



# TB Europe Coalition Strategy 2021-2024

<i><u>Introduction</u></i> .....	2
<i><u>Background</u></i> .....	3
<i><u>TBEC Outcomes</u></i> .....	5
<i><u>TBEC Vision:</u></i> .....	7
<i><u>TBEC Mission:</u></i> .....	7
<i><u>Core values</u></i> .....	7
<i><u>TBEC 2021-2024 Work Plan/ Action Framework</u></i> .....	12



BRINGING CIVIL SOCIETY TOGETHER  
TO END THE TUBERCULOSIS EPIDEMIC

WWW.TBCOALITION.EU

@TBCOALITION | /TBEUROPECOALITION

## Introduction

TB is one of the world's leading infectious disease killers. Not only is it accountable for over 1.4 million deaths and more than 10 million infections every year but, globally, TB is one of the top 10 causes of DALYS (disability adjusted life years)<sup>12</sup>. Despite the urgent need to combat the epidemic, TB has maintained a low profile on the global political agenda, failing to receive the attention and resources it deserves. Following on from the UN High-level Meeting on TB (UNHLM) that took place in 2018, the Political Declaration on TB, which was signed by all UN member states, set out key commitments. These are time-bound and measurable targets for countries to achieve, and includes the Multisectoral Accountability Framework (MAF) for regular monitoring and evaluation to ensure national governments deliver on these commitments.

The European region has the world's highest rates of multi-drug resistant TB, and the fastest growing HIV epidemic. In addition to the catastrophic human cost, the economic burden caused by TB in the region is enormous. Before the COVID-19 pandemic hit, it was estimated that by 2050, drug resistant TB would be responsible for an additional 2.1 million deaths at an economic cost of \$1.1 trillion in the World Health Organisation (WHO) European region alone<sup>3</sup>.

The COVID-19 pandemic has further hindered progress towards achieving targets set out in the WHO EndTB strategy, UNHLM Commitments and Sustainable Development Goals. Current estimates suggest that the pandemic has set back progress made on tackling TB by at least 5 years and will result in a significant rise in TB mortality. TB case detection decreased by 21% globally in 2020 compared to the level of detection before COVID-19. WHO predicts that the number of people developing TB could increase by more than 1 million per year in the period 2020–2025. The economic costs of the pandemic are also likely to exacerbate poverty and other risk factors associated with TB.

In addition, the associated lockdowns and restrictions put in place in order to control the pandemic have been used in some countries to limit public expression and crack down on political opposition, thereby restricting human rights<sup>4</sup>. This has undermined sustainable development and made the situation even worse for the most vulnerable populations, where those affected by TB and COVID-19 face double burdens of stigma and barriers to accessing their right to health due to increased poverty, gender inequality, and discrimination, hence violating their rights.

Furthermore, post-Soviet countries of the WHO Europe region have inherited health systems characterised by extensive hospitalisation, limited primary care, central planning and hierarchical management. The diagnosis and treatment of TB have not been exceptions, and, thus, are still undergoing transition from hospitalisation towards the ambulatory model, which foresees the majority of care and treatment of people with TB as taking place outside hospitals. Despite numbers

---

<sup>1</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30925-9/fulltext#seccestitle20aa](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30925-9/fulltext#seccestitle20aa)

<sup>2</sup> <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

<sup>3</sup> Skrahin A. (2016). 7<sup>th</sup> Union Europe Conference on Lung Health, 22-24 June 2016, Bratislava (Slovakia): a delegate report. <https://doi.org/10.21037/qims.2016.08.03>

<sup>4</sup> <https://www.hrw.org/news/2021/02/24/un-should-speak-covid-19-pandemic-human-rights-abuses>



regarding economic impact and realities on the ground, especially with regard to the speed or quality of the reforms, as well as availability of funding, the Global Fund to Fight AIDS, TB and Malaria, one of the key donors in the region, is in the midst of funding withdrawal and transition towards solely national funding of TB programmes in the region.

2021 also marks 100 years since the development of the first vaccine to protect against TB, the Bacillus Calmette–Guérin (BCG) vaccine. This comes at a time when the world is starting to roll out vaccines for COVID-19 and there is a clear need to promote vaccine confidence and trust in science. The rapid development of COVID-19 vaccines in less than a year has shown how much impact can be made when global efforts and political will are coordinated, and this should be harnessed to help push for the development of new and effective vaccines for TB.

## Background

TB Europe Coalition (TBEC) is an advocacy network that brings together civil society representatives (individuals and organisations) from across the WHO European Region in order to strengthen the role of civil society within the regional response to tuberculosis (TB), and to increase the political and financial commitment required to effectively control the epidemic.

TBEC was formed by a group of TB advocates in 2009. They identified a need to strengthen capacities and bring together civil society in order to address two major concerns: high-rates of TB drug resistance, coupled with low awareness among general populations and policy-makers about this problem. This was especially due to a scarcity of civil society stakeholders working on TB in the region and the lack of links between them. TBEC now has more than 320 members across 34 different countries throughout the greater European region.

TBEC has been growing rapidly and is increasingly recognised as the voice of TB-interested civil society across the WHO Europe Region. TBEC was officially registered in 2017 and is governed by 13 members of the Board who are elected for a 3-year term. TBEC activities are managed by staff at two secretariats, one in London (Until end 2021 and based in RESULTS UK), the other in Kyiv. Besides, many other organizations throughout the region contribute voluntarily to the work of TBEC.

### TBEC 2017-2021

TBEC has grown into a strong, well-recognised and respected network in the EECA region. The EU Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA) 2017-2021 five-year operational grant has been invaluable to the growth of the network.

By the end of December 2020, the Coalition had more than 320 members representing 17 Member States of the European Union and across 34 different countries throughout the WHO European region, nearly double the number of members from 2014 (up from 158 members in 24 countries).

The grant has allowed TBEC to strengthen the network by mapping the various TB advocates and organisations in the region, carry out country visits and regional trainings, modernise the TBEC website and provide continuous information updates in English and Russian (EN/RU). TBEC has also been able to increase its advocacy efforts with international and regional decision makers such as the WHO and



BRINGING CIVIL SOCIETY TOGETHER  
TO END THE TUBERCULOSIS EPIDEMIC

WWW.TBCOALITION.EU

@TBEOALITION | TBEUROPECOALITION

European Commission (EC). TBEC now has focal contacts in almost all countries in the WHO Europe region, as well as the capacity to communicate in EN/RU, which ensures regular feedback and understanding of the key issues across all members.

TBEC has also successfully undertaken several other grants, from Stop TB Partnership, Eurasian Harm Reduction Association and the Global Fund, which include a Community, Rights and Gender (CRG) Grant, and the TB-REP 2.0 project, awarded through PAS Center in Moldova. These have allowed TBEC to broaden its scope of activities and strengthen the capacity of CSOs, particularly in the Eastern Europe and Central Asia (EECA) region. In the last year, TBEC became a Civil Society and Community Short-Term Technical Assistance Provider for the Global Fund, for the next 3 years (2021-2024). TBEC is also a leading regional civil society network supporting implementation of MAF-TB processes in the EECA region. TBEC has supported Baseline Assessment on civil society and communities' engagement in the End TB response in three countries already: Ukraine, Belarus, and Moldova.

Through these grants TBEC has been able to foster partnerships and regional and international institutions including: Regional Expert Group on Migration and Health (REG), Eurasian Women's Network on AIDS (EWNA), Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), Center for Health Policies and Studies (PAS Center, Moldova), TBpeople (Global), Eurasian Harm Reduction Association (EHRA).

With a strong membership base, it is important to continue to deepen the capacity and capabilities of TBEC members to successfully advocate for strong TB policies and promote accountability in their country contexts.

With TBEC entering a new stage in its development, the Coalition updated its 2018-2021 strategy to cover the next 3-year period, 2021-2024. This document outlines the main outcomes that the Coalition wishes to achieve over the next three years:

### TBEC's Achievements

TBEC has developed a strong basis in providing its members with capacity building and advocacy activities over the last 3 years. The COVID-19 pandemic has had a significant impact on the fight to end the TB epidemic and has also posed substantial challenges for TBEC's activities.

2020 was the final year of TBEC's first Board and strategy (2017-2020). Over the past 3 years, TBEC developed strong partnerships with regional health networks, key decision-makers at the national and regional level, and other civil society organizations and influencers in interdependent policy areas, research and development, health financing, HIV/TB co-infection and people-centred care. This has increased the visibility of TBEC at international and regional levels.

TBEC is represented at the EU Civil Society Forum on HIV, TB and Viral Hepatitis, and is a founding member of the European Lung Health Group through which TBEC is supporting work on a collective vision for European Lung Health. TBEC's Chair of the Board was elected as Chair of the WHO Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis (RCC-THV), and TBEC's Director represents TBEC at the Technical Advisory Group on TB (TAG-TB) of WHO Europe which presents an opportunity for strategic engagement with WHO. Through collaboration with



Global Tuberculosis Caucus (GTBC), TBEC's members have been able to engage with national MP caucuses for TB advocacy. TBEC also successfully input into the Global Fund Strategy Consultations. This stream of work was very successful and helped solidify TBEC's presence across the region.

TBEC has been able to develop external communications and outreach to members in the last 3 years. An updated website was launched in March 2020 and is available in both English and Russian which has streamlined communications activities from the previous set up with two separate websites. The new website has had at least 15,000 views and over 5,000 users. In addition, TBEC's reach across social media has increased across all platforms, with the most notable increase taking place on LinkedIn, Facebook and Twitter. Finally, overall communications activities have increased and had improved engagement throughout the year with over 70 blogs a year, regular monthly newsletters and quarterly advocacy updates sent out to members. While communications is not an area TBEC had previously had great internal knowledge of, commitment and consistency of the secretariat have helped to increase the profile of this work.

Capacity building has been one of the strongest areas of TBEC's work. However, due to pandemic restrictions and lack of staff capacity, TBEC was not able to complete several key capacity building activities planned for 2020 under the CHAFEA and CRG SI 2020 grants. TBEC will aim to organise these activities in the future, when in-person activities are more feasible. TBEC was able to respond to the challenges posed by the pandemic by organising various online activities, such as online consultations, national dialogues and webinars. In particular, National Dialogues between government and civil society in Armenia, Belarus, and Azerbaijan were considered extremely useful by participants from both sides. TBEC also organised several three-part webinar series on Research & Development (R&D), the Global Fund, and on Migration issues in the EECA Region. Through these webinars the Secretariat was able to offer a far higher level of capacity building activities to a much wider audience than in previous years.

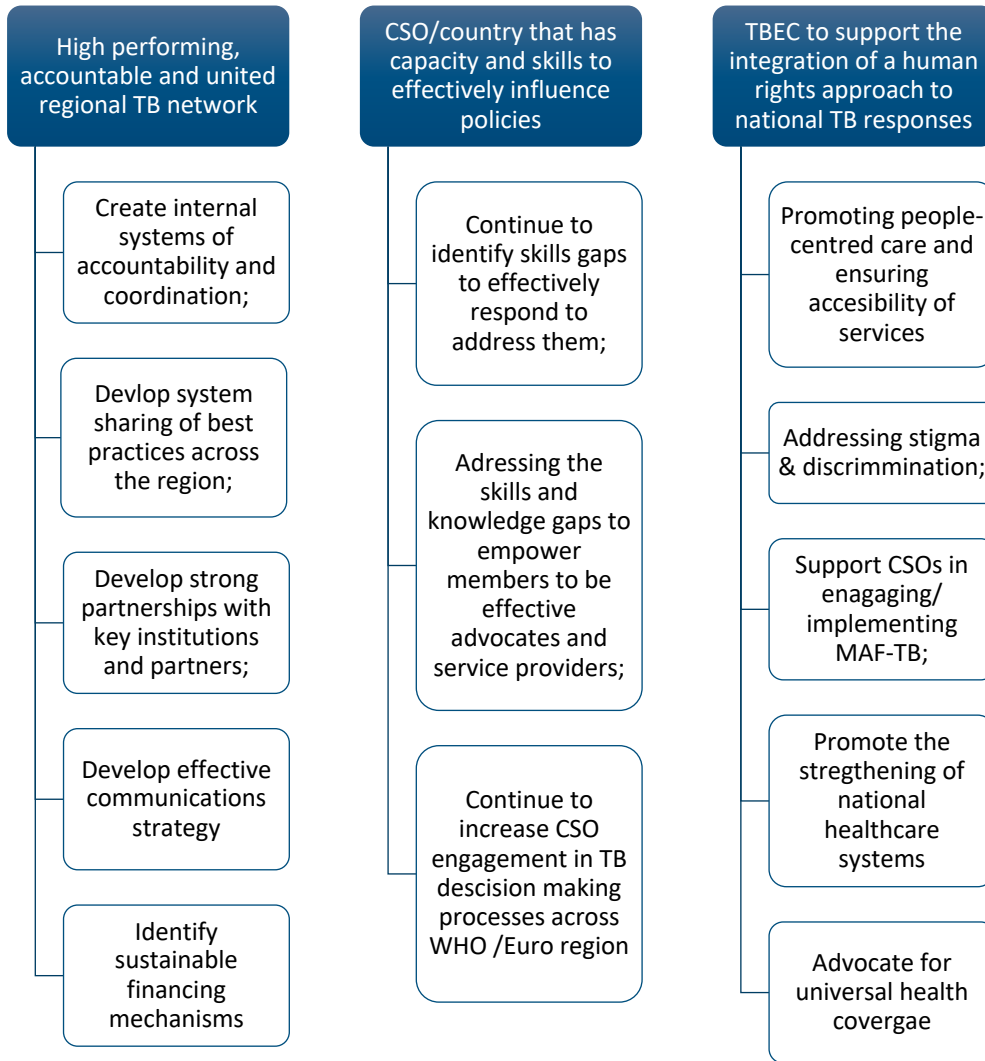
TBEC also organised capacity building online workshops, through the Multi Sectoral Accountability Framework (MAF) to accelerate progress to end TB. Useful recommendations and resources for future studies and practical implementation of qualitative data collection methods were proposed for CSOs.

## Toward a TBEC Strategy for 2021-24

Following from the experiences described above and reflection on the needs of CSOs across the Region, we believe that our Strategy for 2021-24 should be based on the following three Outcomes:

- 1. Outcome 1: TBEC to be recognized as a reliable and accountable network/platform for organisations working on TB in Europe**
- 2. Outcome 2: TBEC members have the capacity and skills to effectively influence policies and provide evidence-based service delivery**

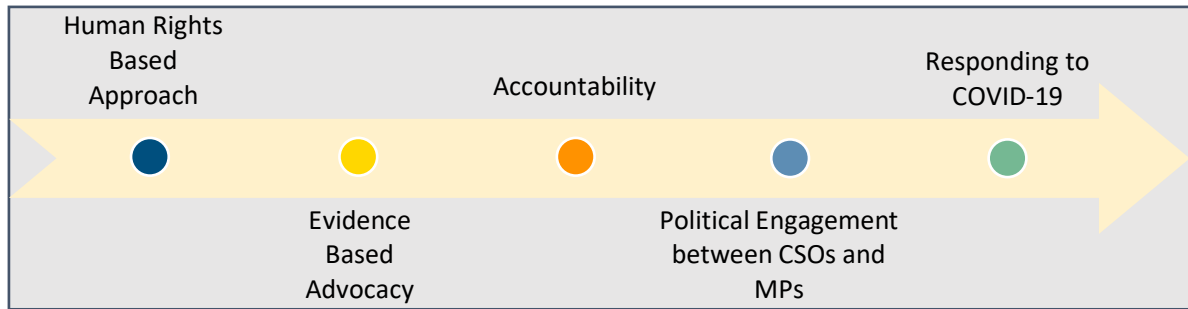
### 3. Outcome 3: TBEC to support the integration of a human rights approach to national TB responses



Additionally, the TBEC Board has identified five **thematic areas of focus** for the network:

1. **Human Rights** with particular focus on people-centered care TB policies and on health inequalities.
2. **Evidence based advocacy** including research & development (R&D) on new TB tools, and access to existing tools.
3. **Accountability:** promote successful implementation of MAF-TB at national level across the WHO Europe Region.

4. **Political engagement** between CSOs and MPs to increase the impact of CSO voices and to ensure TB is present on the political agenda.
5. Responding to the challenges and opportunities posed by the **COVID-19 pandemic/critical situations**.



## TBEC Vision:

A world free of TB

## TBEC Mission:

Civil Society Driving the TB Response

## Core values

### Human rights-based approach to TB

A human rights-based approach to TB is at the core of all TBEC activities. A human rights-based approach to TB prioritises the dignity and autonomy of all people with TB. TBEC believes that people affected by TB and their families have the right to be free from discrimination and stigma; and to be afforded privacy, confidentiality, information access, and access to healthcare. Through its work, TBEC is committed to promote and defend the rights of TB-affected people.

### *Social Justice and dignity*

TBEC pursues social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people affected by TB. TBEC social change efforts are focused primarily on the issues of poverty, discrimination and other forms of social injustice experienced by people affected by TB.

TBEC respect the inherent dignity and worth of the person and promote the responsible self-determination and life choices of people with TB.

### *Empowerment*

TBEC seeks to empower civil society and TB affected communities, so that they are meaningfully involved in the TB response, since it believes that individuals and their needs should be at the centre



of any decision-making related to the TB response, and civil society is the most potent way to drive decisions from the bottom.

## People-centred Care

### *Health inequalities*

TBEC holds to the principles of promoting and defending health equality. To address health inequalities, special focus is given to involving with, engaging, and empowering vulnerable and marginalised groups in TB affected communities, particularly people affected by TB co-morbidities, such as HIV. TBEC does not support any activity that deepens power imbalances and inequalities in TB.

### *Social stigma*

Stigma and discrimination are significant barriers preventing people with TB from accessing testing and care services. Ensuring a people-centred approach to care requires addressing these barriers and promoting equal access to TB services, and other co-morbidities, including HIV. TBEC promotes the removal of discriminatory laws, policies, practices and programmes within the TB-related fields.

### *Accessibility*

TBEC will continue to promote access to affordable and quality health technologies and services for everyone without discrimination, including generic medicines, for scaling up access to affordable TB treatment, including the treatment of MDR- and XDR-TB. TBEC encourages the mobilisation of sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care for TB, and other co-morbidities, including HIV.

## Accountability

TBEC is committed to ensuring and promoting accountability; both within its own work as well as at national and regional levels. TBEC regularly evaluates the effects of its activities and assumes responsibility for accounting for its own actions to its partners and donors.

### *Multisectoral Accountability Framework (MAF-TB)*

As part of TBEC's commitment to improving the accountability of national TB programmes, TBEC will continue to promote multisectoral collaboration across all sectors in the fight to end TB. TBEC will also continue to support CSOs and national stakeholders in engaging and implementing WHO MAF-TB.

### *Cross-border Healthcare*

TBEC promotes and supports the strengthening of health systems and international cooperation to ensure equitable access to TB services across the WHO Europe region - no matter where the person was affected by TB, whether in their home country or away abroad.





TB does not respect national boundaries. TBEC recognizes that improved collaboration at regional and international levels is needed to reduce the burden of TB in the region.

### COVID-19

The COVID-19 pandemic has had substantial impact on people affected by TB. It has increased political interest and investment in health policy and systems. TBEC will make use of gained knowledge and experience from TB to support national and regional partners in tackling this health crisis. Despite the challenges posed by the pandemic, TBEC will also make use of the opportunities it presents, particularly the political will to improve healthcare systems and address cross-border health threats.

### Evidence-based advocacy

TBEC ensures that its work is needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity. TBEC advocates for effective, evidence-based policy-making, and promotes increased CSO engagement in decision making processes, so that the voices and needs of TB affected communities are incorporated. TBEC will aim to address the implementation gap in TB policies by coordinating its work with decision-makers and other main regional and national TB stakeholders.

### *Research collaboration to investigate legal barriers, stigma, discrimination and inequalities*

TBEC aims to promote research collaboration between academia, international organizations, civil society and TB-affected communities to investigate the implications of legal barriers, stigma and discrimination, inequalities in access to TB care and the impact of COVID-19 on the provision of essential TB services; and also, to be engaged in clinical trials.

### *Digital Health*

TBEC is committed to promoting and advocating for the development and wider use of digital health in support of the End TB strategy. Digital technology plays a significant role in helping to achieve Sustainable Development Goals (SDGs); for example, in helping patients and carers improve the treatment experience and, identifying missing cases with computer-aided detection of TB, or the management of health information. The desired reduction in TB incidence and mortality may be hampered by the lack of or limited access to new tools and strategies to fight TB through R&D.

### *Anti-microbial Resistance (AMR)*

The WHO Europe Region has the highest rates of drug-resistant TB in the world. TBEC is committed to increasing awareness about the burden of AMR and to promoting R&D into new effective treatments for MDR- and XDR- TB.



## Operational Policies/ Organisational Practices

### *Independence and Neutrality*

TBEC accepts funding only from those donors whose objectives are in line with the vision and the core values of TBEC. TBEC does not seek funding from those parties, whose involvement in healthcare or in other fields further entrenches health inequality, not fully respecting human rights principles and eroding the long-term capacity of governments to provide quality public healthcare services.

TBEC's overall vision is to contribute to ending TB globally. This means supporting affected and vulnerable communities regardless of their religious or political affiliations. TBEC is independent and will not participate in any activity, which furthers the interests of any political organisation, party or religious group.

### *Transparency*

TBEC is committed to respecting the policy of transparency and disclosure for its beneficiaries, donors, and partners by making available all information on the allocation and management of its funds.

### *Diversity*

TBEC recognises the importance of diversity, equity, and inclusion, and is committed to developing a positive and inclusive work environment. TBEC does not discriminate on the basis of race, religion, ethnicity, nationality, sex, gender identity, sexual orientation, age, disability, or economic and social situation.

### *Anti-Oppression Policy*

TBEC recognises that many people and civil society organisations are faced with challenges and oppression due to factors such as race, religion, ethnicity, nationality, sex, gender identity, sexual orientation, age, disability, or economic and social situation, among many others. TBEC is therefore committed to challenging oppression perpetuated by power inequalities in society, both systemic oppression and individual experiences of oppression in its work through an anti-oppression policy.

### *Importance of Human Relationships*

TBEC recognizes the central importance of human relationships as an important instrument for change. TBEC seeks to strengthen relationships among its members and partners to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organizations, and communities affected by TB.



BRINGING CIVIL SOCIETY TOGETHER  
TO END THE TUBERCULOSIS EPIDEMIC

WWW.TBEOALITION.EU

@TBEALITION TBEUROPEALITION

## Finances

### *Method of Generating Income*

TBEC is non-governmental, non-profit-making and independent of industry, commercial interests and business. As such, TBEC's primary method of generating income is through grants, subsidies and other contributions; gifts, bequests or legacies; all other acquisitions and gains. As of 2021, TBEC's project funding is comprised of charitable donations and project funding by international and regional stakeholders such as the Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA) of the EU, the Stop TB Partnership/ United Nations Office for Project Services (UNOPS) or the Global Fund to fight AIDS, TB and Malaria among others.

At present TBEC is completely dependent on grant funding and has no reserves of unrestricted assets. TBEC will endeavour to develop sustainable financial strategies by building strategic partnerships with key donors. TBEC also aims to build reserves to cover indirect and management costs by building budgets for programmes to cover infrastructure costs and identifying donors that allow for overheads/management costs to build a sustainability reserve.

### *Management of TBEC's Assets*

TBEC's financial year is the calendar year and by June of the year following the reporting year the Secretariat will prepare Annual Accounts for approval by the Board. Within six months of the end of the financial year, the Annual Accounts have to be signed by each Board member.

The Board is obliged to retain financial data for at least seven years. The Oversight Advisory Committee (OAC) and the Board shall review the finances and any significant expenditures. The Board has ultimate responsibility for TBEC and its finances while the OAC is responsible for providing financial recommendations when necessary.

As TBEC has no reserves and all assets are from direct receipt of grants, the expenditure, and management of finances is dependent on the requirements of each individual grant.

## TBEC 2021-2024 Work Plan/ Action Framework

### 1. High performing, accountable and united regional TB network

1.1. Create internal systems of accountability and coordination	TBEC will develop, review and update its internal policies to ensure maximum efficiency and best practice in Secretariat work.
1.2. Develop system of sharing of best practices across the region	By 2024, TBEC will create and publish a professional portfolio of technical assistance / advocacy activities carried out in the region.
1.3. Develop strong partnerships with key institutions and partners	By 2024, TBEC will create and promote a set of TB-related resources to be used by organisations / institutions in the region.
1.4. Develop an effective communications strategy	By 2024, TBEC will develop and deepen partnerships with national, regional, and international organisations / institutions.
1.5. Identify sustainable financing mechanisms	By 2024, TBEC will increase its number of members by at least 20%, and improve engagement with current and new members.
1.4. Develop an effective communications strategy	TBEC will continue to develop and assess the impact of its communications strategy.
1.5. Identify sustainable financing mechanisms	By 2024, TBEC will improve engagement with communications materials, both from within the membership and externally.
1.5. Identify sustainable financing mechanisms	TBEC will develop sustainable financial strategies by building strategic partnerships with key donors, and develop fundraising activities.
1.5. Identify sustainable financing mechanisms	By 2024, TBEC aims to have built its own financial reserves to support core costs.

### 2. Building CSO capacity and skills to effectively influence policies

2.1. Continue to identify skills gaps to effectively respond to members' needs	Build on the effectiveness of member surveys. Ensure members are engaged and involved in determining activities for capacity building.
2.2. Addressing skills and knowledge gaps to empower members to be effective advocates and service providers	By 2024, TBEC will organise at least eight advocacy trainings / meetings in order to increase CSO ability to improve public health policies in the region.

2.3 Continue to increase CSO engagement in TB decision-making processes across the WHO Europe region

By 2024, TBEC will provide support for at least eight new organisations / institutions from at least four countries on TB public health policies.

By 2024, TBEC will develop relationships with key institutions of the European Union and decision makers.

### 3. TBEC to support the integration of a human rights approach to national TB responses

3.1. Promoting people-centred care and ensuring the accessibility of services

By 2024, TBEC will support and promote at least three best practice examples of human rights approach in TB policies in the region.

By 2024, TBEC will identify and partner with at least two human rights organisations in the region in order to approach human rights in TB policies.

3.2. Addressing stigma & discrimination

By 2024, TBEC will collaborate with global, regional networks, care workers and human rights experts to implement stigma and discrimination assessment tools and recommendations for policy makers to address stigma and discrimination in accessing healthcare.

TBEC will work with partners to encourage and support programs that use a human-rights based approach to stigma and discrimination in the community.

By 2024, TBEC will develop strong partnerships with regional and global partners working on migrant health advocacy and cross-border cooperation on migration and health.

3.3. Support CSOs in engaging with/ implementing MAF-TB

TBEC will continue to support CSOs in EECA region in implementing the MAF-TB Baseline Assessment Checklist.

By 2024, TBEC will engage CSOs in EU member states and Western Balkan countries in the implementation of MAF-TB.

3.4. Promote the strengthening of national healthcare systems

By 2024, TBEC will demand improved TB care by providing support to CSOs and will promote the inclusion of CSO and TB Civil Society in national, regional and international decision-making processes.

TBEC will continue to engage with National TB Programmes in the WHO Europe region and advocate for adequate national investments and governance on TB.



BRINGING CIVIL SOCIETY TOGETHER  
TO END THE TUBERCULOSIS EPIDEMIC

[WWW.TBEOALITION.EU](http://WWW.TBEOALITION.EU)

[@TBEOALITION](https://twitter.com/TBEOALITION) [f/TBEOALITION](https://facebook.com/TBEOALITION)

---

3.5. Advocate for universal health coverage

By 2024, TBEC will promote an interdisciplinary and multisectoral approach to tackling TB and co-morbidities, with a focus on drug resistance, encompassing a “one health” approach.

---

TBEC will demand improved accessibility and affordability of health technologies, including generic medicines.

---