Report of Stakeholder Consultation on the WHO guidance for engagement of communities and civil society to end TB
6 – 7 September 2022
WHO Headquarters, Geneva, Switzerland
Organized by the WHO Global TB Programme

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Background

The WHO End TB Strategy, aligned with the United Nations (UN) Sustainable Development Goals (SDGs), emphasizes the role of communities and civil society in ending the TB epidemic by 2030. Furthermore, the political declaration of the 2018 UN High Level Meeting (UNHLM) on TB highlights the need to develop integrated, people-centred, community-based and gender-responsive health services; and strengthen public health systems, including community-based care services. These key developments in the TB response, among others, since the launch of the WHO’s Global Tuberculosis Programme’s (GTB) ENGAGE-TB approach required its review and update to be responsive to the evolving needs in the public health arena. In mid 2022, draft guidance was developed with inputs from WHO staff from headquarters, regional and country levels and WHO Civil Society Task Force on TB and other civil society representatives. The WHO GTB convened a 2-day stakeholder consultation (6-7 September 2022) to review the draft guidance and solicit further stakeholder inputs as part of the development process. The meeting format was hybrid, with both in-person and virtual participation (see Appendix 1 for the Agenda, Appendix 2 for List of Participants, and Appendix 3 for Links to Presentations).

The specific objectives of this consultation were to:

1. Present and discuss the draft guidance for engagement of communities and civil society to end TB;
2. Share experiences and lessons learnt in the engagement of communities and civil society to end TB;
3. Identify and document enablers and facilitators in the engagement of communities and civil society to end TB;
4. Identify and document barriers and challenges in the engagement of communities and civil society to end TB;
5. Formulate recommendations for incorporation in the draft guidance for engagement of communities and civil society to end TB.

This report summarizes presentations and discussion from the two-day consultation and will feed into the final draft of the updated guidance, ahead of Peer Review.

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1 The End TB Strategy (2014); The Sustainable Development Goals (2015); The United Nations General Assembly High Level Meeting on TB (2018), and the preceding (2017) Global Ministerial Conference on Ending TB; Astana Declaration on Primary Health Care (2018); WHO guideline on health policy and system support to optimize community health worker programmes (2018); WHO Multisectoral Accountability Framework on TB (2019); updated guidelines for TB screening, preventive treatment, diagnosis and treatment; COVID-19 pandemic and its impact on health and community systems; United Nations Secretary-General overview of progress towards achieving global tuberculosis targets and implementation of the UN Political Declaration on Tuberculosis (2020)
Setting the Scene
Meeting participants were welcomed by Dr. Tereza Kasaya with thanks for their great commitment and work leading up to the consultation. She called particular attention to the need for continued trust and partnership to produce guidance that can help to end TB. She also called for a country co-host for the next UNHLM on TB in 2023. Dr. Tauhid Islam then reviewed the evolution of global strategies to respond to TB, highlighting the continuous role of community from the time of Directly Observed Therapy, through to the WHO’s End TB Strategy. Taina Nakari of the WHO’s Commission on Civil Society Organization engagement then provided an overview of the cross-cutting network, and highlighted the opportunity for applications from the WHO’s GTB Civil Society Task Force for TB (CSTF).
Dr. Giorgio Cometto presented the technical guidelines and policy for optimizing Community Health Worker (CHW) programmes in the PHC era, to provide an overview of the lifecycle the CHW as a mechanism to reach health for all. The guidelines he presented also recommend financial support for CHWs and contractual mechanisms that outline rights and duties. There is substantial evidence of effectiveness of CHW in a range of services for TB and relate to the role that CSOs play in country responses to TB (community outreach, testing, treatment support, support services, and integrated care, such as HIV).
Bertrand Kampoer provided an overview of people and communities at the centre of TB responses. He highlighted India’s guidance for communities to Eliminate TB as an example that provides clear, to-the-point information and strategies, and called for clarity in the WHO’s updated guidance for all stakeholders involved at grass-roots, subnational, and national level. Communities are looking for engagement and empowerment, and the guidance should encourage equal partnership. Bertrand also highlighted that the CSTF has contributed and will continue to contribute to final version. The guidance document should realize the full potential of people at the centre of the TB response. Dr. Farai Mavhunga closed the session by noting the need for emphasizing transition of funding for sustainability; in countries where donors are providing a majority of resources for community engagement the guidance should encourage domestic funding and resources, and from communities themselves going forward.
Key Discussion Outputs:
• There was significant interest in better understanding how to optimize CHW roles, both in terms of service delivery, payment, and education. One participant highlighted Ethiopia as a programme that as approached CHW retention in a structured way.
• UHC, and how the guidance references commitments, should be focused on access. In Brazil, they have a PHC model that is based on CHW and multisectoral principles but has been destabilized
• Several CSTF members reiterated some of the basic principles we should consider for the guidance; including learning from the community, taking a bottom-up approach, and highlighting community-led monitoring as an empowerment process
• Global Fund colleagues highlighted the replenishment on 18-19 September 2022 and encouraged all consultation participants to support and encourage sustainable approaches for community engagement in country funding requests.

Community and Health Care as part of One System
This session opened with an overview of the updated guidance, currently in the second draft iteration. Lana Syed presented the rationale behind development of the guidance, including findings and
recommendations from the ENGAGE-TB evaluation and a rapid evidence review on global health agendas and advancements that support the End TB Strategy. Both the evaluation and desk review recommended alignment with global health priorities, including UHC and development of new indicators to better measure community engagement. She also highlighted lessons learnt from during the COVID-19 pandemic, including the key role communities play in enhancing health responses and reaching vulnerable populations. Lana reviewed the timeline of consultations to date, noting that final iteration of the current draft guidance will be published at the end of the year. Briefly, the content of each chapter of the current version of the guidance was reviewed. Dr. Tauhid Islam highlighted the major shifts that the guidance is aiming for, including breaking the “us vs. them” paradigm by proposing and consistently reiterating the One System approach, whereby communities and health systems partner and work together in the TB response. While there is general agreement on community definitions, the guidance also aims to provide additional support for roles and capacities, as well as an updated implementation model meant to focus on community leadership. He closed the overview by noting the groupwork and discussion planned for consultations would be focused on the major shifts.

Dr. Kalpesh Rahevar then presented the Western Pacific regional experience on community engagement to end TB. He framed the discussion by noting that health is everyone’s business, and if the health system can be conceptualized as corporate body, communities should hold power as if they are shareholders. He described several issues encountered in the Western Pacific region, including stigma and community inertia (due to differing perceptions about health). Dr. Rahevar noted there are also many learnings and opportunities, including COVID-19, which have heightened health awareness at a general level and given communities concrete examples of how to engage. In the Western Pacific region, community participation is an asset for the health system.

Dr. Daisy Lekharu presented the perspective of the Global Fund (GF), including current GF indicators for community engagement. Implementation of the GF strategy is reliant on finding and treating all people with TB and integrating services. TB partners, including communities and CSOs, are needed to help reach replenishment funds. The GF is supporting countries with highest numbers of ‘missing’ persons and communities, and efforts include support for strengthening community voices, conducting Communities, Rights, and Gender (CRG) assessments, and community-led monitoring. Allocation letters will be given at the end of this year, and funding requests are to be submitted after that. Gender, equity, and equality can be advanced through a wide range of programs, and people and communities will be at the heart of the new strategy and play a key role in delivery. The GF welcomes updated guidance and noted it is aligned with new GF strategy. Due to time constraints, there were no separate groupwork sessions, and instead a plenary discussion, with key discussion outputs noted below.

Dr. Shayla Islam presented later in the day on the BRAC Experience of the One System. She described the setting in Bangladesh with positive connection between quality health care and a community-driven health workforce. BRAC employs paid and volunteer CHWs at the community level, with multisectoral coverage (including UHC, climate change, and gender equality) that reaches millions of clients each year. BRAC is currently focusing on recovery from COVID-19, and has a strategy focusing on inclusive growth, gender equality, resilience, and investing in future generations. She closed her presentation by noting that a holistic approach through the health and development sectors can lift people out of poverty, and that a multisectoral accountability can be used to bring ‘one system’ back to communities.
Key Discussion Outputs:

- There is strong, consistent support for the One System approach. Some points for clarification include how National Coordinating bodies and multisectoral partners fit into the paradigm, and how advocacy within the One System can maintain an independent voice for monitoring quality and challenging systems failures.
- A clear focus emerged on the need to highlight funding mechanisms for community engagement and encourage a shift towards domestic funding.
- Several comments were made about how to contextualize and refine definitions for the roles of community, civil society, and that the guidance should note that recommendations are future-facing (language may not match current realities in some settings).
- Several perspectives were voiced on community-led monitoring (CLM), with GF colleagues noting that it will be part of their new strategy. One participant noted that the M&E section should provide a bouquet of options, and another noting the opportunity to really highlight CLM as it will be supported in collaboration with partners (GF, Stop TB Partnership, etc.)
- On the indicators, the guidance should include some information about frequency and allow for an understanding of how things evolve over time (e.g., refrain from Y/N indicators that don’t provide a way to demonstrate changes over time)

Session 3: Defining “community” and scope of engagement

Dr. Asiya Odugleh-Kolev from the WHO opened this session by describing the need to contextualize the consultation by acknowledging the perspectives participants bring in from their lived experience and whole beings and bodies. She noted that everyone comes from multiple communities and noted that community engagement in TB requires an understanding of multiple communities, and processes that facilitate connection. Lana Syed then provided a snapshot of the updated guidance section on community engagement, and how it aims to build on the description of community to much more include the organic groups that are context specific. She reviewed the journey of a person with TB and all of the potential activities, which are cross-cutting beyond service delivery, and extend into multisectoral accountability, demand creation, and mobilization.

Dr. Lindiwe Mvusi provided a summary of South Africa’s (SA) Ministry of Health (MOH) approach for providing TB services within PHC and has community-outreach-component. Most of the issues with this approach have been covered, but the updated guidance should recommend sufficient coverage of CHWs at community level – providing all primary care services. For CHWs, stipend becomes an issue when considering the size of the system, especially provided the salary CHWs deserve (not necessarily the one they are given). Palliative care is becoming important, and the guide should look into post-TB care. Some of the challenges have to do with attitudes towards TB (stigma, lack of interest), and the fact that there has been fragmented in approach to community engagement. Dr. Mvusi also noted that there is little structure for communities in terms of entry into One System. Structures are in place in SA for support to local wards, but not everyone is involved. Even for national AIDS councils, which are quite strong and experienced, they still face difficulty in ensuring representation. Those structures at the local level need to be strengthened. She noted that lessons learned about political and multisectoral engagement will be integrated into the National Strategic Plan (NSP) for 2023-2028.
Dr. Vineet Bhatia provided commentary from the Southeast Asia WHO region (SEAR). He highlighted a recent National TB program managers and partners meeting and was encouraged by vibrant participation from community. He noted that one of the important points they raised is that community engagement is not clear to everyone, and for some, can feel like ‘alien topic’. The guidance to address what it is, and what it is about. Dr. Vineet also noted how the guidance talks about five levels of community engagement and provided an example of all SEAR engagement for all of the steps in the ladder. He closed by noting that empowerment has to be a continuous cycle so that there is a large cadre of people affected by TB that are empowered and can meaningfully engage.

There was a brief groupwork session covering which community and engaged in what, with each group focusing on one question (see Key Discussion points below). Andrea DeLuca and Dr. Farai Mavhunga closed the session by noting the strong support for One System, with the caveat that there is more work to do on linkages between CSOs, communities, and community health workers. The spectrum of community engagement should start with learning from communities, especially people with TB or TB survivors, and keep communities at the center. Finally, the guidance must align empowerment with investment and resources.

Key Discussion Outputs:

• The guidance should start with learning from people with TB, and TB survivors, for the community engagement ladder-model. Most participants feel that this description belongs at the beginning of the guidance, with communities informing health systems at the start of TB responses (beyond needs, to include strengths), and towards the aim of empowerment. In addition, national strategic plan reviews should begin with the perspective of people with TB. Communities in themselves are powerful, but need platforms, investment, and technical training.

• Consider a community definition (with an illustration or graphic) that puts people with TB at the center, and outwardly expands to include ‘friends of TB’ and other stakeholders. Also consider highlighting the role of CSOs in acting as the bridge between communities and health systems.

• The MAF-TB framework is key for involving stakeholders, per discussant experience in country.

• The guidance should leverage existing processes for involving stakeholders, including NSP development, National TB Programme (NTP) review, and consultations with local government authorities.

• Include the role of communities in developing and delivering clear, understandable documents. One potential modality for this is to have communities review any document to provide their lived-experience perspective.

• The guidance needs to provide guidance suggestions for where to start when there has not been a lot of interaction between NTPs and communities

Session 4: Implementing Community Engagement

Day Two of the consultation began with an overview of the continuous learning implementation model for One System recommendations. The model entry point is an ‘Enabling Environment’ for community engagement to end TB, including fair financing, places to share information, and legal and policy frameworks. Once those conditions are met, the model should provide all stakeholders with a cross-sectional snapshot of where they are in partnership processes (Plan/Decide/Implement/Evaluate). The
model has been updated based on virtual consultations in July 2022, including additions for demand creation and advocacy actions.

Benson Ulo then provided an overview of implementation experience from AMREF in Kenya, noting that the country has built their NSP around three pillars of the End TB strategy. He described the funding process they use for providing TB services, with plans to bring in additional services that have traditionally been undertaken in the government sector. Benson reiterated the opportunity for co-creating solutions; some of their successful initiatives have come from locally identified opportunities (e.g. TB testing in relation to driving permit renewal). Having an interface where there is existing capacity within community to engage with government and other stakeholders has been successful and led to locally led leadership and research.

Dr. Nishant Kumar provided an overview of progress in India, including how their TB elimination strategy is a people’s movement, with political will coming from the very top of government. He spoke on the clinical, public health, and social aspects of the National TB Elimination Plan (NTEP). The vision under NTEP is to empower TB affected community as change agents, establishing platforms for engaging community, facilitating community participation from planning to evaluation, and enhancing reach, participation and effectiveness through existing communities and platforms.

Nirina Razakasoa provided the perspective of the WHO African Regional Office (AFRO) and highlighted the program reviews as positive developments. She said that engagement of community actors is sub-optimal, but that the role of communities has been emphasized for upcoming 9-year plan. The AFRO is planning on implementation of a regional framework to adapt NSPs for TB, with engagement of TB communities in any implementation of WHO guidelines. They are also aiming to strengthen the primary health care system as a priority at the AFRO level. They have restructured the WHO positions to include technical experts in-country who will work closely with communities in implementation of coming plans.

Beatrijs Stikkers from KNCV closed the session by highlighting how the timing of the GF replenishment and release of this guidance is important and spoke on moving from community-based to community-led. Four principles of key importance to move towards community leadership. They include, 1) get in communities and CSOs in at the start, so that they can be part of the problem definition; 2) establish a common language and joint-data interpretation – coming back to problem, analysis, and problem-solving together; 3) ensure the how – genuine equal partnership to bring the solution nearer; and 4) financing – key for sustainability and engaging in a fair way, while acknowledging it is context-specific. KNCV uses a people-centered framework for TB programming, with communities and patients defining the problem, and having representation from all of the stakeholders, with debating and re-debating as an important part of joint decision-making.

Due to technical complications with hybrid breakout rooms, the groupwork sessions were instead reorganized as plenary discussions, with main points noted below.

Key Discussion Outputs:

- There was general, consistent report for utilizing a continuous learning framework to help health systems and communities understand how to implement guidance suggestions.
- The guidance may need to provide more clarity about what ‘community-led’ means – how can countries better understand what community-led means? One option is to share examples from partners who have successful engagement.
• The model may need to be simplified/less complicated, with clear and bold directions for partners to follow. A few suggestions for improvements included making ‘learning from community’ a part of the enabling environment and changing ‘friendly’ tools to person-centered. Several participants noted that advocacy can happen during the ‘implement’ step as well as the ‘evaluate’ step. And it was suggested that CLM be moved from the M&E section into the implementation chapter.

• There was significant discussion on how to define community, with varying opinions on how to categorize people with TB, people affected by TB, friends of the communities, etc. The discussion wrapped with the recognition that there was consensus for One System, and with that agreement, the guidance has to have a wide definition of community.

Session 5: Monitoring & Evaluation (M&E)
This session was opened with the metaphor of considering M&E as the polished mirror to see what has been done, achieved and not achieved, or potentially as brand-new prescription glasses to see path ahead (may need a variety of prescription glasses). Dr. Marek Lalli provided a quick overview of the M&E chapter of the guidance, noting the two new indicators that have been proposed to be incorporated into the WHO Global TB Report (in addition to the two community indicators that are already collected), questions or additional indicators for health systems and communities to adapt in partnership, and the concept of community-led monitoring.

Dr. Laeeq Khawaja, from the WHO Pakistan office, provided an overview of their experience with M&E, noting barriers (coordination across data platforms, need to develop culture of using data analysis to improve care, and too much focus at top levels). He also noted enablers, including MAF-TB and PHC strengthening, having a master analysis plan for TB data, and potential use of digital data for quick identification of service issues (. e.g. how was your visit today). He also encouraged establishment of a forum for adapting the updated guidance.

Dr. Laila Bouhamidi from the Moroccan NTP described the country experience, noting that they have three NGOs working in TB in Morocco, with significant community engagement gains over 10 years as demonstrated through political advocacy, and resources mobilization. All of their community engagement processes are part of their routine reporting system, through routine reporting systems, coordination tools, supervision of data analysis, and program review and evaluations. Their challenges include a nascent online system, and suggested measurement of how resources are used to develop capacity of CSOs.

Caiomhe Smyth from the Stop TB Partnership provided a partner perspective on CLM. She described Stop TB Partnership’s development of OneImpact CLM and noted that their approach does not monitor/evaluate the contributions of CHWs and CSOs to the TB response or include community-centered TB indicators. Instead, it is a process for people affected by TB to be empowered and be part of the TB response. There are currently 26 OneImpact CLM TB countries. The principles of the OneImpact approach, as well as the building blocks, implementation process, and conceptual framework were also described.

Key Discussion Outputs:
• The two first indicators in the M&E chapter on referrals and treatment success are routinely collected and reported as part of annual WHO reporting. Indicators 3 and 4 are proposed additions for routine reporting. The fourth indicator may need to be reworked to make the focus
financial. All of the indicators should be structured in a way that allows progress to be tracked over time.

- There was some discussion on how to capture qualitative indicators, and the need to build capacity for communities and CSOs to describe their efforts and stories in a way that captures the effort and expertise required.
- The AAAQ framework was highlighted for reviewing the proposed indicators, as was the opportunity for better aligning guidance with existing resources.
- There was significant discussion around CLM, and the need to clearly define it, and shift it towards the implementation model if it is included. This is separate from the global indicators that are included to provide a measurement of community in the end TB response. There was also an emphasis to make sure that there is a practical, clear, concise description of CLM with a concrete example.
- The national and subnational indicators can be reframed as to practical questions for gathering information and for health systems and communities to jointly establish norms and standards.

Session 6: Looking Ahead

This last session of the consultation involved practical perspectives on One System, innovations, and MAF-TB. Dr. Nomthandazo Lukhele from WHO Eswatini provided an overview of the TB and HIV epidemics in the country and described the structural supports (national and regional level staffing) for the NSP for TB. She also described some of their current achievements and opportunities (like meeting the 95-95 targets despite high HIV prevalence), including a civil society initiative involving a parliamentary caucus and TB survivors’ coalition. Dr. Lukhele highlighted the successes from the HIV response in country as a potential way forward, noting that there are direct reports to the Prime Minister’s office on Private Sector and ESO engagement for HIV, and that with MAF-TB and the activity around the NSP for 2024-2028, the guidance can be used to strengthen the community response to TB.

Dr. Paul Sommereld then presented the civil society perspective on behalf the TB Europe Coalition (TBEC). Their organization has done a lot of capacity building for CSOs across the region, and he emphasized the benefit of considering a standardized ‘package of care’ by CSOs to define what exact activities they can undertake, and at what cost. He also highlighted TBEC’s work in developing MAF-TB indicators, now part of the global framework, to measure community impact. In addition, TBEC has a course that can be used to provide training for CSOs, with the goal of helping ministries of health and other partners to better understand community skills and costing needed for engagement. Finally, Dr. Sommerfeld suggested that there may be utility in developing a roster of CSO members who can participate in NTP review missions.

Melecio Mayta presented examples of innovations in community and TB survivors’ engagement from the perspective of ASPAT – currently part of a 7-country initiative, focused around the ENGAGE-TB approach, identification and referral of people with TB. They are also providing peer and emotional support, to TB survivors.

Mike Frick provided the Treatment Action Group (TAG) perspective, by highlighting community engagement in research and development, and extending to what is going on in the rest of TB. He encouraged modalities for harnessing energy and knowledge of TB research advocates into tool development and demand creation, noting that these research advocates may be the same people who
do the CSO work (how do we turn the two hats into one). Mike also talked about the need for strengthening community voices in guideline adoption at all levels. The science is there, guidelines are there, and yet adoption of national guidelines can be slow. TAG and allies launched 1.4.6 by 24, conditions to be in place for shorter treatment by 2024. This initiative is not just monitoring quality of services, but rather bird dogging by communities to push guideline adoption. It is no longer true that all things TB move slowly – how can TB programs to get used to a quicker pace of policy change?

Monica Dias from the WHO then presented the multisectoral accountability framework progress and action. She highlighted COVID as an additional push towards action on MAF-TB, and noted key considerations and the importance of having a public-private mix. Monica requested participants to advocate for MAF-TB adaptation and use, and to lead collaboration around MAF-TB. There is a best practice document and operational guidance coming up for the MAF-TB implementation that should help partners to undertake these activities.

Dr. Nguyen Thi Ngoc Minh, from the NTP in Vietnam, provided a perspective on MAF-TB in action, noting that End TB is the responsibility of all government entities, with the health system being the focal point. Vietnam has a National commission to end TB, and she highlighted the example of the Farmer’s Union treatment support program (part of Fatherland Fund, which includes women’s farmers) as just one example of how to engage existing networks outside of health to End TB.

Blessina Kumar was the final speaker and brought the various discussions together by highlighting how meaningful engagement requires us to work together collaboratively. There needs to be an understanding that communities and civil society are vehicles for bringing about change, and that requires valuing community members as experts. All partners share the goal of ending TB – there needs to be accountability and transparency in each step. Blessina noted that great progress could be made if the level of commitment that the Director General of the WHO has made to civil society could be reflected at the national level in countries around the world.

Dr. Tereza Kasaeva closed the two-day consultation by noting that the goal of the guidance is to provide concrete, specific principles and suggested actions that lead to something that will be difficult to ignore – the WHO GTB is trying to empower all partners to meaningfully engage with each other. She noted that multisectoral engagement also very critical, and TB is one of the best examples of what can be done through this approach. MAF-TB can provide a pathway to monitor commitments, actions, etc. She thanked all partners for their work over the past few days and noted the WHO’s commitment to intaking all of the feedback to produce the best guidance possible. She then thanked USAID for their funding support to develop this guidance document and handed it over to Dr. Ren Minghui, who thanked all consultation participants and wished them well on their journeys home.

Key Discussion Outputs:
- There was general consensus that the updated guidance can utilize the major shifts that were discussed in earlier sessions, and to keep people with TB and TB survivors at the heart of this effort. This was reiterated several times in the session presentations, and in discussion points.
- Sustainable financing will be needed to encourage and develop some of the strategies presented during this session, again underlining the need to bring financing at the domestic level into play
- Program reviews, as highlighted in several presentations, may be able to utilize the guidance as it rolls out at the end of this year, so the next draft can be considered through this lens.
• In relation to the CLM examples presented during this session, additional feedback on this point reiterated the need to understand and align CLM with service delivery and the AAAQ framework.
• On the point of how to incorporate the digital technology revolution into TB, it was noted that the goal should not be to make current systems virtual (e.g., video-supported treatment adherence), but instead to use the digital as a springboard.
• Participants noted the lack of urgency around some of the latest developments, including shorter regimens, and the need to inject more energy around market shaping, adoption of policies, etc.
• Discussion confirmed commitment to producing a document that reflects the expertise of consultation participants, with a plan for the next draft version to come out shortly, ahead of peer review.

Next Steps
All feedback and input will be considered for the next version of the guidance, with the goal of having a final, public guidance document available by the end of 2022. With this report shared by end of September 2022, the following actions will take place:
• Update the guidance as per the comments received with special focus on the measurement section by early October 2022
• Share the revised draft with all participants to date, including participants of in-person and virtual consultations
• An open public comment period via web consultation for two weeks in October 2022
• Final peer review to be completed by TB programme managers and their community partners
• Final guidance to be published by the end of 2022
# Appendix 1: Agenda

## Draft agenda

**Tuesday, 6 September 2022**

### Session 1 – Setting the scene

*Moderator: Farai Mavhunga, WHO GTB*

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>09:00</td>
<td>Welcoming remarks (5 min)</td>
<td>Tereza Kasaeva, WHO GTB</td>
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<td>09:05</td>
<td>Self-introductions of participants (10 min)</td>
<td>All</td>
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<td>09:15</td>
<td>Community engagement in the SDG era and End TB Strategy (10 min)</td>
<td>Tauhid Islam, WHO GTB</td>
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<td>09:25</td>
<td>WHO Civil Society Commission (5 min)</td>
<td>Taina Nakari, WHO DGO</td>
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<td>09:30</td>
<td>Primary Health Care to achieving UHC (5 min)</td>
<td>PHC Department rep (TBC)</td>
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<td>09:45</td>
<td>Optimizing CHW programmes in PHC era (10 min)</td>
<td>Giorgio Cometto, WHO HWF</td>
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<td>09:50</td>
<td>People and communities at the centre of the TB response (5 min)</td>
<td>Bertrand Kampoer, CSTF</td>
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<td>09:50</td>
<td>Q&amp;A (10 min)</td>
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### Session 2 – Community and health care as One System

*Moderator: Evaline Kibuchi, CSTF representative*

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<th>Time</th>
<th>Activity</th>
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<tr>
<td>10:00</td>
<td>New guidance for community engagement: strategic shift or a minor revision? (30 min presentation; 15 min discussion)</td>
<td>Tauhid Islam, WHO GTB Lana Syed, WHO GTB Andrea deLuca</td>
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<td>10:45</td>
<td><strong>Coffee/tea break</strong></td>
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<td>11:00</td>
<td>Community and health care as One System: what are the gains?</td>
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<td>- Snapshot of the new draft guidance (5 min)</td>
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<td>- Experience from BRAC, Bangladesh (10 min)</td>
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<td>- Commentary from Western Pacific regional perspective (10 min)</td>
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<td>- Partner perspective, Global Fund (10 min)</td>
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<td>- Discussion (15 min)</td>
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<td>11:50</td>
<td>Groupwork: Community and health care as One System: what are the gains?</td>
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<td>– Introduction to groupwork (5 min) – Lana Syed</td>
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<td>– 3 parallel groups</td>
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<td>– Group distribution, facilitators, WHO resource persons and rapporteurs will be pre-defined.</td>
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<td>– Each group will have 45 minutes.</td>
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<td>– Each group will focus on a pre-defined question.</td>
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<td>12:40</td>
<td><strong>Lunch break</strong></td>
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<td>13:45 - 14:15</td>
<td><strong>Groupwork (continued): Community and health care as One System: what are the gains?</strong></td>
<td>- Feedback from the 3 groups in plenary (5 min per group)</td>
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<td>- Discussion (15 min)</td>
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<tr>
<td></td>
<td><strong>Session 3 – Defining “community” and scope of engagement</strong></td>
<td><strong>Moderator: Asiya Odugleh-Kolev, WHO HIS</strong></td>
</tr>
<tr>
<td>14:15 - 15:05</td>
<td><strong>Which community is engaged, and in what?</strong></td>
<td>- Shapshot of the new draft guidance (5 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Experience from the NTP in South Africa (10 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Commentary from South East Asian regional perspective (10 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Partner perspective, USAID (10 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Discussion (15 min)</td>
</tr>
<tr>
<td>15:05 - 15:30</td>
<td><strong>Tea/coffee break</strong></td>
<td></td>
</tr>
<tr>
<td>15:30 - 16:45</td>
<td><strong>Groupwork: Which community is engaged, and in what?</strong></td>
<td><strong>Moderator: Asiya Odugleh-Kolev, WHO HIS</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Introduction to groupwork (5 mins)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 3 parallel groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Group distribution, facilitators, WHO resource persons and rapporteurs will be pre-defined.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Each group will have 40 minutes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Each group will focus on a pre-defined question.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Feedback from the 3 groups in plenary (5 min per group)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Discussion (15 min)</td>
</tr>
<tr>
<td>16:45 - 17:00</td>
<td><strong>Summary of day 1 and close</strong></td>
<td><strong>Andrea deLuca</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Farai Mavhunga, WHO GTB</td>
</tr>
</tbody>
</table>

**Wednesday, 7 September 2022**

**Session 4 – Implementing community engagement**

**Moderator: Harry Hausler, CSTF representative**

<table>
<thead>
<tr>
<th>Time</th>
<th>Implementing community engagement: from “community-based” towards “community-led”</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 - 10:00</td>
<td></td>
<td>- Shapshot of the new draft guidance (5 min)</td>
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<tr>
<td></td>
<td></td>
<td>- Experience from AMREF in Kenya (10 min)</td>
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<tr>
<td></td>
<td></td>
<td>- Experience from India NTP (10 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Commentary from African regional perspective (10 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Partner perspective, KNCV (10 min)</td>
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<tr>
<td></td>
<td></td>
<td>- Discussion (15 min)</td>
</tr>
<tr>
<td>10:00 - 10:45</td>
<td></td>
<td>**Groupwork: Implementing community engagement: from “community-based” towards “community-led”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benson Ulo, AMREF</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Nishant Kumar, NTLP India</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nirina Razakasoa, WHO AFRO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Beatrijs Stikkers, KNCV</td>
</tr>
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</table>
### Session 5 – Monitoring and evaluation
**Moderator: Tiemi Arakawa, NTP Brazil**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00-11:30</td>
<td>Groupwork (continued): Implementing community engagement: key enablers and challenges</td>
</tr>
<tr>
<td></td>
<td>- Feedback from the 3 groups in plenary (5 min per group)</td>
</tr>
<tr>
<td></td>
<td>- Discussion (15 min)</td>
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</table>

### M&E and use of data for decision making: key barriers and enablers

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>11:30-12:25</td>
<td>- Shapshot of the new draft guidance (10 min)</td>
</tr>
<tr>
<td></td>
<td>- Experience from NTP in Morocco (10 min)</td>
</tr>
<tr>
<td></td>
<td>- Commentary from Pakistan WHO perspective (10 min)</td>
</tr>
<tr>
<td></td>
<td>- Partner perspective, Stop TB Partnership (10 min)</td>
</tr>
<tr>
<td></td>
<td>- Discussion (15 min)</td>
</tr>
</tbody>
</table>

### Session 6 – Looking ahead
**Moderator: Viorel Soltan, Stop TB Partnership**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>13:30-14:45</td>
<td>Groupwork: M&amp;E and use of data for decision making: key barriers and enablers</td>
</tr>
<tr>
<td></td>
<td>- 3 parallel groups</td>
</tr>
<tr>
<td></td>
<td>- Group distribution, facilitators, WHO resource persons and rapporteurs will be pre-defined.</td>
</tr>
<tr>
<td></td>
<td>- Each group will have 45 minutes.</td>
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<tr>
<td></td>
<td>- Each group will focus on a pre-defined question.</td>
</tr>
<tr>
<td></td>
<td>- Feedback from the 3 groups in plenary (5 min per group)</td>
</tr>
<tr>
<td></td>
<td>- Discussion (15 min)</td>
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### Perspective on building resilient health system with community system as its integral part

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>14:45-15:20</td>
<td>- Eswatini country example (15 min)</td>
</tr>
<tr>
<td></td>
<td>- Civil society perspective, TBEC (10 min)</td>
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<tr>
<td></td>
<td>- Discussion (10 min)</td>
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### Coffee/tea break

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>15:20-15:45</td>
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### Innovations in community and TB survivors’ engagement

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>15:45-16:20</td>
<td>- Peru civil society example (15 min)</td>
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<tr>
<td></td>
<td>- Partner perspective, TAG (10 min)</td>
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<tr>
<td></td>
<td>- Discussion (10 min)</td>
</tr>
<tr>
<td>16:20 - 17:05</td>
<td>MAF-TB in action in close collaboration with affected communities and civil society</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>- Action on MAF-TB: key considerations (10 min)</td>
</tr>
<tr>
<td></td>
<td>- Viet Nam country example (15 min)</td>
</tr>
<tr>
<td></td>
<td>- Civil society perspective, CSTF (10 min)</td>
</tr>
<tr>
<td></td>
<td>- Discussion (10 min)</td>
</tr>
<tr>
<td></td>
<td>Monica Dias, WHO GTB</td>
</tr>
<tr>
<td></td>
<td>Nguyen Thi Ngoc Minh, NTP Viet Nam</td>
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<tr>
<td></td>
<td>Blessi Kumar, CSTF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17:05 - 17:30</th>
<th>Next steps and closing remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr Tereza Kasaeva, WHO GTB Director</td>
</tr>
<tr>
<td></td>
<td>Dr Ren Minghui, WHO UCN ADG</td>
</tr>
</tbody>
</table>
Appendix 2: List of Participants

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Medical Officer
Email: vovce@who.int
## Appendix 3: Links to Presentations

<table>
<thead>
<tr>
<th>Presentation Link</th>
<th>Presenter</th>
</tr>
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<tbody>
<tr>
<td>Community engagement in the SDG era and End TB Strategy</td>
<td>Tauhid Islam, WHO GTB</td>
</tr>
<tr>
<td>Optimizing CHW programmes in PHC era</td>
<td>Giorgio Cometto, WHO HWF</td>
</tr>
<tr>
<td>Experience from BRAC, Bangladesh</td>
<td>Shayla Islam, BRAC</td>
</tr>
<tr>
<td>New guidance for community engagement: strategic shift or a minor revision?</td>
<td>Tauhid Islam, Lana Syed, Andrea DeLuca</td>
</tr>
<tr>
<td>Experience from AMREF in Kenya</td>
<td>Benson Ulo</td>
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</tr>
<tr>
<td>Partner perspective, Stop TB Partnership</td>
<td>Caiomhe Smyth</td>
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<tr>
<td>Civil society perspective</td>
<td>Blessina Kumar</td>
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<tr>
<td>Peru civil society example</td>
<td>Melecio Mayta</td>
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<tr>
<td>Viet Nam country example</td>
<td>Nguyen Thi Ngoc Minh</td>
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<tr>
<td>Action on MAF-TB: key considerations</td>
<td>Monica Dias</td>
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