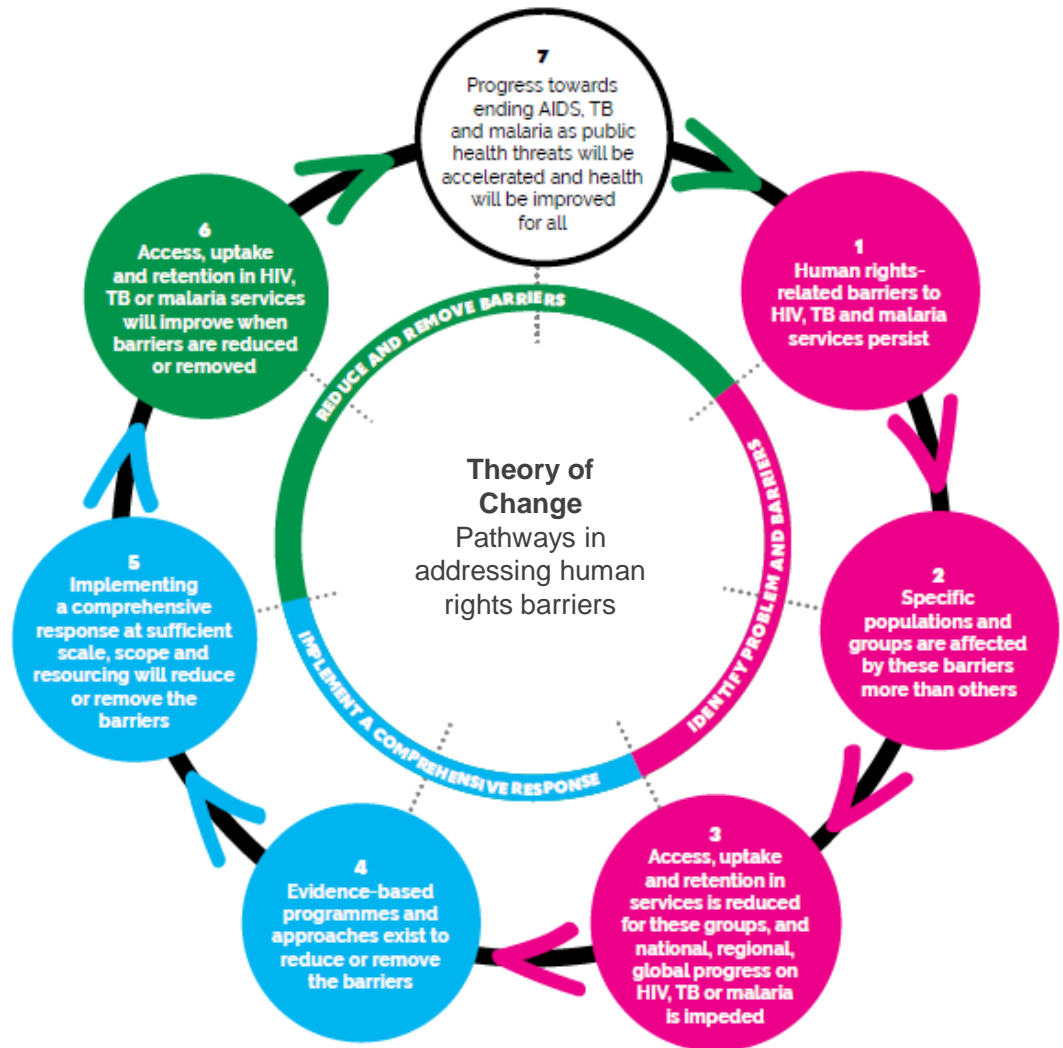
- who participates in community mobilization or who can reach available services
- who is willing to give a sputum sample or who can have an x-ray
- who is most likely to complete drug regimens or who experiences the best efficacy of multi-drug resistant treatment

Key Approaches and Interventions:

- Ensure ability to collect and use sex and age disaggregation of recommended core indicators
- Invest in qualitative assessments and research to document barriers to services and how to address in programs
- Ensure that country dialogues include diverse communities of those most impacted by TB, paying attention to gendered representation among sub-populations (i.e. farm workers, migrants, prisoners)

GF 2020-2022 Allocation Letters

“Removing human rights and gender-related barriers in access to services is critical to ending the epidemics. When unaddressed these barriers undermine effective and impactful responses and limit sustainable progress...Applications must include, as appropriate, interventions that respond to human rights and gender-related barriers, inequities and vulnerabilities in access to services.”



New Module on removing human rights related barriers in TB framework

Removing human rights and gender related barriers to TB services	Stigma and discrimination reduction	<p>Activities to reduce stigma towards people with TB including:</p> <ul style="list-style-type: none"> • Situational analysis and assessments, for example, Stop TB-CRG assessment, including TB Stigma Assessment; • Media and edutainment activities on TB and stigma such as integration of non-stigmatizing language into TB communication materials; • Engagement with religious and community leaders and celebrities; • Peer mobilisation and support for and by people with TB and affected communities aimed at promoting well-being and human rights.
	Human rights, medical ethics and legal literacy	<p>For communities affected by diseases, key populations and CSOs, it could include:</p> <ul style="list-style-type: none"> • Peer outreach on human rights and legal literacy in the context of TB; • Development of communication materials on rights in TB; • "Know-your rights" programs. <p>For (community) health care workers, including but not limited to:</p> <ul style="list-style-type: none"> • Medical ethics and human rights training in the context of TB as part of specialized TB- training.
	Legal aid and services	<p>It includes activities related to legal aid and services, including but not limited to:</p> <ul style="list-style-type: none"> • Establishment of Peer para-legal activities, for example, Street lawyers, Hotlines; • Legal aid, legal support through pro bono lawyers, human rights organisations to increase access to justice; • Engagement with community and religious leaders for dispute resolution based on human rights and gender equity.
	Reform of laws and policies	<p>It includes activities related to legal reforms including, but not limited to:</p> <ul style="list-style-type: none"> • Engagement with Parliamentarians, Ministry of Justice, Interior, Corrections, religious and community leaders for advocacy and sensitisation; • Training of Parliamentarians on human rights and role of protective legal frameworks in the TB response; • Legal audit, Legal Environment Assessment; • Community mobilisation and community-led advocacy and monitoring support; • Monitoring of laws and policies, including the compliance.
	Community mobilisation and	<p>It includes activities related to community mobilisation and advocacy, including but not limited to:</p> <ul style="list-style-type: none"> • Community led outreach campaigns to address harmful gender norms and stereotypes and other human rights

The roles of communities in addressing gaps in TB service cascades

Case-finding	Gap 2: Diagnosis	Gap 3: Linkage to care	Gap 4: Retention and medication adherence	Gap 5: Post-treatment relapse free
<ul style="list-style-type: none"> Community-based active case finding 	<ul style="list-style-type: none"> Same-day sputum microscopy 	<ul style="list-style-type: none"> Electronic biometric-linked patient records for tracking 	<ul style="list-style-type: none"> Real-time electronic adherence monitoring (cellphone, pillboxes) 	<ul style="list-style-type: none"> Adherence interventions
<ul style="list-style-type: none"> Health facility-based active case finding 	<ul style="list-style-type: none"> Upfront Xpert testing 	<ul style="list-style-type: none"> SMS notification of diagnosis 	<ul style="list-style-type: none"> Treatment literacy 	<ul style="list-style-type: none"> follow-up for early detection of TB recurrence
<ul style="list-style-type: none"> High risk group active case finding (household contacts, HIV, prisoners) 	<ul style="list-style-type: none"> LPA, culture/ DST 	<ul style="list-style-type: none"> Registration at diagnosis 	<ul style="list-style-type: none"> Psychosocial interventions (alcohol use disorder, depression, stigma) 	<ul style="list-style-type: none"> Evaluation for long-term pulmonary disease (COPD, restrictive lung disease)
<ul style="list-style-type: none"> Private sector provider early referral and testing 	<ul style="list-style-type: none"> X-ray for empiric diagnosis 	<ul style="list-style-type: none"> Patient navigators 	<ul style="list-style-type: none"> Incentive schemes (food, cash) 	<ul style="list-style-type: none"> TB Champions
	<ul style="list-style-type: none"> Electronic biometric-linked patient records for tracking 	<ul style="list-style-type: none"> Enhanced inter-facility communication 		

Community Systems Strengthening – Priority Interventions

Formerly:

Now:

Community Responses and Systems (CRS) Module

Community systems strengthening (for community led and based responses)

Modular Source	Intervention Categories	
Community systems strengthening	1.1	Community-based monitoring
	1.2	Community led advocacy and research
	1.3	Social mobilization, building community linkages, collaboration and coordination
	1.4	Institutional Capacity Building Planning and leadership development

Applicant guidance TB

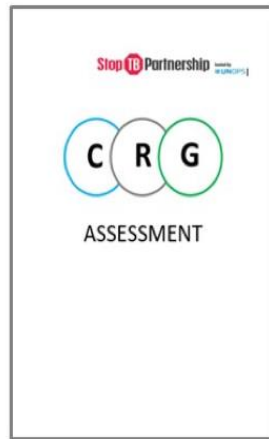
- Modular framework handbook includes modules, interventions, indicators for the 3 diseases & RSSH
- TB InfoNote provide guidance on priorities for TB funding request based on
 - Lessons learned;
 - extensive consultations with technical partners;
 - Good practices and successful projects;
 - latest guidance/recommendations
 - Key cross-cutting information and guidance/policies
- Technical brief on TB, gender and human rights provides guidance on programs to address human rights and gender-related barriers to TB
- Value for Money technical brief provides guidance on the 5 dimensions
- Portfolio Analysis shared with Allocation Letter to the Country



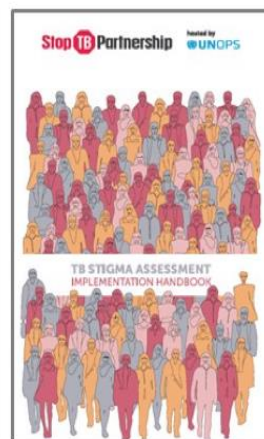
Assessing and Monitoring Human Rights Barriers in the TB Response



Declaration of the Rights of People Affected by TB



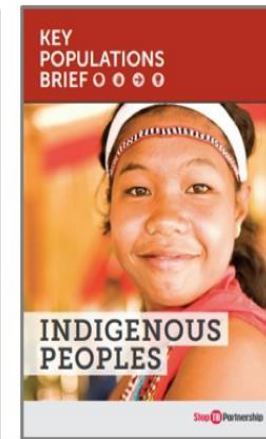
CRG Assessment



TB Stigma Assessment



Digital solution for Community-based monitoring of the TB response



Key Population Briefs

Available support

- CRG SI Technical Assistance to support to civil society and community organizations to meaningfully engage in the Global Fund model
 - access <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/>
 - Contact CRGTA@theglobalfund.org for more information.
- CRG regional platforms – EHRA in EECA
- Networks and coalitions – such as TBEC!



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Global and Regional agreements between WHO and the Global Fund Mock Expert Review

25 June 2020

Sayohat Hasanova

WHO Regional Office for Europe



Outlines

1. Strategic Framework for Collaboration between WHO and the Global Fund (SFC): Global and Regional
2. 2020- 2022 GF Allocation cycle: global and for WHO EURO
3. WHO EURO RO TA to countries' funding application process

Strategic Framework for Collaboration (SFC)



Signed in October 2018

Objective

This framework is designed to **improve collaboration and communication** between WHO and the Global Fund in support of **country, regional and global responses** on a wide spectrum of policy, technical and programmatic areas to combat **HIV, TB and malaria** and the effort to support countries in building:

- to support countries in building resilient and sustainable systems for health (RSSH),
- improve reproductive, maternal and newborn, child and adolescent health (RMNCAH) and
- address wider determinants of health.

Areas of Collaboration



Uptake of, and reliance on, WHO normative guidance, with tools and innovation



Advocacy, health leadership, policy dialogue and governance



Supporting effective and appropriate engagement of the private sector in the achievement of SDG3



WHO strategic advice and guidance for Global Fund policies and investments for the three diseases, RSSH



Alignment and mobilization of domestic and global financing



Addressing barriers to innovation, with the objective of promoting affordable access to medicines



Supporting the development and implementation of the accelerators articulated under the *Global Action Plan*



Ensuring the effective engagement of civil society, including affected communities



Prequalification and quality assurance of health products



Engagement of Global Fund in WHO programmatic discussions and forums



Deepening our understanding and effectiveness on gender issues relating to health



Enhancing the quality and timeliness of information flows and reporting of data and estimates related to health financing, service coverage and health outcomes



Convening and exchanging information/experience including through regional approaches and through South-to-South collaboration



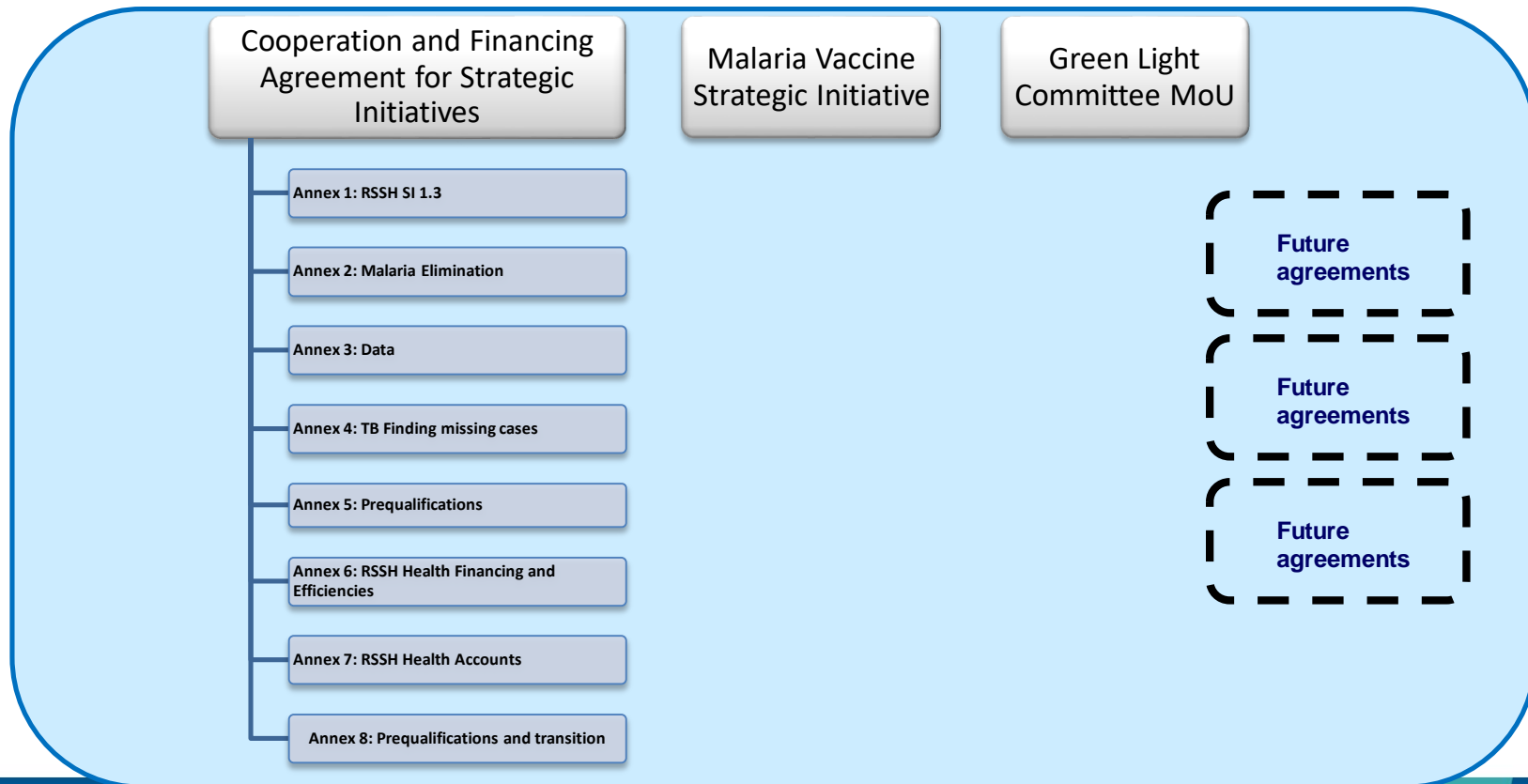
Identifying and addressing human rights barriers to health



Support capacity building to individual countries and regional entities

Strategic Framework for Collaboration

Global and Regional levels



Country Level WHO and GF collaboration priorities for 2020 and 2021

WHO leadership country level

- CCM membership & linking to other health coordination platforms
- Strategic view on 3 disease and health systems; RSSH, Community system strengthening; linking GF agendas to PHC and UHC
- Quality national health sector plans, policies, NSPs

Support to develop high quality funding request

- Leverage the 'prerequisites': quality health policies, strategies and plans, national program reviews
- Support in prioritizing and making the hard choices (especially on RSSH), based on data-driven dialogue and evidence-based, high-impact, quality and cost-effective interventions
- Contextualize global and regional disease priorities to specific country context
- Enforce sustainability and transition, and increase domestic funding to support health and the three disease programs
- Address human rights, gender, age and equity for access to services in planning and implementation

Strengthening implementation in 2020 and 2021 to maximize impact of the grants

- Regular evidence-based program and RSSH reviews with partners
- Rapid transition to latest WHO policy guidance
- Common positions with partners on key issues, opportunities, and addressing bottlenecks

Framework for Regional Collaboration Between the Global Fund and WHO/Europe *(supposed to be signed in February 2020)*

The Goal:

- Accelerate and sustain the progress on fighting the HIV, TB and Malaria in the Region through focused collaboration between the WHO/Europe and The Global Fund

Strategic targets of collaboration are in line with the WHO/Europe Regional Action plans on TB, HIV and viral hepatitis

Duration

For 5 years (2020 –2025)

2020 – 2022

allocation

period

GLOBAL FUND ALLOCATION for 2020 – 2022 cycle (for 2021-2023 grant implementation period)



Country allocations = \$12.71 billion

Catalytic investments = \$890 million

(Catalytic investments aim to maximize impact and the use of available funds to accelerate the end of the epidemics)



The 2020 – 2022 allocation is **23% more** than the previous 3 years (2017 – 2019 period)

Allocation per disease component

HIV/AIDS



50%

TB



18%

MALARIA



32%



2020- 2022 GF allocation for WHO Europe

\$ 336,277,300 mln for 15 countries

Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Moldova, Montenegro, Russian Federation, Serbia, Tajikistan, Ukraine and Uzbekistan

* The 2017 – 2019 allocation is post-program split

2020-2022 Allocation period: country funding requests

	Component name	Windows for application	Funding proposal type	Allocation (US\$)
Azerbaijan	HIV/TB	Window 1 (March 2020)	Tailored for Focused Portfolios	Total: 17,261,208 TB: 7,997,084 HIV: 9,264,124
Kazakhstan	HIV/AIDS	Window 2 (June 2020)	Tailored for Focused Portfolios	Total: 15,238,497 TB: 10,040,997 HIV: 5,197,500
Kosovo	HIV/TB	Window 2 (June 2020)	Tailored for Transition	Total: 3,275,872 TB: 1,285,649 HIV: 1,990,223
Kyrgyzstan	HIV/TB	Window 1 (March 2020)	Tailored for Focused Portfolios	Total: 26,436,393 TB: 14,944,703 HIV: 1,1491,690
Republic of Moldova	HIV/TB	Window 2 (June2020)	Tailored for Focused Portfolios	Total: 18,662,849 TB: 9,398,343 HIV: 8,662,849
Tajikistan	HIV/TB	Window 1 (March 2020)	Focused	Total: 25,117,387 TB: 10,754,493 HIV: 14,362,894
Ukraine	HIV/TB	Window 2 (June 2020)	Full review	Total: 119,478,266 TB: 48,644,568 HIV: 70,833,698
Uzbekistan	HIV/TB	Window 3 (August 2020)	Tailored for Focused Portfolios	Total: 44,119,711 TB:26,150,623 HIV:17,969,088
Turkmenistan	TB and RSSH	Window 3 (August 2020)	Tailored to transition	Total: 5,067,499 TB: 5,067,499

Remote Mock Expert Review to improve the quality of Country Funding Request Applications to the GF 2020-2022 allocation period

- **Aim:** review country's draft applications and provide detailed feedback with a strategic focus and resource prioritization, and alignment with the latest global and regional WHO policy guidance on HIV, TB and co-morbidities;
- **Methodology:**
 - Remote revision
 - Provision of feedback in Thematic Feedback; Checklist and TCM in the Funding request Form
 - Remote discussion of findings and feedback with national working groups and technical partners;
- **Consultants:** 2 consultants on HIV, 2 on TB, 2 on cross cutting and HSS

Priority areas to be included in the country funding requests

- Focus on evidence-based interventions for key and vulnerable population
- Accelerated transition to new WHO recommendations, including all-oral treatment regimen for DR-TB, new HIV testing policy ...
- Strengthening health and community systems: integrated and people-centered care, integration across three diseases and within the broader health system
- Gender and human rights
- Multi-sectoral approach to respond three diseases: apply MAF and Framework for action to implement the UN Common Position
- Progressively increasing domestic resources



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TB EUROPE COALITION

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Lessons Learned and country processes with regard to GF funding circle



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Katasonova Anna, Finance manager
and

Makovetska Mariya, Capacity Building
manager





Preparation stage: WHAT should be taken into account?

- Think strategically:
 - Needed technical assistance (TA) for the country and apply for international TA as soon as possible;
 - Strategic concept of the Funding Request (FR): disease split; prioritization of the interventions, linkage to NSPs* and/or NTP* and NAP*, or any other state health programs.
- Agreement upon the FR development timeline and GF windows of FR submission (if applicable).
- Composition of the Request development group: membership, level of authority and proxy, international TA (if needed).
- FR language: English, French and Spanish.

***Abbreviations:**

NSP – National Strategic Plan

NTP – National TB Program

NAP – National AIDS Program

Country dialogues: WHAT important?

- **Broad stakeholders engagement:** technical in-country partners and donors; key populations; CSOs*; academia; government bodies; current PRs*; NGOs; GF country team:
 - To check with other donors/programs in country on their funding priorities.
 - Create a concept of GF funding request.
- **CCM endorsement of funding priorities linked to the country context,** including existing NSP, transition plan, the Global Fund's application focus requirements, more recent evaluations or analysis, value for money principle, and/or operational considerations.
- **Think about PR selection process:** in case of PR change, new PR should have enough capacity to pass through PR assessment.

***Abbreviations:**

CSO – Civil society organizations

PR – Principle Recipient – implementation agency for the GF grant





FR development stage: WHAT to remember?

(1)

- **Study GF guidelines** on Funding Request Instructions for Allocation Period 2020-2022;
- **Consider focus on:**
 1. Human right barriers for key and vulnerable populations;
 2. Ambitious targets for all cascade align with NSP and international strategies;
 3. Financial sustainability and value for money (funding most effective approaches);
 4. Articulative and focused interventions tailored to key and vulnerable populations;
 5. Gender sensitization;
 6. Disaggregated data for evidence base decision-making by: geography, age, sex, KPs;
- **PAAR*:**
 - Should sufficiently demonstrate a logical compliment to main FR;
 - High-impact interventions which are crucial for program success should be included into the main proposal rather than PAAR.
- **Engage technical partners:** WHO, Stop TB Partnership for technical review and other agencies.

***Abbreviations:**

PAAR – Priority Above Allocation Request



FR development stage: WHAT to remember? (2)

- **Long-term sustainability:**

- **Equipment:** maintenance, spare parts, personnel training;
- **Incentives:** sustainability plan for when/how these incentives would be absorb into government payrolls;
- **Health management Information systems (HMIS):** avoid duplication between existing systems, scaling-up to the ground level, tailoring to state monitoring systems with further state funding, attention to data gathering, introducing community-based monitoring programs.
- **RSSH*:**
 - strengthening of health system rather than just support.
 - integration of systems and services – inside TB/HIV/HV components; and with other essential services (e.g. RMNCAH).

- **To avoid double-funding and duplication of activities with other donors/programs in country.**

***Abbreviations:**

RSSH - Resilient and Sustainable Systems for Health

RMNCAH - Reproductive, Maternal, Newborn, Child and Adolescent Health

FR development stage: WHAT to remember? (3)

Catalytic - Matching Funds:

- **Catalytic - Matching Funds:**

- NOT all countries are applicable;
- Use the most recent instruction
https://www.theglobalfund.org/media/9372/fundingmodel_2020-2022matchingfunds_guidance_en.pdf?u=637278309680000000
- Allocation has not be less than previous amount;
- Allocation amount = Catalytic amount in relevant priority area;
- Has to be new and/or innovative activities;
- Providing measurable results;
- Boosting or amplifying existing activities.

- **Belarus** for HIV: key population - \$1 million;
- **Kyrgyzstan** for HSS: Human rights - \$1 million;
- **Ukraine** (HIV: key population - \$3.9 million, HSS: Human rights - 2.4 million, TB: missing people with TB - \$10 million = 16.3 million total)



- **All mandatory documents** should be filled in and matched: PAAR, Health Product and Pharmaceuticals list, Performance Framework, Budget, Programmatic and Financial Gap analysis, Implementation Arrangement Map, Essential data table, CCM endorsement of FR and statement of compliance.



FR submission and the next stages

- CCM* endorsement of FR;
- Compile full FR package as per instruction and submission;
- TRP* review and questions;
- In case of GF positive funding decision – beginning of the grant making process.

***Abbreviations:**

CCM – Country Coordination mechanism

TRP - Technical review panel - a group of experts to evaluate country Proposals.



Useful documents, complimentary to allocation package provided by GF teams:

- GF guidelines and technical briefs on specific topics;
- WHO Country Profiles (<https://www.who.int/tb/country/data/profiles/en/>) and guidelines (including disease specific, e.g. Multisectoral Accountability Framework for TB https://www.who.int/tb/publications/WHO_MAFTB_Checklist_Form-Final.pdf);
- GDF medicines and diagnostics catalogue (http://www.stoptb.org/gdf/drugsupply/product_catalog.asp);
- Country specific reports: missions, assessments, evaluations.
- National plans, strategies, road maps etc.
- CRG investment packages in the Global Fund funding requests <http://www.stoptb.org/communities/default.asp#CRGIP>

Tuberculosis profile: Ukraine

Population 2018: 44 million

Estimates Notifications Outcomes Preventive treatment Finance

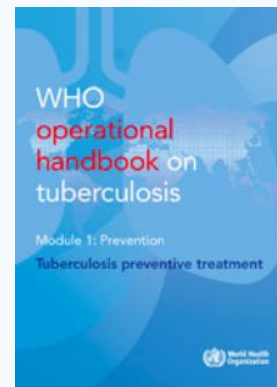
Estimates of TB burden¹, 2018

	Number	(Rate per 100 000 population)
Total TB incidence	36 000 (31 000-41 000)	80 (69-91)
HIV-positive TB incidence	8 200 (5 300-11 000)	18 (12-26)
MORBidity TB incidence ²	13 000 (8 100-18 000)	29 (18-41)
HIV-negative TB mortality	3 700 (3 300-4 100)	8.3 (7.3-9.3)
HIV-positive TB mortality	2 000 (1 300-2 700)	4.6 (3-6.5)

Incidence, New and relapse TB cases notified, HIV-positive TB incidence
(Rate per 100 000 population per year)



HIV-negative TB mortality
(Rate per 100 000 population per year)



CRG Assessment tools:

Human-rights approach

Stop TB Partnership

hosted by
UNOPS



Gender assessment tool for national HIV and TB responses

Towards gender-transformative HIV and TB responses



DECLARATION OF THE RIGHTS OF PEOPLE AFFECTED BY TUBERCULOSIS



TB STIGMA ASSESSMENT IMPLEMENTATION HANDBOOK



ONEIMPACT

An Initiative Empowering People with TB and Driving Social Accountability

OneImpact digital solutions are empowering people with information on TB treatment, adherence, and monitoring, and enabling community-led monitoring. In 2016, OneImpact is also subject of a pilot study by the World Bank to assess the impact of digital health solutions on TB treatment and adherence.

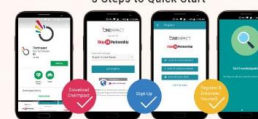
Key Features

- Get Knowledgeable
 - TB Treatment Adherence Support
 - TB Stigma
 - Messages from the TB affected community
- Get Involved
 - Report challenges with TB services
 - Receive the evidence
 - Stop discrimination
- Reports and Trends
 - Generate data feedback reports to inform policy, legislation, design and improve services

- Get Access
 - Find the nearest TB health facilities
 - Access information about the TB epidemic
- Get Connected
 - Connect to TB clinics and support services
 - Connect to other TB actors
- Interactive Dashboards
 - Track challenges being reported
 - Generate feedback reports and accountability mechanisms
 - Map, measure and monitor of challenges reported



3 Steps to Quick Start



QUESTION? oneimpact@unops.org



Legal Environment Assessments for Tuberculosis An Operational Guide

July 2017



Empowered lives. Resilient nations.

Stop TB Partnership

Stop TB Partnership

UNAIDS

Data for Action for Tuberculosis Key, Vulnerable and Underserved Populations

Working Document
September 2017



TB Europe Coalition

BRINGING CIVIL SOCIETY TOGETHER
TO END THE TUBERCULOSIS EPIDEMIC

Thank you!
UNITED TO END TB



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QUESTIONS