



Annual Steering Committee Meeting

October 29

2016

Liverpool

[The TBEC Steering Committee met for the first time in Brussels in August 2012. The Steering Committee regularly revises its advocacy strategy and also holds an annual Steering Committee meeting to discuss overall strategy. In 2013, it was decided that an annual meeting would be held on the side of the IUATLD conference.]

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1. AGENDA

MORNING SESSIONS (9.15am – 13.00pm)	Chair: Rachael Crockett
Introduction @9.15am – 9.30am	
Session 1 @9.30am – 10.30am	
<ul style="list-style-type: none"> • Review of 2016 activities and looking forward to 2017 <ul style="list-style-type: none"> - TBEC in 2016 (Anete) - Overview of action points from 2016 SC meeting in Cape Town (Rachael/Fanny) - TB REP and follow up from Kiev (Yuliya/Evgenia) - Q&A 	
@10:30am – 10.45am – Coffee break	
Session 2 @10.45am – 13.30pm	
<ul style="list-style-type: none"> • Governance (Presenter: Nonna/Peter Mok (via Skype)) <ul style="list-style-type: none"> ○ 10.45-11.30: presentation from consultant ○ 11.30-13.00: discussion on recommendations of consultants and decision-making 	
@13.30pm – 14.30pm - Lunch	
AFTERNOON SESSIONS (14.30pm – 16.30pm)	Chair: Fanny Voitzwinkler
Session 3 @14.30pm – 16.30pm	
<ul style="list-style-type: none"> • Opportunities for 2017 (Rachael/Fanny/Alliance) <ul style="list-style-type: none"> ○ EC grant overview of activities for 2017 (Rachael) ○ Who are our advocacy targets, lessons learned from latest country visits (Paul) ○ EU and regional high-level advocacy (Fanny) 	
@15.30pm – 15.45pm – Coffee break	
Session 3 (cont.) @15:45pm – 16.30pm	
<ul style="list-style-type: none"> ○ Global TB Caucus overview (Rosanna) ○ TB People overview (Timur) ○ Greater engagement with regional partners and networks (Fanny) <p>AOB</p>	
@16.30pm - Close	

2. PARTICIPANTS

Participants (in person):

- Fanny Voitzwinkler (GHA)
- Paul Sommerfeld (TB Alert)
- Rachael Crockett (Results UK)
- Anete Cook (Results UK)
- Aaron Oxley (Results UK)
- Jonathan Stillo
- Rosanna Flurry (Global TB Caucus)
- Timur Abdullaev (TB People)
- Evgenia Geliukh (Alliance for Public Health, Ukraine)
- Nonna Turusbekova

Observers:

- Safar Naimov (Stop TB Partnership, Tajikistan)
- Stefan Radut (ASPTMR, Romania)
- Catalina Constantin (ASPTMR, Romania)
- Mike Mandelbaum (TB Alert)
- Caoimhe Smyth (Stop TB Partnership)

Participants (via Skype):

- Sergey Filipovich (Alliance for Public Health, Ukraine)
- Yuliya Chorna (Alliance for Public Health, Ukraine)
- Peter Mok (public health consultant, joined for the governance presentation and discussion)

Excused Participants

- Greg Patong
- Patrick Bertrand
- Elchin Mukhtarli
- Oxana Rucsineanu

3. EXECUTIVE SUMMARY

The TBEC Steering committee's annual meeting in 2016 took place on the sidelines of the Union's world conference on lung health in Liverpool. With 10 Steering Committee members present, the meeting was divided in three main parts: first of all, overview of TBEC and TB REP activities in 2016; secondly, future of TBEC after 2017 and changes in governance structures; thirdly, the opportunities in 2017 such as EC grant activities, regional high level advocacy and cooperation with TB People and Global TB Caucus.

However, the key focus of the meeting was placed on the future of TBEC governance and funding after the end of EC grant in 2017. The TBEC hired consultants, Nonna Turusbekova (in person) and Peter Mok (via Skype), presented report on TBEC governance. The report consisted of several parts: first of all, in-depth analysis of the current TBEC structures and budget; secondly, governance analysis and comparison with other similar networks in Europe, and, finally, four different future scenarios for TBEC and recommendations on the future steps to be taken.

The Scenario 1 (Business as usual) would de facto mean scaling down the number of activities and subsequently call in question the reason of TBEC existence. Scenario 3 (Advocating implementer without registration) demanded a diverse donor base, and corresponded to what TBEC is now (no registration, EC project, lack of accountability). Both Scenarios 1 and 3 have various pitfalls and, therefore the Scenario 2 (Advocacy for Impact), followed by Scenario 4 (Advocating Implementer with registration) in due time were recommended by the consultants.

During the presentation, the consultants raised the key issues that needed to be addressed in 2017:

- Need for clear vision, mission and strategy;
- Review of Steering Committee membership and governance structures;
- Need for various funding sources, especially after 2017, and therefore, donor mapping;
- Need for identification of the most relevant contacts/networks for TBEC to engage. There is space and need for joint advocacy planning and closer engagement with other regional networks;
- Need for change in the general TBEC membership structure (reconfirmation exercise);
- Need for a clear engagement strategy with focal points in the countries;

The consultants advised to use 2017 - the last year of EU grant as much as possible in order to reform the TBEC structures in such a way that TBEC longevity is ensured after the end of the EC funding and to fundraise.

After in-depth discussion within the Steering Committee, it was agreed that the Secretariat would draft proposals for the vision, mission, and strategy, and governance structures in 2016 in order to present to the Steering Committee in early 2017 (with a possible SC retreat in early February) for further discussion. The Secretariat was also requested to carry out with several other tasks such as revamp of TBEC communication strategy, mapping of possible donors to be approached in 2017. The Secretariat was further tasked to explore opportunities for closer partnership with different global and regional networks, finalise EN-RU TB term glossary and explore opportunities for policy paper on AMR/ambulatory care.

4. ACTION POINTS

- *Secretariat will develop new TBEC communication strategy for 2017;*
- *Secretariat will develop draft TBEC mission statement and strategy for 2017;*
- *Secretariat will develop ToRs for Steering Committee, Secretariat, and members;*
- *Secretariat will develop TBEC election policy;*
- *Secretariat will carry-out donor mapping;*
- *Secretariat will explore opportunities for Steering Committee retreat in early February;*
- *Secretariat will look into the guidelines/policy regarding funding from private companies;*
- *Secretariat agreed to send the glossary for the last comments in November and publish the final version by end of 2016;*
- *Secretariat to prepare draft mission statement, draft strategy etc.;*
- *Secretariat to prepare a draft position on engagement with private sector, based on the Results UK guidelines;*
- *Secretariat will coordinate with European Respiratory Society on possible future collaboration;*
- *Secretariat will explore opportunities for research/policy paper on ambulatory care;*

5. INTRODUCTIONS

The chair of first two sessions opened the meeting and briefly outlined the agenda. Participants were asked to introduce themselves and speak briefly about what are the key strengths and weaknesses of TB Europe Coalition.

Amongst key strengths of TBEC were mentioned:

- TBEC's ability to connect various CSOs, activists, health care professionals and parliamentarians;
- Advocacy trainings in the member countries;
- Webinars and education opportunities;
- Opportunities provided by TBEC to attend international conferences;
- Exchange of ideas and information amongst members;
- The growth of the network during last couple years;
- Foundation of TB People;
- Commitment of the people involved;
- Understanding the big picture and interconnectedness (not stuck in cylllos);

The main weaknesses were identified as:

- Hazy decision making process and lack of clarity when and how decisions are made;
- Lack of follow-up after country visits (need for advocacy trainings once a year, need for more advice and guidance);
- Lack of funds which sometimes impedes engagement at high-level such as Union's conference (putting panel together);
- Need for more educational programmes and technical assistance to the communities in different countries (not well informed on many TB issues);
- Lack of clear mission and strategy – the necessity to decide what will be the function of TBEC in future and after 2017;
- Need for more scholarships for affected communities to attend international conferences and represent patient views;
- Lack of formality – need for registration;
- Strengthen networks with other regional platforms;

6. REVIEW OF 2016 ACTIVITIES

a. TBEC in 2016

The Secretariat provided a brief overview of TBEC activities in 2016, including communication analysis of TBEC website and social media (*See Annex 1*). TBEC membership increased by 14%, as well as activity on website and in social media – Facebook and Twitter. By end of October TBEC has published 45 blog articles, carried out 2 webinars on access to the EU funding, and published two in-depth policy reports – one on transition period in Eastern Europe and Central Asia and one on access to the EU funding instruments. TBEC also assisted the launch of TB People in Bratislava in June and carried out four country visits to Romania, Ukraine, Kyrgyzstan and Kazakhstan throughout the year. Furthermore, TBEC continues to engage with EU, WHO and Global Fund on shaping TB policy, including areas of ambulatory care and antimicrobial resistance, due to active participation in high level policy consultations such as International AIDS and TB 2016 conferences in Durban and Regional Union conference (Europe) in Bratislava. Finally, TBEC chairs the RCC-TB increasing collaboration with WHO Euro and technical partners.

Following presentation, TBEC Steering Committee discussed the TBEC presence and member engagement in social media platforms and agreed that although the engagement level could be higher, it is crucial to have a good communication strategy in place on who to engage and why. The

simple increase in numbers for its own sake may not be an indicator of increased engagement and awareness amongst TBEC members.

The Secretariat will develop communication strategy for 2017.

b. Overview of action points from 2016 SC meeting in Cape Town

Several action points from 2016 Steering Committee meeting in Cape Town were discussed in more detail. The Secretariat provided the English-Russian Glossary of Common TB Advocacy terms to Russian speaking members of Steering Committee for comments and further suggestions.

Secretariat agreed to send the glossary to the Steering Committee members for the last comments in November and publish the final version by the end of 2016.

c. TB REP and follow up from Kiev

The key achievements of TB REP project in 2016 such as first TB REP regional meeting, and country visits to Kyrgyzstan and Kazakhstan, as well as future plans for 2017 were discussed in detail. The Steering Committee members, engaged in TB REP project, explained the history behind the project and its current governance structure, where TBEC and GHA provides strategic advice and the Alliance for Public Health (Ukraine) carries out the rest of the project activities such as financial management, advocacy trainings, technical advice amongst others. The Steering Committee members, who visited Kiev, Kazakhstan and Kyrgyzstan in the framework of TB REP/TBEC activities, expressed their concern regarding overall understanding of the benefits of ambulatory model amongst health care professionals and government officials and patients, as seen in Kazakhstan, and agreed to better tailor their advocacy efforts to address the issue. The next TB REP monitoring country visit is planned to Armenia for December, others are all planned to take place in 2017. The TB REP is currently looking for funding to ensure second regional meeting in 2017, as well as additional advocacy training sessions in each country. The Steering Committee members also commended the leadership of the Alliance for Public Health for its continuous support and interest in TB REP project and TBEC in general.

7. GOVERNANCE

TBEC hired consultants Nonna Turusbekova (in person) and Peter Mok (via Skype) presented the in-depth analytical report on the TB Europe Coalition governance (*Please see Annex 2*).

The report provides an overview of the current TBEC governance structures, identifies the key strengths and weaknesses (SWOT analysis), as well as opportunities and threats and provides for different governance scenarios for TBEC. In order to successfully do so, the consultants reviewed available documentation, carried out numerous in-depth interviews and compared various other regional civil society networks.

The current TBEC mission encompasses three main goals: first, coordination amongst TBEC members, second, building advocacy capacity, and, third, leveraging political and financial commitment. The question was raised if it is still what TBEC strives for.

During the presentation, the consultants raised the key issues that need to be addressed in 2017:

- Need for clear mission statement and strategy, which would provide more focus and clarity in terms of future activities both immediate, mid and long term (where TBEC wants to go);
- Review Steering Committee membership, as only half of the Committee is currently actively engaged in TBEC work (need to identify different expertise/contribution opportunities amongst SC members, need for “new blood” – higher grassroots engagement, change in SC structures, for example, mixture of permanent seats and rotating seats, the need for general election);

- The accountability of the Secretariat to the Steering Committee – need for clear lines of reporting, governance and oversight structures in order for the Steering Committee to lead the Secretariat than other way around;
- Need for various funding sources, especially after 2017 and the end of EC grant both in terms of longevity and independent advocacy;
- Need for donor mapping;
- Need for identification of the most relevant contacts/networks for TBEC to engage with (key affected populations – prisoners, PLHIV, people who use drugs, migrants, sex workers and MSM). There is space and need for joint advocacy planning and closer engagement with other regional networks.
- Need for change in the membership structure. There is a need for current members to re-confirm their membership in TBEC, since some of them, subscribing to the listserv, may not have been aware that they enrol as members. It is important to develop and provide to the members a sort of TOR, outlining rights and responsibilities. Such review of membership may result in a smaller, but more engaged network, with clear leaders and TBEC champions in the countries.
- Question of registration as in certain Eastern European and Central Asian countries the lack of registration creates suspicion and distrust amongst government stakeholders towards the unregistered organisation. However, the registration in itself will not be a solution to address the reluctance to engage from the government's side.
- Need to maintain coherence and to make sure that TBEC expansion is in line with TBEC mission and vision;
- Need to have a clear engagement strategy with focal points in the countries – some of TBEC focal points were not aware that the SC and Secretariat considered them focal points.

The consultants recommended Scenario 2 (Advocacy for Impact), followed by the Scenario 4 (Advocating Implementer with registration) as a way forward. However, they highlighted that all four scenarios are valid and the choice should be informed by the TBEC vision and strategy.

The Scenario 1 (Business as usual) will de facto mean scaling down the number of activities and subsequently call in question the reason of TBEC existence. Scenario 3 (Advocating implementer without registration) demands a diverse donor base, and corresponds to what TBEC is now (no registration, EC project, lack of accountability). Both Scenarios 1 and 3 have various pitfalls and therefore the other two scenarios are recommended.

The consultants advised to use 2017 - the last year of EU grant as much as possible in order to reform the TBEC structures in such a way that TBEC longevity is ensured after the end of the EC funding and to fundraise.

Following the presentation, the Steering Committee members thanked the consultants for the report and presentation and continued by asking questions and discussing each action point in more detail.

The Steering Committee agreed that although there is need for “new blood” and new active Steering Committee members, the rotation of Steering Committee membership should not happen just for the sake of it, but should aim at striking balance between the continuity/experience and the new, with possibly seats reserved for founding members such as GHA, Results, Alliance, TB Alert. TBEC should look for experience, commitment and skills in their SC members, without losing members who are actively participating on basis of their enthusiasm (as some SC members participate in SC as part of their paid jobs and some others are there fully on voluntary (unpaid) basis). There is also need to engage more with the members who have technical knowledge and see how their knowledge and experience can be disseminated to a wider group.

The Steering Committee also agreed that the volunteering is a luxury and that many focal points in the countries have day jobs, so there is need for further fundraising to pay them for their activities and engagement.

The Steering Committee also agreed on the need to redefine and specify the structure and responsibilities of the Secretariat in order to ensure effectiveness and transparency in decision-making process. The Secretariat needs to be accountable to the Steering Committee, and the Steering Committee needs to be more engaged and active in strategic decision-making processes.

The Steering Committee further supported engagement with wider networks and key TB affected populations, and sees such engagement as a win-win situation. The members expressed the need for further mapping of relevant stakeholders and networks.

The Steering Committee asked consultants to explain more in detail of what is understood with term “advocating implementer”, Scenario 4 and discussed in detail the need for official registration.

The consultants explained what was understood with the term (“what is meant by implementation here are TB prevention, diagnosis, treatment and care or any activities, including community outreach and treatment support, that support the provision of such services to the population”), and suggested that there is a definite need to strengthen the governance and oversight structures before engaging in any implementation activities. Besides such expertise as project management, financial and human resource management will have to be developed. They also advised on registration, stating that it is desirable in long-term, but ensuring longevity of TBEC is a priority at the moment. The consultants further suggested that after registration the secretariat should be based in one country to ensure transparency and sustainability. Such secretariat will also demand additional staff and funding. At the ‘continuous expansion’ phase of the coalition’s life the coalition can (again) embark on multi-focality.

The Steering Committee highlighted that the TBEC’s aim is to support civil society in the region without engaging in direct service provision. TBEC aids civil society and individual partners by providing workshops, training courses, and advocate on their behalf in different regional forums (WHO, EC amongst others). The Committee was reluctant to support TBEC’s future vision as a direct service (treatment/diagnostics etc.) implementer in member countries.

The consultants stated that during interviews various partners and members called for more TBEC engagement than just advocacy, however, the future of TBEC will very much depend on the chosen strategy by SC.

The Secretariat also highlighted the limitations of TBEC outreach and engagement. Whilst regional organisations and networks are getting more interested in TBEC, and continue to invite TBEC representatives to various regional meetings, they rarely provide funds and often TBEC lacks expertise in the particular area (e.g. procurement) to effectively participate in the discussion.

The Steering Committee agreed that there is a need for stronger country level engagement (focal points), which in order to be successful is in dire need for more support, mentorship and training by TBEC.

The Steering Committee also agreed that often the output in itself is an outcome – strengthening advocacy capacity of its members is not only a mean to achieve TB strategy goals (90x90x90), but also an end in itself. The cooperation with organisations, implementing different projects, maybe the way forward.

Several Steering Committee members highlighted the need for further education on various TB policy issues amongst TBEC members – ambulatory care, transition, regional engagement, technical developments, treatments, diagnostics etc.

Secretariat agreed to prepare a draft mission statement, strategy, ToRs for governance structures, communication strategy and map out the donor landscape, as well as other partnership networks for TBEC Steering Committee by the end of 2016. The Secretariat foresees a two-day meeting at the beginning of December to do so.

The Steering Committee agreed not to take any action regarding the registration of TBEC for the moment, and focus on the mission, strategy, governance structures, mapping of donor landscape and fundraising.

The Steering Committee also agreed to leave certain amount of levy in terms of legal limitations within ToRs – “we will attempt to have”.

The new mission, strategy and governance structure overview could result in a policy document and event around TB Day or possibly UN GA special meeting to create a momentum around TBEC.

8. OPPORTUNITIES FOR 2017

d. EC grant overview of activities for 2017

The Secretariat provided an overview of the EC grant activities for 2017, stating that the TBEC project proposal was handed to the EC in September, with few changes from 2016. The project activities include webinars, country visit (possibly to Bulgaria, most likely to take place in May), and attendance to Union’s conference in Mexico (with SC meeting on side-lines). However, the EU advocacy tour has been excluded and the funding directed to encourage governance strengthening (consultant’s fee etc.). The Secretariat also intends to attend and to ensure participation of TBEC members at the Wolfheze conference. Furthermore, the project foresees printing of new leaflets and policy documents.

The Steering Committee agreed that the country visits show a good partnership between various actors such as TBEC, TB REP, TB People and TB Caucus, and aims to provide advocacy-training opportunities, followed by advocacy event in the country. However, there is not formal follow-up afterwards.

The Secretariat stated that there are other options and ideas that could be looked into such as peer-to-peer reviews, country-to-country exchanges in advocacy and training.

The Romanian observers suggested that a coordination meeting on future governance structures, mission and strategy could take place in Bucharest next year and that the Romanian counterparts may cover some expenses for the meeting due to small funding from pharmaceutical companies.

The Steering Committee thanked Romanian counterparts for their offer and agreed to discuss the proposition, whilst taking into account the sensitivities that the funding from private companies can entail. The Steering Committee agreed that a position on such engagement should be developed at the Committee level.

e. Who are advocacy targets, lessons learned from latest country visits

The Steering Committee members, engaged in TB REP/TBEC country visits to Kyrgyzstan and Kazakhstan, highlighted importance of targeted advocacy efforts. During the visit, it became clear

that not only health care professionals and government officials, but also patients do not believe in decrease of infectiousness of TB patients after just few days of treatment. Therefore, advocacy in favour of ambulatory care will not yield any results if there is no agreement on this simple fact. There is a definite need for increased understanding amongst health care professionals of what entails ambulatory care.

The Secretariat also highlighted that the difficulty with promotion of ambulatory care model revolves around the fact that there is no clear consensus or idea of what quality ambulatory care entails. TBEC is ideally placed to ensure such discussion takes place, maybe even in the framework of Wolfheze conference.

The Romanian observers informed about the major difficulties regarding advocacy for ambulatory care in their own country, where affected communities often have serious social problems with no support system, or are based in villages with no access to hospitals. Their organisation is mapping what is currently happening on the ground.

The Steering Committee also discussed importance of the quality aspect of ambulatory care – as many countries have problems with providing qualitative and effective treatment, which would include appropriate laboratory (Genexpert) and community support amongst others.

The Steering Committee also suggested focusing on two-tier WHO and patient's level advocacy. One would include high-level regional advocacy, another providing education and information to TBEC members.

f. EU and regional high level advocacy

The Steering Committee discussed and the Secretariat agreed to arrange a call with European Respiratory Society to see what possible collaboration can be achieved between two networks, especially in terms of reaching patient networks and health care workers regarding benefits of ambulatory care.

g. Global TB Caucus overview

TB Caucus presented their activities throughout 2016 – establishing overall governance structures and regional networks for TB Caucus, TB Caucus visit to Kiev in September, as well as hiring a part-time Russian speaker to coordinate activities for European TB Caucus. Global TB Caucus currently only have one Co-Chair in the European and Central Asian region, as George Khechinashvili unfortunately lost his seat in the last election in Georgia. TB Caucus will be working on building their network in the Russian speaking countries, also with the aim of finding a new Co-Chair to lead the work of the Eurasian Parliamentary Group on TB with Stephan Albani. The TB Caucus is open to coordination and cooperation with TBEC, as their members (MPs) prefer to engage with TB survivors and TB activists on the ground. The next step for TB Caucus would include a regional gathering of Russian speaking MPs and establishing national caucuses, with Ukraine as hopeful example.

h. TB People overview

Since foundation in Bratislava, TB People have been expanding their network (50 members at the moment, looking forward to expand in Baltic countries and Bulgaria) and working in various directions such as communications, institutional development, capacity building and fundraising. TB People working language is Russian. TB People are soon to launch their own website, providing basic information on their activities, as well as TB in general. TB People have also received a grant from Eli Lilly and intend to prepare a brochure in Russian on TB to be distributed across the region to NGOs and to treatment facilities.

TB People are currently looking for funding for the second regional meeting in 2017, and training on NGO management.

There was consensus to see how TB People representatives could be included in Wolfheze conference (organising a session or round-table between NTPs, health care professionals and TB people).

i. Greater engagement with regional partners and networks

TB Caucus encouraged a greater collaboration before G20 meeting (on AMR issues) and TB Day, as well as joint planning for TBEC activities in 2017.

The Steering Committee also agreed that the equal distribution and presence of TBEC and other civil society members in Wolfheze conference should be encouraged and made sure of. Instead of one “civil society” panel, civil society members should participate in each session/panel.

The Steering Committee members also suggested a training session aimed at improving understanding amongst national NTPs of civil society. There is currently a project outline developed in the framework of HOPE project in Kazakhstan on the subject matter and there might be space for TBEC to join the effort.

STOP TB Partnership observer informed about the on-going project regarding mapping out the key affected communities, and developing a guide allowing countries to identify who are affected communities in each country and how to work with them.

The Secretariat informed about the EU level advocacy in view of the Estonian presidency of the Council of the EU from July to December in 2017. The TBEC has called for a high-level meeting on transition and is currently waiting for a response.

The Secretariat also informed about the proposal to create a task force regarding civil society involvement in TB treatment during Global Fund/EHRN co-organised meeting on transition and sustainability in Vilnius mid-October.

The Secretariat also informed about the opportunities to reach out to Robert Carr Fund and apply for funding, possibly together with other advocacy groups.

The Steering Committee members also encouraged TBEC to join Treatment Action Group petition to BRICS countries to triple their funding for TB R&D.

Stop TB Partnership asked to nominate someone to take part in the review of Key Populations Framework document, which is being developed.

After brief summary of the discussion, the chair of Session 3 closed the meeting.

BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

TB Europe Coalition

Strengthening the role of civil society within the TB response in Europe



WWW.TBCOALITION.EU

@TBECOALITION

/TBEUROPECOALITION

TB Europe Coalition in 2016

340 members by October 2016 (14% increase from 2015), but we have not reached the EC target of 375;

New modern website on TB in EN and RU – 10 monthly newsletters and 45 blog articles so far;

2 webinars in RU and EN on the access to EU funding (OCT) and engagement with MPs (DEC);

Increased use and interaction from members of TBEC listserv and social media accounts:

- **Newsletter** remains very popular, with approx. **99% opening rate;**



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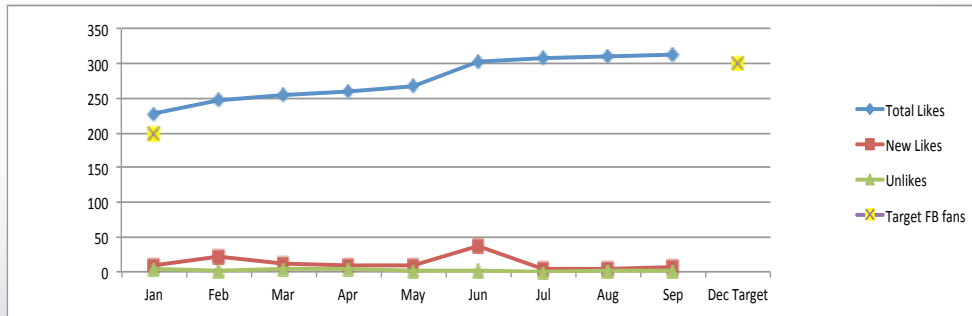
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TB Europe Coalition in 2016

Exceeded our **Facebook** target already in June;

314 likes, with total reach of **1688 people** (500% increase since 01/2016) and **189 engaged users**, who have liked or shared the posts (only 16 at the beginning of 2016);



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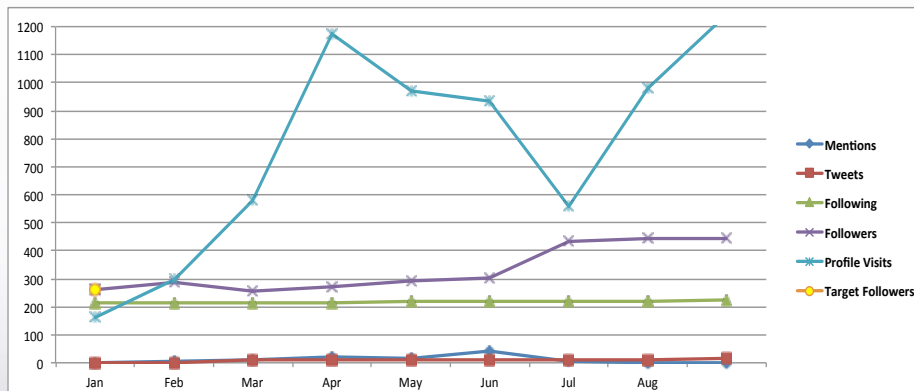
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TB Europe Coalition in 2016

Twitter – on average **11 tweets** per month, with **74% increase in number of followers** since the beginning of the year (259 in comparison to 445);



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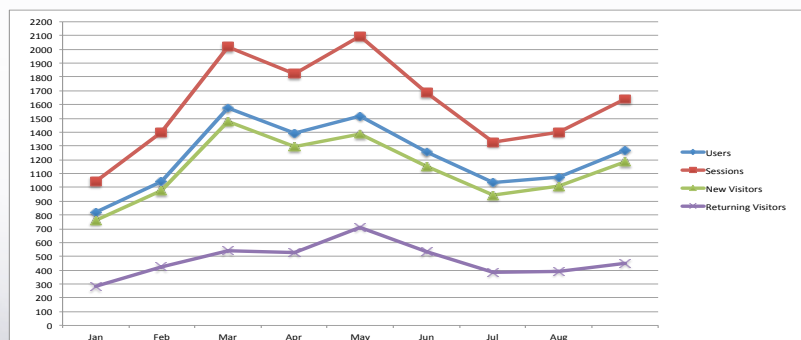
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TB Europe Coalition in 2016

50% increase in the website users (from 819 to 1272), with around **452 returning visitors** (our **target audience have doubled in size since January**);

majority of referrals come from Facebook and Twitter, with short spike in June via V Kontakte.



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TB Europe Coalition in 2016

Launch of TB People

Strengthening CSO country networks through TBEC country visits to Romania, Ukraine and Kyrgyzstan;

TBEC continues to chair the RCC-TB increasing collaboration with WHO Euro and technical partners;

In-depth policy reports:

Policy paper on “Transitioning from donor support HIV and TB programmes in Eastern Europe and Central Asia: challenges and effective solutions”;

Report on “How to leverage European Union funding for health in Eastern Europe and Central Asia”;



BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

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TB Europe Coalition in 2016

Effective engagement with EU, WHO and Global Fund on shaping TB policy, including areas of ambulatory care and antimicrobial resistance, due to active participation in high level policy consultations such as International AIDS and TB 2016 conferences in Durban and Regional Union conference (Europe) in Bratislava;



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Governance TBEC

Nonna Turusbekova

Peter Mok

Assignment

- assist the TBEC secretariat in producing a report including a set of recommendations and next steps on its organisational governance and structure
 - a rationale for the ideal structure
 - explain how this can be achieved within a reasonable timeframe

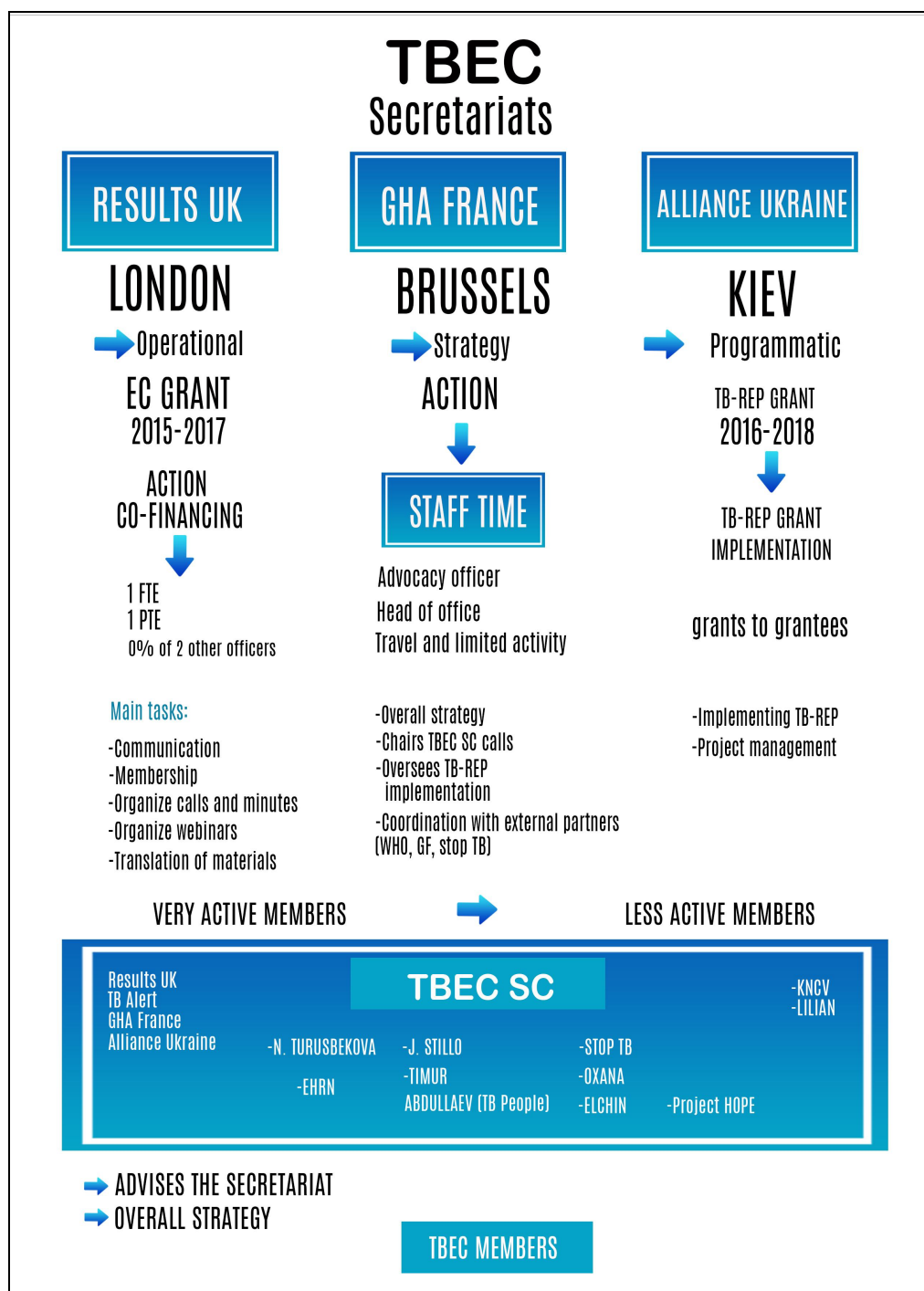
The outcome of this work will help guide TBEC 2017 operational work.



Methods

- 14 semi-structured interviews + 2 by email communication
- Documents review
 - TBEC TOR
 - General assembly notes
 - 2015 membership survey
 - Website (vision, mission, activities)
 - Project proposals (EU, TB-REP)





*** Kiev office main tasks also include:**

- Representation role on behalf of TBEC
- Programmatic expertise in TB
- Links between TB and HIV, links with PWID
- Advocating for the role of CSOs in TB country response

The main issue identified

- TBEC has no clear medium to long-term strategy how to achieve its mission and if and how to build capacity of TBEC itself + what kind of impact TBEC wants to see.

Mission

- Providing a coordinating body that unites TB advocates across the region
- Building the advocacy capacity and coordinating the strategies of TB advocates and CSOs across the region;
- Leveraging the political and financial commitment necessary to eliminate TB in the WHO European Region and worldwide.



Strengths

- Recognized expertise
- Good relationship and systematic involvement with stakeholders

Opportunities

- GF and regional partners - regional grants
- Increasing engagement with ministries, parliamentarians



Weaknesses

- If conflicts start to arise TBEC does not have the structure to deal with them

Threats

- Neither of the current donors seems to be interested to support a 'newly registered' network's secretariat.



Issue Identification and Specification

- The overall objective of the problem is articulated and broken down for detailed analysis.
- Policy options are defined in terms of a continuum of options (from minimum to maximum reform positions) that particular stakeholders may either support or find unpalatable.

Relationship/Stakeholder Mapping

- Significant actors are identified.
- Positions toward key and related issues are plotted, especially in terms of the policy options identified in the previous step.

Forming Core Membership

- The core of a coalition is convinced about and becomes self-aware of the benefits of change.
- Core actors are organized, early leaders and champions are identified.
- The joint agenda takes shape.

Demonstrating Credibility

- Coalition demonstrates it is knowledgeable about relevant issues
- Can act effectively
- Is worthy of support from stakeholders

Purposeful Expansion

- A critical stage when a small organization builds a broader social and resource base while retaining coherence and effectiveness.

Sustainable Transformation

- The coalition has grown
- Becomes polycentric
- With initiatives on many fronts
- Drawing strength from many sources

Potential Strategy Going Forward

- Focus on KPs
- Focal points
- Impact advocacy
- Caution with advocacy and implementation
- Activation of the members



From other networks' interviews

- **Work with KP**

Constituencies with problems (diagnosis/access or lack of information) in relation to TB:

- Diagnosis/access: PLHIV, PWUD
- Lack of information: SW, MSM

All other networks were in favor of collaboration with TBEC

- Joint activities
- Joint advocacy planning
- Task force
- Part of SC



TBEC should revisit the mission/vision and clearly formulate relevant strategy and in broad lines what its objectives are



4 scenarios

1. Scenario 1 “Business as usual”
2. Scenario 2 “Advocacy for Impact”
3. Scenario 3 “Advocating Implementer” without registration
4. Scenario 4 “Advocating Implementer” with registration



Scenario 1 risks

- Distancing from the constituencies
- Failure to address the growing need for TB advocacy
- More difficulties in providing evidence of 'added benefit'
- Advocacy does not become focused on impact



Scenario 3 risks

- Mixing implementation and advocacy (need a diverse donor base)
- No clear accountability
- Lack of building of the implementation capacity of TBEC itself
- Distrust to unregistered entities in some countries



“Advocacy for Impact”

1. Discuss strategy 5-10 year – 2016
2. Identify new partners with strategic fit – 2016
3. Elaborate members TOR - 2016
4. Reconfirm membership – 2016
5. Revisit the TOR of the SC– Q1 2017
6. Conduct election to the SC – Q1 2017



“Advocacy for Impact”

7. Recruit focal points - Q2-Q3 2017
8. Hire or redefine the job specifications and accountability of the existing Secretariat staff - Q2-Q3 2017
9. Secure funding for the period after the EU proposal finishes - throughout 2017
10. Engage with regional KP networks - Q3 2017
11. train TBEC country focal points - Q3 2017
12. KP advisory group recruiting – Q4 2017



“Advocating Implementer” with registration

13. Continue strengthening the Secretariat.
14. Register the network later, per strategy.
 - Proposed form: network, including SC and members
 - the exact form may have to be defined depending on the country of registration and their requirements.
15. Hiring additional Secretariat staff.
16. Identify (other) implementation needs and possibilities of funding.

