

# COMMITMENTS TO ACTION: ADVOCACY BRIEFS



The Activists Coalition on TB – Asia-Pacific (ACT! AP) is Asia-Pacific’s first and only regional coalition of TB activists. Established in 2016 with a shared vision towards a TB-free region, ACT! AP aims to represent civil society and communities affected by TB and carry their voices at the regional level.

ACT! AP is currently being represented by 30 individual and organisational members in 15 countries across Asia and the Pacific. Under the leadership of its new Steering Committee for 2024-2026, ACT! AP has adopted a new set of Commitments to Action that will guide its regional priorities and advocacy for the next two years. These new Commitments to Action represent ACT! AP’s response to complement the commitments and address the regional gaps around the 2023 UN Political Declaration on TB.

This brief provides contextual understanding and regional priorities of ACT! AP under each Commitment to Action, with a purpose of guiding and supporting ACT! AP members and broader civil society and communities in the region as we jointly advocate towards TB-free Asia-Pacific by 2035.

## ACT! AP COMMITMENTS TO ACTION 2024-2026

---

**We will ACT!** to strongly maintain and elevate the political attention and will to end TB.

---

**We will ACT!** to realise inclusive community, rights, and gender (CRG) and people-centred approaches to TB.

---

**We will ACT!** to overcome barriers to TB preventive therapy (TPT) and treatment including 1/4/6 x 24, molecular diagnostics, and vaccine access benefitting from the latest in R&D and innovation.

---

**We will ACT!** towards securing adequate and strategic investments for TB as part of integrated services, making sure that these investments go to the right interventions, including investment to communities.

---

**We will ACT!** to support a coordinated and capacitated TB community and activist movement, serving as a platform for national, regional, and global advocacy, cross-learning, and solidarity-building.

---



# ACT! AP COMMITMENT TO ACTION 1

*We will ACT to strongly maintain and elevate the political attention and will to end TB. – Daniel Marguari, Executive Director, Yayasan Spiritia; ACT! AP Steering Committee member*

## BACKGROUND

In 2023, Asia-Pacific Member States to the United Nations joined the rest of the world in committing to a new set of political targets to achieve the end of TB as a pandemic by 2030. Framed within the 2023 Political Declaration on TB, one major commitment that UN Member States made under this Political Declaration is its pledge to accelerate progress towards “timely, quality, universal access to TB” in line with the End TB Strategy, specifically the 90-90-100 targets (at least 90% of people who developed TB are reached, at least 90% of people affected by TB are on Tuberculosis Preventive Treatment (TPT), and 100% of people with TB have access to health and social benefits package). With regards to funding, commitments were made to mobilise financing of at least 22 billion USD per year by 2027, and 35 billion USD annually by 2030 through both domestic and international investment mechanisms.

In spite of these commitments at the UN level, there is a slow and varying translation and adoption of these commitments at the country level. In WHO South-East Asia region, for instance, coverage for TPT in 2022 remains severely low at 19%.<sup>1</sup> Similarly, among ASEAN countries in the region, funding gap in 2022 remains at 46% or around 95 million USD.<sup>2</sup> At the same time, Political Declaration commitments around responding to community engagement,

human rights, and gender equality-related issues remain unclear. While UN Member States have committed to strengthen the engagement of communities and civil society in the various areas of the national TB responses—from research to service delivery to budget advocacy—its operationalisation and target-setting remains vague. These kinds of commitments will be a challenge to measure and monitor for advocates and activists, and for the UN Member States especially in the Asia-Pacific region to be held accountable.

## COMMITMENT TO ACTION ADVOCACY PRIORITIES

ACT! AP continues to carry the key asks that APCASO along with civil society and community partners across the region have raised as part of the Asia-Pacific statement that was adopted in March 2023 in Jakarta, Indonesia.<sup>3</sup> Thus, under this Commitment to Action, ACT! AP calls on governments in the Asia-Pacific region to do the following:

- 1. Challenge the current paradigm** of the national TB response to be more responsive to community engagement, human rights, and gender-related issues, and commit to clearer national TB targets when it comes to supporting community- and civil society-led TB responses at the country level, especially interventions that supports community leadership, and rights-based and gender-transformative approaches.
- 2. Support the scale up of initiatives** that respond to social determinants of health. This must include scaling up initiatives that address stigma and discrimination, and scaling up non-discriminatory TB prevention, diagnostics, treatment, and care.
- 3. Commit to mobilise and meet the financing target** by demanding international and multilateral donors to continue the support for the Asia-Pacific region, especially among

high-burden TB countries in the region, while at the same time advocate within national funding an adequate appropriation for the national TB program including for community- and civil society-led responses.

**4. Establish and strengthen linkage and/or integration of coverage** for TB in other diseases like HIV, and within the national Universal Health Coverage (UHC) mechanism. This is important to ensure universal access to TB diagnostics, treatment, and care especially among indigent and most vulnerable populations as well as people living with HIV. This would also provide sufficient financial protection among those who are diagnosed with TB; likewise, if TPT is included within UHC, this would encourage more people affected by TB to enrol in TPT.

**5. Advocate for the prioritization of capacity-building** of community and civil society organisations. Strengthening systems for health requires not only strengthening health systems but also community systems for health. However, in various national efforts to strengthen community systems, capacity-building of civil society organisations and communities remain limited if not available. Long-term and sufficient political and financial commitments must be secured in this area to augment the initial support being provided by external donors, and at the same time encourage the social mobilisation of TB survivors and affected communities to participate in the national TB response.

## WHAT CAN CIVIL SOCIETIES DO?

As ACT! AP, the regional coalition works with its members across the Asia-Pacific region to ensure that our Commitments to Action resonate the priorities of our members and that our advocacy work is conducted jointly.

Thus, to ensure that TB remains a political priority among governments in the region, ACT! AP members and the broader civil society and communities are encouraged to engage through the following:

- 1. Increase our constituency** by working with other TB networks both nationally and internationally, as well as among relevant civil society organisations working on health. It is essential that as we raise our key asks that our constituency is sturdy and well-represented by various sectors of civil society working on or relevant to TB. Mobilisation is the key, as this is a powerful approach to show that our key asks, as mentioned above, are fully supported by fellow civil society organisations as well as the communities that we represent and speak on behalf of. Representation is necessary when it comes to political advocacy, and having a strong constituency will make sure that the issues and interventions resonate with a significant member of the population that are affected by TB.
- 2. Engage in dialogue and partnership** with the national government, particularly among relevant Ministries. The goal of every advocacy is to ensure that our priority interventions are included and prioritised within the national TB response. Thus, keeping an open communication and collaboration with the national government and relevant Ministries is necessary.
- 3. Identify key engagement areas and opportunities** at the country level. On a more practical note, it is important that civil society organisations and TB-affected communities are aware and familiar of the various legislative and budgetary schedules of the national government, as well as relevant meetings at the Ministry and at the national TB programme, so that preparations can be made accordingly.



# ACT! AP COMMITMENT TO ACTION 2

*We will ACT to realise inclusive community, rights, and gender (CRG) and people-centred approaches to TB. – Dr Raghavan Gopa Kumar, Co- Founder and National Coordinator, Touched by TB;<sup>4</sup> ACT! AP Steering Committee member*

## BACKGROUND

The Asia-Pacific region, covering both WHO Southeast Asia and Western Pacific countries, shares the highest TB burden globally, contributing to 63% of the total reported cases in 2022.<sup>5</sup> Additionally, six of the eight highest TB burden countries are also found in the region. Conversely, some of these 8 highest TB-burden countries have the highest level of political commitment to end TB by 2025. In India, for example, the National Strategic Plan (NSP) emphasises on universal access to TB services with several key dimensions of Communities, Rights, Gender (CRG) and Stigma being incorporated into the NSP. In addition, India has also developed community engagement guidelines, a national gender framework and a stigma reduction strategy.

In recent years, there has been an enhanced recognition of the role of affected communities and survivor-led networks in the national TB responses in the region. However, at the country level, the understanding of CRG and stigma principles, including community engagement, is only strong among policy makers and key leaders at the national level. This is yet to percolate down to the state, district, and community levels, where both understanding and uptake remain more uneven. Opportunities for communities - those directly affected, key, and vulnerable populations

as well as communities in general - to understand these issues have been limited and un-organised and a long way to go.

As a result, although the availability of TB services and overall health infrastructure has improved considerably over the years, the collective demand at the grassroots for improvement in the quality-of-care and services has not been attained to its desired levels. The lack of sensitisation and subsequent demand about CRG and anti-stigma compliant care and services has not yet been realised to its full potential. Community-led action, grounded in CRG principles, can create this paradigm shift and help to bridge the gap between well-intentioned government policies and the realities on the ground in the region, and can be a game changer with community-led monitoring and effective community engagement. The survivor-led networks at national and sub-national levels also play a catalytic role which needs to be strengthened in the region.

## COMMITMENT TO ACTION ADVOCACY PRIORITIES

Over the years, significant investments have been made in formation and capacity-building of TB survivor-led networks and champions in many countries in the region. Technical partners such as Stop TB Partnership, for instance, has invested 13.5 million USD under its Challenge Facility for Civil Society, supporting more than a hundred civil society and TB-affected community organisations from 38 countries globally.<sup>6</sup> However, specific targets to fully invest in community engagement are still lacking, especially in high-level commitments. The 2023 Political Declaration on TB, for instance, has failed to commit to a target that will fully invest in community engagement and empowerment in the national TB responses.

Civil society and TB community-led networks work not only to advocate on the issues concerning people with TB and affected communities but also act as a critical link or interface between the communities and the national program. They work very closely with the TB program at the local levels. Therefore, it is important to prioritize the following under the commitment to action:

- 1. Building a comprehensive CRG framework** or curriculum for the understanding of the TB survivor led networks and the local national TB elimination programs (NTEP) leadership at the national and sub national levels to help them understand what needs to be done.
- 2. Building the capacity of networks** at national and sub-national level TB elimination program leadership on CRG curriculum.
- 3. Continuous tracking** to monitor adherence to CRG principles by networks and the NTEP at the last mile and establish a well-designed community-led monitoring (CLM) system at all levels.

## WHAT CAN CIVIL SOCIETIES DO?

While there is a CRG framework and some understanding of the issue at the national level in some countries, TB affected communities still do not benefit from this because there is no strong demand for CRG and anti-stigma components for the TB programs in the region. This arises from the lack of understanding of the principles at the community, resulting in poor demand for CRG and anti-stigma compliant programs and policies at national as well as sub national levels. It will be helpful if a CRG and anti-stigma compliance program or policy be set in place to support the integration of and implementation of CRG and anti-stigma in the national TB program. There is also an immediate need to conduct a CRG and anti-stigma situational analysis to clearly understand the uptake of CRG/S principles at

the last mile. A national level dipstick exercise is likely to present a clear picture of how things are at ground level. To accomplish this, civil society organisations and communities need to be trained on the CRG principles and be encouraged to conduct a national level dipstick survey to come up with the current status of CRG within the national TB response. This will likely serve as evidence to design a large-scale advocacy campaign to decentralise the CRG ideas at the last mile. Based on the results of this national survey, appropriate advocacy tools and strategies can be developed by the CSOs to communicate with national program leaders and policy makers.

Several steps need to take place, which includes:

- 1. A review to better understand the current status** of adherence to CRG and stigma and discrimination principles in the current TB response in the region specifically high burden countries.
- 2. Formation of an expert group/committee** for development of CRG curriculum/frameworks for a decentralised uptake at the community and health facilities at the national level.
- 3. Capacity building of the TB survivor** led networks to carry out a large-scale dip-stick survey at the national level.
- 4. Resources to train various stakeholders** including the affected communities on CRG principles.
- 5. Advocacy campaign for a policy change** to decentralise the CRG principles in the national TB response.

This five-step process will require significant ecosystem support and resource mobilization. With required support and adequate resource allocation, the percolation of CRG principles to address CRG and stigma-related gaps in national TB programming may be possible which will accelerate the end TB movement in the region.



# ACT! AP COMMITMENT TO ACTION 3

*We will ACT to overcome barriers to TB preventive therapy (TPT) and treatment including 1/4/6 x 24, molecular diagnostics, and vaccine access benefitting from the latest in research and development (R&D) and innovation. – Dr. Bazarragchaa Tsogt, Mongolian anti-Tuberculosis Coalition; ACT! AP Co-Chair*

## BACKGROUND

While significant progress has been made in TB control in the Asia-Pacific region, challenges remain in scaling up preventive therapy, implementing shorter and more effective treatment regimens, expanding the use of molecular diagnostics, improving vaccine coverage, and leveraging the latest R&D to benefit all populations.

Efforts are ongoing to roll out the shorter regimens across the region, but challenges include ensuring drug supply and healthcare system readiness. While molecular diagnostic tools are available, their distribution and accessibility vary. For example, urban centres may have better access compared to rural areas. Training healthcare workers and ensuring consistent supply chains are critical for effective implementation.

The Bacillus Calmette-Guérin (BCG) vaccine is the only licensed TB vaccine and is widely used in the region. However, its effectiveness in preventing pulmonary TB in adults is limited. While there are several TB vaccine candidates in various stages of clinical trials, including M72/AS01E, which has shown promise in reducing TB disease among

individuals with latent TB infection; efforts are needed to accelerate vaccine trials, approval, and distribution once new vaccines are proven effective.

In terms of R&D, the latest diagnostic tools, drugs, and vaccines reaching the populations in need is a challenge. The region requires robust health systems, political commitment, and international support. Moreover, funding for TB research and implementation of new tools remains a critical area needing attention.

## COMMITMENT TO ACTION ADVOCACY PRIORITIES

Advocacy priorities for addressing TB in the Asia-Pacific region should focus on several key areas to effectively tackle the challenges and leverage opportunities. These priorities can drive policy changes, secure funding, and enhance public and political commitment to TB control. Below are the main advocacy priorities for us:

### 1. Strengthening political commitment

- Secure high-level political support: Advocate for TB to be a priority on national and regional health agendas. Engage political leaders to ensure sustained commitment and accountability.
- Integrate TB with broader health initiatives: Promote TB as part of UHC and primary health care systems to ensure comprehensive coverage and care.

### 2. Increasing funding and resources

- Mobilize domestic and international funding: Advocate for increased investment in TB programmes from both domestic budgets and international donors, emphasizing the economic and social benefits of controlling TB.
- Allocate resources efficiently: Ensure that available resources are directed towards high-impact interventions, including preventive therapy, treatment, and diagnostic tools.



### 3. Expanding access to preventive therapy

- Promote preventive therapy: Advocate for the scaling up of TPT for high-risk populations, including people living with HIV and household contacts of people with TB.
- Support 1/4/6x24 initiatives: Encourage the adoption and implementation of the 1/4/6x24 regimens to simplify and standardize preventive therapy and treatment protocols.

### 4. Improving diagnosis and treatment

- Increase access to molecular diagnostics: Advocate for widespread availability of rapid molecular diagnostic tools like GeneXpert and TruNat, particularly in rural and underserved areas.
- Ensure availability of shorter regimens: Promote the adoption of shorter and more effective treatment regimens for both drug-susceptible and drug-resistant TB.

### 5. Enhancing vaccine development and access

- Support TB vaccine research: Advocate for increased funding and support for TB vaccine research and development, including clinical trials for new vaccine candidates.
- Expand BCG vaccination coverage: Ensure that all eligible children receive the BCG vaccine while also preparing for the introduction of new, more effective vaccines.

### 6. Addressing drug-resistant TB

- Strengthen MDR-TB programs: Advocate for robust programs to detect, treat, and prevent MDR-TB and extensively drug-resistant TB (XDR-TB), including access to new and re-purposed drugs.
- Promote research on drug resistance: Support research efforts to understand and combat drug-resistant TB, including the development of new diagnostics, treatments, and preventive strategies.

### 7. Improving health systems and workforce

- Strengthen health systems: Advocate for investments in health infrastructure, supply chains, and data systems to support effective TB control programs.

- Build capacity: Focus on training and retaining healthcare workers, ensuring they have the skills and resources to diagnose and treat TB effectively.

### 8. Community engagement and education

- Empower communities: Advocate for community-based TB programs that engage and empower affected communities in TB prevention and care.
- Raise awareness: Conduct public education campaigns to increase awareness about TB, reduce stigma, and encourage early diagnosis and treatment.

### 9. Promoting research and innovation

- Encourage innovation: Advocate for policies and funding that support TB research and the development of new diagnostics, drugs, and vaccines.
- Foster collaboration: Promote partnerships between governments, research institutions, the private sector, and international organizations to accelerate TB research and implementation of new tools.

### 10. Monitoring and evaluation

- Strengthen surveillance systems: Advocate for robust TB surveillance systems to monitor disease trends, treatment outcomes, and program performance.
- Promote accountability: Ensure transparent reporting and accountability mechanisms for TB programs, including regular evaluation and public reporting of progress.

## WHAT CAN CIVIL SOCIETIES DO?

Civil societies and community organisations play a critical role in pushing for action at the country level for this commitment. They can mobilize resources, raise awareness, advocate for policy changes, and ensure accountability.



### **Advocacy and policy change including mobilisation of resources**

- Lobby for political commitment: Engage with policymakers to prioritize TB on the national health agenda. Advocate for increased funding and support for TB programs.
- Promote policy reforms: Advocate for the adoption of evidence-based policies and guidelines, including the 1/4/6x24 initiatives and new treatment and diagnostic protocols.
- Leverage International funding: Advocate for and facilitate access to international funding and technical support from global health organizations and donors.

### **Awareness and education**

- Public awareness campaigns: Conduct campaigns to educate the public about TB prevention, symptoms, and the importance of early diagnosis and treatment. Use various media platforms to reach diverse audiences.
- Community education programs: Organize workshops, seminars, and community meetings to provide accurate information about TB and dispel myths and stigma associated with the disease.
- Address stigma and promote human rights: Implement initiatives to reduce stigma and discrimination against people with TB, and advocate for the protection of the rights of people with TB, ensuring they have access to quality care without discrimination.

### **Community engagement**

- Empower affected communities: Encourage the involvement of TB patients and survivors in advocacy efforts as well as in implementing community-based and community-led TB screening, diagnostics, and treatment programs especially in underserved and remote areas. Their personal stories can be powerful tools for raising awareness and influencing policymakers.
- Support groups: Establish support groups for TB patients and their families to provide

holistic support, emotional and social support, reduce stigma, and improve treatment adherence among people diagnosed with TB.

- Train community leaders: Provide training and capacity-building programs for community leaders and activists to effectively advocate for TB control and support affected people.

### **Monitoring and accountability**

- CLM: Engage in CLM as part of TB service delivery to ensure they are effectively implemented and meet the needs of the community. Provide feedback to health authorities.
- Build networks: Establish partnerships with local, national, and international organizations working in TB and related health fields to share knowledge, resources, and best practices.
- Engage with the private sector: Collaborate with private healthcare providers and pharmaceutical companies to improve access to TB diagnostics and treatments.

## **ACT! AP COMMITMENT TO ACTION 4**

***We will ACT towards securing adequate and strategic investments for TB as part of integrated services, making sure that these investments go to the right interventions, including investment to communities.***

*– Choub Sok Chamreun, Executive Director, KHANA; ACT! AP Co-Chair*

### **BACKGROUND**

As the impact of COVID-19 reverses the decreasing trend of TB incidence globally including in the Asia-Pacific region, the need for adequate funding for the TB response becomes even more palpable. However, reports show that almost 50% of low- and middle-income countries



(LMICs) do not have the sufficient funding available to fully implement their national TB strategy. These countries that have the biggest gaps in financing their national TB strategy include countries that have the highest TB burden in the Asia-Pacific region, namely, Indonesia (234 million USD), the Philippines (207 million USD), and Viet Nam (106 million USD), and without these sufficient funds, the limited interventions available at the country level will not be sufficient to control the epidemic.

Financing for the TB response in 128 low- and middle-income countries has increased in a span of four years: from 8.6 billion USD in 2018 to 15 billion USD in 2022.<sup>7</sup> In Cambodia, for example, anecdotal evidence shows that the financing gap remains at 60% post-COVID-19 despite the 50 million USD laid out in the NSP: 2021-2030 as needed and required commitment from the Ministry of Health (MoH). This funding, however, excludes funds for co-morbidities and for health programmes where TB intersects in, which means that there is a need to take advantage and explore available health financing from other diseases such as from HIV, UHC, and pandemic preparedness and response.

This also means international financing for TB remains crucial and necessary to close the funding gap. The same 2022 data from WHO shows that international funding for TB augments more than 50% of funding gap in several LMICs in Asia-Pacific, such as in the case of Myanmar (59%) and Viet Nam (28%), while domestic financing in the country only accounts to 0.1% of its national budget to implement its National Strategic Plan for TB.<sup>8</sup>

Member states committed, through the 2023 Political Declaration on TB, to mobilise an overall global investment of at least 22 billion USD per year by 2027, and 35 billion USD annually by 2030 through combined domestic and

international investment mechanisms.<sup>9</sup> It is crucial for civil societies and TB-affected communities to ensure that our governments reach this funding target and accelerate in meeting the TB targets by 2030.

## COMMITMENT TO ACTION ADVOCACY PRIORITIES

Mobilising and sustaining adequate funding for national TB response becomes a challenge especially when countries experience new health-related challenges. During the height of the COVID-19 pandemic as well as through post-COVID-19 recovery, many health systems globally continue to be stretched with what to prioritise unless a dual solution is perceived.<sup>10</sup> Here are several priorities that civil societies and TB-affected communities can carry out as advocacy priorities to ensure that the 2023 Political Declaration commitments are met:

- 1. Remain steadfast** in recalling that TB is not yet over and is still perceived as a high public health emergency. TB remains a coinfection with other diseases such as HIV and are aggravated by other health challenges such as antimicrobial resistance (AMR) and climate change. There is a need to profile TB as an ongoing emergency to gather the needed political attention and momentum and raise more funds for the national TB program.
- 2. Continue building awareness, education, and linkage** about TB and co-infections. Many are still unaware of the severity and burden of TB, including co-infection. There is also a need to build more awareness among communities on the co-morbidities to TB such as with diabetes, cancer, and other autoimmune diseases. There is also a need to look at the existing programmes where TB can be integrated, for instance, child health and TB, maternal health and TB, as well as mental health programmes and TB.

**3. Call for increased funding** for TB activism and community-led responses. One of the reasons why the TB community remains small is because after treatment, many TB survivors would prefer to return to their regular lives and keep from becoming TB advocates or activists. Some of those who survived TB would also prioritise looking for employment than volunteering for activism. There is a need to provide incentives for TB survivors and enjoin them to participate in TB activism. At the same time, there is a need for funders and technical partners to increase funding for TB activism and to support community-led responses. This way, those who would be willing to be active in the national TB response either as a program implementer or an activist would be able to sustain themselves as they contribute towards meeting their national TB strategy targets.

### WHAT CAN CIVIL SOCIETIES DO?

- 1. We need to sustain the voices** of civil society and TB-affected communities and increase our call for TB-affected community needs to remain a priority.
- 2. Build solidarity** with other communities such as people living with HIV, civil society and communities living with non-communicable diseases, and civil society and communities working and/or affected by climate change. We need to create more united movement and link ourselves with other social movements such as on climate justice and civil rights organisations.
- 3. We need to ensure** that civil society engagement remains a priority and is integrated in the global TB agenda, and advocate for clearer community engagement targets in the 2028 Political Declaration on TB, including clear monitoring and evaluation framework, and milestones to support countries in meeting this target.

## ACT! AP COMMITMENT TO ACTION 5

***We will ACT to support a coordinated and capacitated TB community and activist movement, serving as a platform for national, regional, and global advocacy, cross-learning, and solidarity-building.***

*– Lesley Bola, Executive Director, Key Population Advocacy Consortium (KPAC); and Achut Sitaula, Executive Director, Trishuli Plus; ACT! AP Steering Committee members*

### BACKGROUND

The engagement of civil society and communities affected by and living with TB remains limited in the national TB response. For instance, in 2022, civil society and community engagement in the development of Global Fund Funding Request through participation in writing teams in 12 Asia-Pacific countries remains between ‘somewhat involved’ to ‘not involved’.<sup>11</sup> There are many reasons for this low engagement; in Nepal, for instance, many TB survivors do not have an established civil society or community platform that can facilitate and support TB survivors in raising their issues especially in the context of the Global Fund.

The country landscape for TB survivors to mobilise and organise themselves as a group affects how TB survivors organised themselves. Sometimes, the country’s political environment impacts how TB survivor groups survive and have the capacity to operate within their localities. The support from the government for TB-affected communities to organise themselves and participate in decision-making processes thus remain important.<sup>12</sup>



Further, anecdotal reports show that compared to HIV which is a life-long disease, TB survivors tend to choose to return to their regular lives once their treatment has been completed, making TB survivor-led groups a challenge to sustain. Many TB survivors would also prioritise their most-urgent needs, such as employment, to be able to augment their and their families' needs.

While some multilateral and international funding mechanisms have provided funding for the national TB program, there is limited support being given for community engagement and community engagement-related efforts such as social mobilisation and advocacy. The lack of available funding in these areas further discourage TB survivors who intend to participate in the governance of their national TB strategy and through the national TB programme and related spaces.

## COMMITMENT TO ACTION ADVOCACY PRIORITIES

There is an urgent need to ensure that advocating for sustained funding for TB also means advocating for the availability of funding to support community-led social mobilisation and advocacy for TB survivors, TB-affected communities, and civil societies working in the TB response. Thus, under this Commitment to Action, ACT! AP is committed to support a coordinated and capacitated TB community and activist movement, serving as a platform for national, regional, and global advocacy, cross-learning, and solidarity-building. This means focusing on the following:

- 1. Ensuring adequate and sustained support for capacity-building and leadership activities.** International and multilateral donors as well as governments must allocate funding for training and development of resources to strengthen the technical skills of TB-affected

communities and TB survivors, particularly in policy advocacy, communications, and social mobilisation.

- 2. Support and sustain advocacy efforts in decision-making spaces.** Ensure that advocacy does not only take place in the hinges but in decision-making spaces and tables where policy and programmatic decisions are made. Spaces and seats for TB-affected communities and TB survivors must be provided and protected.
- 3. Enhance documentation and data sharing for collaboration.** Community engagement does not take place overnight; similarly, community engagement does not start from scratch. As capacity-building support and advocacy efforts are implemented, necessary documentation including assessment and evaluation must be ensured. This helps improve the quality of these interventions and supports the possibility of replicating the work in other localities, as well as sharing it at the regional and global level. Regional and global platforms must also be supported to ensure that these knowledge-sharing and learning are implemented.

## WHAT CAN CIVIL SOCIETIES DO?

Civil society and TB-affected communities play a leading role in pushing for this Commitment to Action by undertaking the following steps:

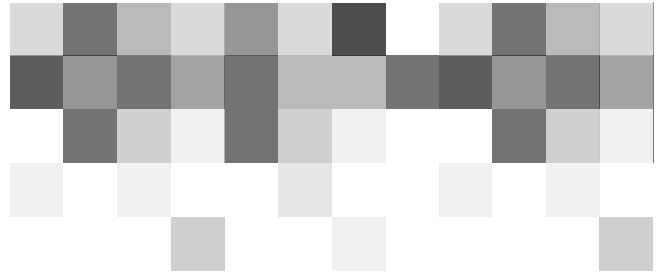
- 1. Utilise various platforms,** especially regional and global platforms. This means leveraging community meetings, workshops, and learning visits that not only allows knowledge and experience-sharing but also collaboration among various TB-affected communities, TB survivor-led groups, and civil societies working on TB.
- 2. Engage influential voices.** This means involving local leaders, celebrities, and influencers to amplify the message and reach a broader audience.

- 3. Educational campaigns.** Develop and distribute educational materials that highlight the importance of the issue and the need for immediate action.
- 4. Explore new partnerships.** Identify potential partners that can expand existing networks by mapping organisations, institutions, and non-traditional stakeholders that have not been engaged on TB. These new partners can be capitalised to form strategic alliances and create joint initiatives to respond to common or shared TB-related issues.
- 5. Institutionalise mentorship support systems** especially from regional partners. ACT! AP plays an important role in not only connecting country-level TB survivor and TB-affected community organisations together but also in utilizing collective regional expertise to enhance the capacity of local organisations and activists. This approach must be continued and sustained.

By implementing these different strategies, we can effectively push for this Commitment to Action and secure the necessary support to build a more coordinated and capacitated TB community and activist movement in the Asia-Pacific region.

## ENDNOTES

- 1 [https://worldhealthorg.shinyapps.io/tb\\_profiles/?\\_inputs\\_&group\\_code=%22SEA%22&entity\\_type=%22group%22&lan=%22EN%22](https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&group_code=%22SEA%22&entity_type=%22group%22&lan=%22EN%22).
- 2 <https://dashboards.stoptb.org/country-profile.html>.
- 3 <https://apcaso.org/resilient-sustainable-integrated-and-fully-resourced-systems-for-health-civil-society-and-communities-statement-on-the-3-hlms/>.
- 4 Touched by TB is the national coalition of TB affected community in India with members and volunteers all over India.
- 5 <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/tb-disease-burden/1-1-tb-incidence>.
- 6 <https://www.stoptb.org/cfcs-round-12>.
- 7 <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/financing-for-tb-prevention--diagnostic-and-treatment-services>.
- 8 Ibid.
- 9 <https://digitallibrary.un.org/record/4025280?v=pdf>.
- 10 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10381217/>.
- 11 <https://apcaso.org/apcrg-scoping-exercise-2022-results/>.
- 12 [https://www.theglobalfund.org/media/14830/cs\\_funding-community-civil-society-organizations\\_report\\_en.pdf](https://www.theglobalfund.org/media/14830/cs_funding-community-civil-society-organizations_report_en.pdf).



## ACTIVISTS COALITION ON TB - ASIA-PACIFIC (ACT! AP) COMMITMENTS TO ACTION: ADVOCACY BRIEFS

### ISBN:

All rights reserved. Parts of this publication may be reproduced with proper acknowledgment.

### Published by APCASO

66/5, 33 Tower, Sukhumvit 33 Road  
Klongton Nuea, Wattana, Bangkok 10110  
Thailand

### Writers:

Jeffry P. Acaba, Rodelyn Marte, Daniel Marguari,  
Dr. Raghavan Gopa Kumar, Dr. Bazarragchaa Tsgot,  
Choub Sok Chamreun, Lesley Bola, and Achut Sitaula

### Copy-editing:

Mangala Namasivayam