

**Challenge Facility for Civil Society Round 7**  
*Strengthening comprehensive responses to tuberculosis that  
engage and are accountable to communities*  
**Conceptual Framework**

Tuberculosis (TB) is a curable disease that continues to kill more than a million people a year<sup>i</sup>. With however new drugs, diagnostics and a drive towards decentralized, comprehensive, community-based approaches to TB<sup>ii</sup>, it's a pivotal time to strengthen and accelerate the global response. In May 2014 the World Health Assembly thus passed a resolution approving the new post-2015 Global *End TB Strategy*, which if achieved, its targets will herald an end to the TB epidemic as a global threat. Central to the strategy is a call for integrated, patient-centered care and strong coalitions with civil society, who still, according to the World Health Organization lack recognition as legitimate partners at national and local levels, which is compounded with a significant lack of resources for community and patient-based TB initiatives<sup>iii</sup>. Reflective of the *End TB Strategy* and in response to the habitually slow slide towards TB elimination the Stop TB Partnership Global Plan 2016-2020 challenges the traditional biomedical approach to TB, and emphasizes the critical and urgent need for more integrated comprehensive approaches to TB, in which the formal health sector partners with and is accountable to TB patients, communities, and civil society organizations that address the full spectrum of care and support needs of TB patients (here-after "communities").

However unlike HIV communities the challenge for TB patients is that their voices are rarely heard<sup>iv</sup>. While HIV communities joined forces and turned what seemed like a never ending tragedy in a collective political rights- based crusade TB patients preferred to forget and deal with TB in isolation. This, driven by a top down, passive biomedical approach to TB has resulted in unmotivated, poorly organized, unintegrated and underfunded communities, which has been further highlighted with the roll out of the Funding Model of the Global Fund to Fight AIDS, Tuberculosis and Malaria<sup>v</sup>. Over the years however, experience has clearly demonstrated that the demand of TB patients and communities to become more involved in health care, has led to better health outcomes<sup>vi</sup>. Therefore to build and secure the interconnectedness between communities and the formal health sectors, so that community responses are fully integrated and part of a comprehensive response to TB, governments and health donors, like the Global Fund, who champion the meaningful involvement of people living with and affected by the three diseases, have the opportunity to align with the global paradigm shift, to invest in sustainable community systems; vital components of an efficient and effective TB response<sup>vii</sup>.

The Stop TB Partnership's commitment to community system strengthening as part of a broader comprehensive response to TB has been constant. It has called on "civil society to demand access to quality TB care"<sup>viii</sup>, the strengthening and integration of community responses into the overall response<sup>ix</sup>, while investing in and resourcing innovative community-driven responses via mechanisms such as TB REACH, technical assistance to communities, and the Challenge Facility for Civil Society (CFCS). At a time when national TB responses were predominantly biomedical the CFCS did much to invest in and demonstrate the effectiveness of community responses. By way of investments (US\$2.1 million), reach (121 grants in 40 countries) and scope, achievements have been remarkable. Now however, at this pivotal time in the fight against TB the focus of the CFCS has transformed from one which supports small scale community initiatives to investing more significantly in community responses that are integrated and part of a comprehensive response to TB.

## Challenge Facility for Civil Society Round 7

### Vision

Strengthened comprehensive TB responses that engage and are accountable to communities.

### Goal

To strengthen community responses that are integrated & part of a comprehensive response to TB.

### Objectives

- 1) To strengthen existing or new national level TB constituencies that engage, represent and are accountable to communities.
- 2) To reinforce the capacities & responses of communities who are part of the TB response.
- 3) To tighten linkages, collaboration and coordination between communities and government.

## A Phased Approach

- 1) **Phase I:** Over a three-five month period, selected grantees will conduct assessments to strengthen or build a national TB constituency that engages, represents and is accountable to communities.
- 2) **Phase II:** In Phase II, a nine-twelve month period, the reinforced national TB constituency, under the mentorship of the grantee will strengthen community responses, as well as linkages, collaboration and coordination between community, state and other actors.

**Expectations** Activities are expected to result in:

### At local level:

- Strengthened engagement of communities in TB responses.
- Strengthened, integrated and comprehensive TB responses that explicitly respond and are accountable to community needs.
- Strengthened and integrated partnerships between communities and government.

### At national level:

- More effective indirect community engagement and strengthened representation of communities in national responses, including on CCMs.
- More accountability to communities.
- More effective and coordinated systems that facilitate information sharing between communities, community representatives and governments.
- Increased visibility and potential funding for communities and constituencies.
- Strengthened partnerships between communities and government.
- Strengthened, integrated and comprehensive TB responses that engage, represent and are accountable to communities.

### At global level:

- Good practices and evidence based recommendations to enhance community responses that are integrated & part of a comprehensive response to TB documented, which can be adapted and replicated in other countries.
- Better informed community-driven advocacy.

<sup>i</sup> <http://www.msf.org/article/out-step-deadly-implementation-gaps-tb-response>

<sup>ii</sup> USAID TBCARE II Community-based care for drug-resistant tuberculosis: a guide for implementers [https://drtbnetwork.org/sites/default/files/2011\\_12%20c-PMDT%20A%20Guide%20for%20Implementers.pdf](https://drtbnetwork.org/sites/default/files/2011_12%20c-PMDT%20A%20Guide%20for%20Implementers.pdf)

<sup>iii</sup> Getahun H, Raviglione M. Transforming the global tuberculosis response through effective engagement of civil society organizations: the role of the World Health Organization; 2011. <http://www.who.int/bulletin/volumes/89/8/11-086801/en/>

<sup>iv</sup> [http://www.huffingtonpost.com/salmaan-keshavjee/tb-hiv-patients-awareness\\_b\\_1700450.html](http://www.huffingtonpost.com/salmaan-keshavjee/tb-hiv-patients-awareness_b_1700450.html)

<sup>v</sup> [file:///C:/Users/caoimhes/Downloads/FundingModel\\_ConceptNotes-Windows-03-04-TRP\\_Report\\_en.pdf](file:///C:/Users/caoimhes/Downloads/FundingModel_ConceptNotes-Windows-03-04-TRP_Report_en.pdf)

<sup>vi</sup> Mitchie et al 2005, Macq et al 2007 and IAPO 2006

---

vii Developing Country NGO Delegation Statement on Health and Community System Strengthening: Is health systems strengthening excluding community systems? 2015 <http://developingngo.org/article.php?page=39>

viii <http://www.stoptb.org/global/plan/main/default.asp>

ix <http://stoptbplan2020.org/>