POST-2023 HIGH-LEVEL MEETINGS (HLM) ON HEALTH ASIA-PACIFIC COMMUNITY AND CIVIL SOCIETY ACCOUNTABILITY SCORECARD

IMPLEMENTATION GUIDE

ACT! Activate Health Now Asia-Pacific

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Post-2023 High-Level Meetings (HLMs) on Health Asia-Pacific Community and Civil Society Accountability Scorecard
Implementation Guide

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Writer: Jeffry Acaba
Layout and Design: Jeffry Acaba

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

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1.
BACKGROUND

In March 2023, APCASO, led the regional meeting, "3 High-Level Meetings (HLMs). One Region. One Vision." in Jakarta, Indonesia. Co-convened by the Stop TB Partnership and the French Ministry of Foreign Affairs, and hosted by the Embassy of the Government of France in Indonesia and the Institute Française Indonesia (IFI) with funding support from the L'Initiative and Expertise France, Stop TB Partnership Challenge Facility for Civil Society (CFCS), and People's Vaccine Alliance Asia (PVA Asia) and in partnership with Activists' Coalition on TB – Asia-Pacific (ACT! AP), Jaringan Indonesia Positif (JIP), Yayasan Spiritia, and Civil Society Engagement Mechanism for UHC2030 (CSEM), this three-day convening aimed to (a) share key information on the 3 HLMs, (b) identify civil society and community priorities, and (c) facilitate a dialogue among key government representatives, multilateral organisations, and civil society. This regional meeting resulted in the development of a Regional Civil Society and Communities Statement on the 3 HLMs[1], which highlighted civil society and community priorities on each of the themes as well as overarching key priorities that cut across the three HLMs.

This civil society and communities statement became the basis for advocacy of APCASO's focal points and partners in the region. It became the framework of discussion during the "Champions (AP)Rising: Asia-Pacific Responding, Showing Initiative and Solidarity to Calls for Leadership towards People-Centred, Equitable, Gender-just, and Rights-affirmative 2023 HLMs on PPPR, UHC, and TB". The civil society and communities statement was also presented and utilized as an advocacy tool during the negotiations and leading up to the High-Level Meetings on PPPR, UHC, and TB in September 2023 including during the side event that APCASO, with support from L'Initiative and Expertise France, Stop TB Partnership, and the Global Fund, facilitated n New York, which aimed to recall the regional and country efforts in engaging in the HLM processes; and solidify regional commitments to sustained cross-country and cross-sector solidarity for

[1] https://www.civilsocietyacademy.org/post/important-tools-for-social-accountability-and-policy-advocacy

people-centred, equitable, gender-just, and rights-affirmative approaches to PPPR, UHC, and TB.

With the adoption of the 3 Political Declarations in September 2023, countries are now in the process of translating these commitments into their national plans and processes. Likewise, they are mandated to report-back on the progress of achieving their commitments through follow-up High-Level Meetings on pandemic prevention, preparedness, and response (PPPR) in 2026, HLM on UHC in 2027, and HLM on TB in 2028. This requires civil society organisations and communities to participate in the monitoring and accountability to ensure that their national governments are progressing and achieving their commitments.

WHAT IS SOCIAL ACCOUNTABILITY?

Social accountability, according to the World Bank, refers to the extent and capacity of citizens to hold the state and service providers accountable and make them responsive to the needs of citizens and beneficiaries[2]. It is an important responsibility of the people to make sure that the government and its decision-makers are providing the optimum level of services, and are recognizing, protecting, and fulfilling the basic rights that everyone should be enjoying. Social accountability in the social development sector is not a new concept. Many civil society organisations and community-led organisations have been established primarily to conduct these kinds of interventions.

Social accountability, in the context of monitoring, evaluation, accountability, and learning (MEAL), focuses on the reflective process of a review, considering the responsibilities of all stakeholders, including of civil society organisations and community-led organisations, in achieving a specific target; in this case, the Political Declaration commitments[3].

WHAT THIS TOOLKIT IS FOR?

This toolkit is primarily for civil society organisations and/or key and vulnerable community-led organisations who intend to implement an accountability process at the country level in relation to and as part of their

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[2] https://www.civilsocietyacademy.org/post/important-tools-for-social-accountability-and-policy-advocacy

[3] https://oxfamilibrary.openrepository.com/bitstream/handle/10546/297134/ml-wws-meal-fragile-contexts-190713-en.pdf?sequence=1

accountability work around any or all the 2023 PDs on PPPR, UHC, and TB. This toolkit serves as a practical guide to support partners at the country level in preparing for the accountability workshops, the actual implementation of the workshop itself, using the accountability scorecard during the workshop, and managing and securing the data from the scorecard and other documents that will be produced during the accountability process.

This toolkit will also be beneficial for government representatives, existing multistakeholder platforms and partnerships, and technical partners such as the United Nations who are interested to undertake an accountability exercise around the 3 PDs. Partners can use this tool to initiate the facilitation of an accountability process at the country level – from mobilisation of relevant civil society and/or community-led organisations, or representatives of key populations or affected communities; building their awareness and capacity to implement accountability interventions; and building their skills in conducting dialogues with government stakeholders and relevant decision-makers.

The implementation guide must be utilized along other existing national reviews and must not be taken as the only monitoring mechanism for the 3 Political Declarations. As part of the United Nations process, Member States are obligated to report the progress of the their country in meeting these commitments through High-Level Reviews as agreed in each respective Political Declarations: 2026 for PPPR, 2027 for UHC, and 2028 for TB.

HOW TO USE THIS TOOLKIT

This toolkit aims to:

1. Build the capacity of Asia-Pacific civil society and communities to implement accountability interventions and support their governments in achieving their commitments from the 2023 High-Level Meetings on PPPR, UHC, and TB as well as the Regional Civil Society and Communities Statement on the 3 HLMs; and
2. Facilitate partnership between governments, civil society organisations, key and vulnerable communities, and relevant partners to further advance the progress of achieving the commitments from the 2023 HLMs on Health and from the Regional Civil Society and Communities Statement

Guided by these two objectives, this toolkit provides a step-by-step guide to prepare for and to implement the accountability scorecard and undertake the post-2023 HLMs accountability process. This toolkit includes the following:

1. The accountability scorecard tool, which records the discussions and results of the accountability scorecard workshops every year
2. The accountability scorecard workshop guide, which provides a step-by-step template for preparing and undertaking the workshop itself, including a sample agenda
3. A data management section, which proposes ways in keeping the information, such as minutes and proceedings as well as the accountability scorecard tool, during the accountability process.

2.

WHAT IS THE POST-2023 HLMS ACCOUNTABILITY SCORECARD?

The post-2023 HLM accountability scorecard is a scoring tool that was developed by APCASO with an aim to record the perspectives of both civil society and communities, as well as government representatives on the achievements of the commitments from the 3 Political Declarations on Health (PPPR, TB, and UHC) and based on various calls to action as reflected in the 3 HLMs Civil Society and Communities Statement[4].

Post 3 High-Level Meetings on Health Asia-Pacific Communities and Civil Society Accountability Scorecard

Instruction: Score each calls to action per year of review based on the results of your focused group workshops with your peers and network members. Each workshop must be done at least once a year on a regular interval; these workshops can be dovetailed to any of your existing activities.

Scoring scale and definition is as follows:
N/A - data not available and/or no response from the workshop
0 - Not achieved by our my government (no pronouncements made, or program or policy in place)
1 - Somewhat achieved by our government (pronouncement is made)
2 - Mostly by our government (pronouncement is made and program or policy put in place)
3 - Fully achieved by our government (pronouncement is made, program or policy is/are in place, and programming is active and ongoing)

Key references:
Statement of Asia-Pacific Communities and Civil Society on the 3 HLMs: https://apcaso.org/resilient-sustainable-integrated-and-fully-resourced-systems-for-health-civil-society-and-communities-statement-on-the-3-hlms/
2023 UN Political Declaration on Pandemic Prevention, Preparedness, and Response: https://documents.un.org/doc/undoc/ltd/n23/272/36/pdf/n2327236.pdf?token=Hunodgpk9wSHar6tZ9&fe=true
2023 UN Political Declaration on Universal Health Coverage: https://documents.un.org/doc/undoc/ltd/n23/272/29/pdf/n2327229.pdf?token=NfbW9BAMsQ5RCmdZgy&fe=true
2023 UN Political Declaration on the Fight Against Tuberculosis: https://documents.un.org/doc/undoc/ltd/n23/272/22/pdf/n2327222.pdf?token=6WaySt89vWOcduNY31&fe=true

	CS Statement Call to Action	Relevant provision (please refer to respective Political Declaration)	Please describe current context here (to serve as baseline)	Year of Review					Please explain your score here
				2024	2025	2026	2027	2028	
1	PPPR Key Communities and Civil Society Asks								
1.1	Strengthen systems for health and establish national frameworks for PPPR	55, 59, 60, 65							
1.2	Equitable access to health innovation, technologies, and pandemic medical products and equipment including vaccines, therapeutics and diagnostics	31, 35, 37							
1.3	Involve communities in public health surveillance systems	None							
1.4	Include social protection and related mechanisms to mitigate social and economic impacts on communities during public health emergencies	32, 57							
1.5	Establish protective mechanisms for people vulnerable to gender-based violence during public health emergencies	48							
	Scores			#DIV/0!	#DIV/0!	#DIV/0!			You may use this space for your overall summary for the year.
2	UHC Key Communities and Civil Society Asks								
2.1	Strengthen community systems for health	None							
2.2	Promote allocative efficiency, innovative financing, and domestic resource mobilisation	46, 47, 49, 64, 83, 86							
2.3	Integration of mental health services	55, 58, 59, 66, 96							
2.4	Enhance equity in UHC	None							
2.5	Establish inclusive and participative governance for UHC	None							
	Scores			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		You may use this space for your overall summary for the year.
3	TB Key Communities and Civil Society Asks								
3.1	Change the paradigm in global, regional, and country responses to end TB by addressing social determinants of health	78							
3.2	Increase investments to close gaps in funding for community-led advocacy and human rights interventions	None							
3.3	Establish and strengthen the linkage of efforts between the TB program and UHC	58, 61							
3.4	Prioritise financing and capacity-building of human resources in the TB program	None							
3.5	Utilise holistic, human rights-based and people-centred strategies for equitable and sustainable access to TB prevention, treatment, and care	77							
	Scores			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	You may use this space for your overall summary for the year.

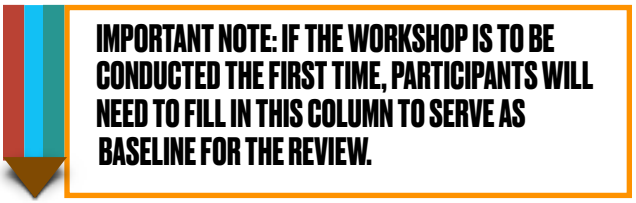
Figure 1. Post-3 HLMs Accountability Scorecard preview

[4] https://apcaso.org/resilient-sustainable-integrated-and-fully-resourced-systems-for-health-civil-society-and-communities-statement-on-the-3-hlms/

The post-2023 HLM scorecard categorizes calls to action into four sections arranged depending on the schedule of the next HLM: PPPR, which will be reviewed in another HLM in 2026, TB in 2027, and UHC in 2028. A fourth section was included to detail the overarching asks based on the Civil Society and Communities statement.

Each call to action has a corresponding relevant provision (Column 2) that has been adopted in each of the Political Declaration, referred into one of more provision numbers within each Political Declaration. There are also calls to action that have not been adopted into the Political Declaration and is labelled *none*. While they are not in the Declarations and have not been committed by the Member States, it is still important to include them in the monitoring of the Political Declaration's progress to highlight countries that are pursuing beyond the Political Declaration commitments.

The 3rd column provides the current context of each provision, and will be based on the information gathered during the first workshop.



The next 5 columns will be where workshop participants will have to agree by consensus their score towards their governments' efforts for each provision. The scoring scale is defined based on whether (a) pronouncement has been made or not, and (b) program or policy has been put in place and integrated into the national strategic plan (NSP). Table 1 below details the scoring scale and definition that will be used for this exercise.

While the scorecard covers all 5 years, each section is delimited depending on when their next High-Level Review will be with the exception of the overarching call to action: 2026 for the UN Political Declaration on PPPR, 2027 for the UN Political Declaration on UHC, and 2028 for the UN Political Declaration on TB.

Table 1. Scoring scale and definition

Score	Scale	Definition
N/A	Not applicable	Data not available or no response from the workshop
0	Not achieved by our government	No pronouncement made and no program or policy in place
1	Somewhat achieved by our government	Pronouncement is made but no program or policy in place
2	Mostly achieved by our government	Pronouncement is made, and program or policy are put in place but not yet implemented
3	Fully achieved by our government	Pronounced is made, program or policy is/are active and ongoing, and are integrated into national strategic plans

In cases wherein the score during the 1st review is already 3, progressive realization of the government needs to be taken into consideration. Some questions that can be asked are the following:

1. What are the amendments that have been made over the years?
2. What are the operational documents (e.g. guidelines) that have been developed over the years?
3. What are the changes in the funding that has been made over the years?
4. What are the changes in terms of collaborating with different stakeholders: were there platforms established? Was there an increase or decrease in stakeholders that have been involved?
5. How are civil society and communities been involved in the process?

IMPORTANT NOTE

WHILE THIS ACCOUNTABILITY SCORECARD COVERS 3 POLITICAL DECLARATIONS (PDS), THIS SHOULD NOT BE CONSTRUED AS THE SOLE SCORECARD FOR EACH OF THE 3 PDS. THE RESULTS OF THIS SCORECARD SHOULD BE USED ALONG WITH OTHER ONGOING NATIONAL, LOCAL, AS WELL AS CIVIL SOCIETY-LED SCORING PROCESS TO ENSURE THAT THE RESULTS OF THE SCORECARD ARE TRIANGULATED WITH OTHER ACCOUNTABILITY PROCESSES.

POST-2023 HLMS ACCOUNTABILITY PROCESS

The post-2023 HLMs accountability process works in a cyclical manner over the course of 5 years (Figure 2). Before the cycle begins, a country-level CSO implementer for the accountability process needs to be identified first: either to be decided by an existing CSO or key and vulnerable population-led organization network; or in the absence of a CSO or key and vulnerable community-led organization network, a CSO implementer may decide or be interested to lead the implementation of the accountability scorecard. If this is the latter, the CSO implementer will need to mobilize other CSOs working in PPPR, TB, and UHC, or through existing networks to inform and gather support for the implementation of the accountability process.

Once the implementer has been identified, the accountability cycle begins:

1. **A partnership meeting is conducted with the respective government agency.** If this is the first time that the CSO implementer will be organizing a meeting with the government, it is ideal to identify the most relevant government agency that is mandated to implement the PPPR, TB, and/or UHC program at the country level (if it's national) or local level (if it's municipality, city, or provincial level). Examples of these agencies could be the Ministry of Health National TB Programme (MoH NTP), or national health insurance commission.

2. **Two parallel accountability workshops are scheduled and conducted.** The first of these two is the CSO and community-led workshop while the second is the government-led workshop. This parallel process is important to provide a space for discussion amongst civil society and community members as well as government agencies separately. Technical partners including the Global Fund, United Nations agencies, and Stop TB Partnership who may be interested to participate can observe these two processes or may provide inputs to further contextualize the issues that are being discussed.

3. **Accountability interphase dialogue.** The interphase dialogue will be the meeting point between civil society, communities and government representatives including technical partners. At this interphase dialogue, each accountability scorecard will be presented and discussed, with an aim of developing an action plan to identify ways on how the commitments will be achieved in the remaining years of accountability following the interphase dialogue.

4. **Implementation phase**. The implementation phase of the action plan begins. During this phase, it is essential that civil society and communities devise a process to jointly monitor the progress of the implementation of the action plan. For instance, this monitoring can be carried out during a regular coordination meeting. This monitoring can also be part of an ongoing government or civil society partnership meeting, i.e. during the CCM meetings. This arrangement can be discussed and agreed during the interphase.

5. **Action plan results consolidation and preparation for review.** During this phase, the CSO implementer will need to prepare and consolidate the outputs from the action plan. This is in preparation for the partnership meeting, ideally to be conducted 11 months later in the following year, wherein results and outputs will form basis of the discussions for the next round of accountability process.

Ideally, the accountability process will take 12 months to complete per round.

The next two sections will propose a sample post-2023 HLM accountability scorecard workshop and a post-2023 HLM accountability interphase that CSO and/or community implementer may choose to follow or adapt into their local context.

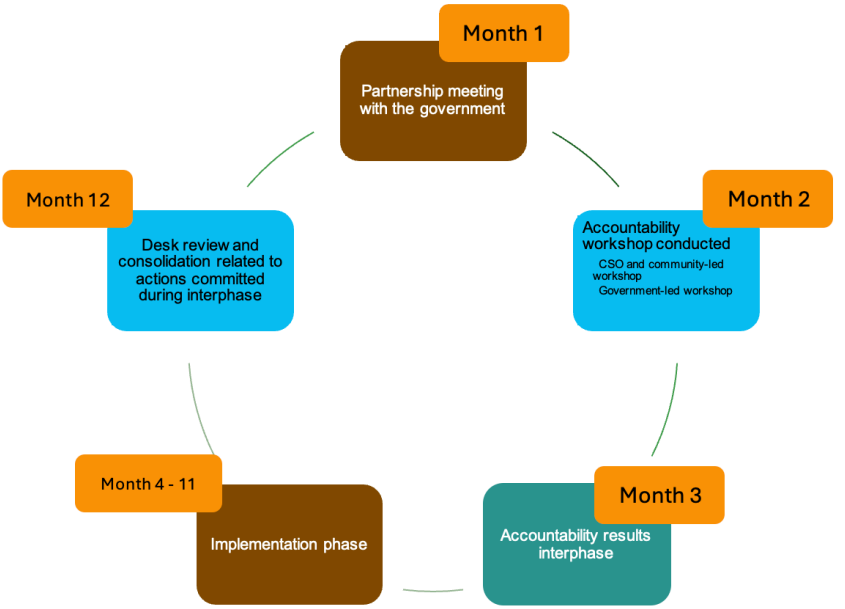


Figure 2. Post-2023 HLMs Accountability Process

3.

POST-2023 HLM ACCOUNTABILITY WORKSHOP: GUIDE FOR IMPLEMENTERS

As mentioned in the previous section, this accountability scorecard workshop should be conducted twice and in parallel with each other. While it is not necessary for the workshops to be conducted concurrently, it is crucial that they are conducted separately, and that no interaction are to be made between the two during each workshop to avoid any leaking of information that may influence the scoring in each respective workshop.

Details in this section can be customized and adopted by the implementers as needed.

WORKSHOP OBJECTIVES

The general aim of this workshop is to score the country's progress in achieving the commitments collectively made by UN Member States and adopted in each of the UN Political Declarations on PPPR, TB, and UHC, as well as in consideration of the Asia-Pacific Civil Society and Communities Statement on the 3 HLMs.

Specifically, this workshop intends to:

1. Orient or refresh participants' understanding of the 3 UN Political Declarations as well as the Asia-Pacific Civil Society and Communities Statement on the 3 HLMs;

2. Facilitate understanding of governments' efforts in meeting these commitments and how these particularly impact key and vulnerable communities that they serve; and
3. Identify gaps and hindering factors in achieving these commitments

PROPOSED PARTICIPANTS

As this workshop will run in parallel and in person, each workshop will have a different set of participants. Here is a tentative list of participants that you will need to invite in each workshop separately.

For the civil society and communities workshop, it is ideal that the workshop participants will be those coming from existing civil society-led or community-led PPPR, TB, and UHC networks and structures. This is to ensure that the workshop is anchored on existing governance or communication structures wherein civil society organisations or communities are linked together to address PPPR, TB, or UHC related issues.

Total workshop participants will ideally be between 15-20 participants.

Table 2. Proposed participants for the accountability scorecard workshop

Civil society and communities workshop	Governments workshop
Civil society and/or community-led networks working on or key affected by policies and programmes on PPPR, TB, or UHC	Ministry of Health, including representatives from the National TB Programme (NTP), and related agencies that manages UHC and PPPR, Global Fund TB programme implementers/principal recipients
Civil society and/or community-led organisations on PPPR, TB, or UHC	National One Health Action Plan implementers
Civil society principal, sub-recipients or sub sub-recipients (PRs, SRs or SSRs) of Global Fund grants	City-level or municipal-level health officers
CCM KP and civil society representatives	Health facility heads
Global Fund civil society implementers	Community health workers

MATERIALS

The Post-2023 HLMs Scorecard will need to be prepared prior to the workshop. If the workshop is to be conducted the first time, this must be handed over to the documenter (more on this below). However, if this is a workshop taking place in a succeeding year, the Scorecard from the previous year needs to be presented for this workshop.

It is important that you have the following references either printed out or available online, and shared among your participants days before your workshop and before your workshop begins. This is to ensure that your participants can read beforehand and recall the Declaration commitments as well as the key asks from the Civil Society and Community Statement on the 3 HLMs. Additional readings can also help participants in thinking about their needs and around their priorities that they can raise during the discussions:

1. Statement of Asia-Pacific Communities and Civil Society on the 3 HLMs: https://apcaso.org/resilient-sustainable-integrated-and-fully-resourced-systems-for-health-civil-society-and-communities-statement-on-the-3-hlms/
2. 2023 UN Political Declaration on Pandemic Prevention, Preparedness, and Response: https://documents.un.org/doc/undoc/ltd/n23/272/36/pdf/n2327236.pdf?token=Hunodgpk9wSHar6tZ9&fe=true
3. 2023 UN Political Declaration on Universal Health Coverage: https://documents.un.org/doc/undoc/ltd/n23/272/29/pdf/n2327229.pdf?token=NfbW9BAMsQ5RCmdZgy&fe=true
4. 2023 UN Political Declaration on the Fight Against Tuberculosis: https://documents.un.org/doc/undoc/ltd/n23/272/22/pdf/n2327222.pdf?token=6WaySt89vWOcduNY31&fe=true
5. PPPR Advocacy Brief: https://apcaso.org/2023-political-declaration-on-pppr-advocacy-brief/
6. TB Advocacy Brief: https://apcaso.org/2023-political-declaration-on-tb-advocacy-brief/
7. UHC Advocacy Brief: https://apcaso.org/2023-political-declaration-on-uhc-advocacy-brief/
8. The Beyond the HLMs Outcome Statement: https://apcaso.org/siem-reap-statement-2024-beyond-the-hlms-one-region-from-unified-vision-to-action/
9. National TB Strategy and relevant guidelines
10. National UHC Strategy and relevant guidelines
11. National PPR Strategy and relevant guidelines

Related presentations and handouts will also need to be prepared beforehand. This can either come from your respective speakers or presenters at

the workshop, or additional references such as your national health strategy plans, national guidelines, and ordinances.

BOX 1. DEVELOPING A 3 HLMS REFERENCE GUIDE

READING ALL THREE POLITICAL DECLARATIONS AND THE CIVIL SOCIETY AND COMMUNITIES STATEMENT PRIOR TO THE WORKSHOPS CAN BE A DAUNTING TASK, ESPECIALLY FOR PARTICIPANTS WHO WILL BE ENCOUNTERING THESE DOCUMENTS FOR THE FIRST TIME. TO SUPPORT THIS PROCESS, OUR PARTNER IN INDIA, TOUCHED BY TB, DEVELOPED A REFERENCE GUIDE THAT SUMMARIZES ALL RELEVANT PROVISIONS UNDER EACH CALL TO ACTION, MAKING THE REVIEW OF EACH PROVISION EASIER AND GIVING MORE TIME FOR PARTICIPANTS TO PROCESS AND DISCUSS ITS TRANSLATION INTO NATIONAL CONTEXTS.

Apart from these, workshop supplies such as Post-its, markers, and flip charts may also need to be provided. Your team can also explore alternative ways in scoring the scorecard (see Box 2).

BOX 2. SCORING USING MENTIMETER

DURING THE CIVIL SOCIETY-LED SCORECARD WORKSHOP AT THE INDONESIA PILOTING, AFTER THE PRESENTATION ON THE 3 HLMS AND THE COMMUNITIES STATEMENT WAS CONDUCTED, PARTICIPANTS WERE INVITED TO CAST THEIR SCORES ANONYMOUSLY USING MENTIMETER BASED ON A PREDEFINED SCORING SYSTEM. THIS VOTING PROCESS HELPED SURFACE THE COLLECTIVE PERCEPTION OF PROGRESS OR GAPS RELATED TO THE CALL TO ACTION. THE SCORE WITH THE HIGHEST NUMBER OF VOTES WAS SELECTED AS THE GROUP'S TENTATIVE SCORE.

FACILITATOR AND DOCUMENTER

This workshop will require a facilitator who can help steer the discussions during the workshop. Ideally, this facilitator should be someone who can be impartial from the discussions. They may be someone from civil society (for the civil society workshop) or from the government (for the government workshop) but should be refrained from participating in the discussions.

A documenter will also need to be identified prior to the workshop. The documenter will be the one responsible for recording the score and explanations into the Post-2023 HLMs Accountability Scorecard. The documenter will also need to prepare a meeting report that summarizes the results of the workshop. This documentation report will be useful in case some participants will not be present during the interphase.

These two workshops, the civil society-led and the government-led can be conducted at the same time during the first part. In this case, two facilitators and documenters will be needed for each of the workshops since they will need to be conducted in parallel (see Box 3).

BOX 3. CONDUCTING PARALLEL WORKSHOPS

IN THE PILOTING STAGE IN MONGOLIA, THE TWO SCORECARD WORKSHOPS WERE CONDUCTED AT THE SAME TIME TO SAVE COSTS AND DUE TO THE AVAILABILITY OF THE GOVERNMENT PARTICIPANTS. HOWEVER, IN ORDER TO SAVE THE INDEPENDENCE OF THE SCORING BETWEEN THE TWO PARTIES, THE GOVERNMENT REPRESENTATIVES WERE ASSIGNED TO A DIFFERENT ROOM BEFORE THE START OF THE SCORING, GIVING THEM THEIR OWN SPACE TO SCORE AND DISCUSS THEIR RESULTS.

DRAFT PROGRAMME

Time	Session and Objectives	Responsible Person and Methodology
8:30 – 9:00	1.Registration	CSO implementer secretariat
9:00 – 9:30	2.Welcome remarks 3.Introduction of participants	CSO implementer Facilitator
9:30 – 9:45	4.Walkthrough of the agenda	Facilitator
9:45 – 10:30 (30 minutes to present the 3 PDs; 15 minutes to present the Communities Statement)	5.Introduction or refresher of the 3 Political Declaration commitments & the Civil Society and Communities Statement on the 3 HLMs Objective: to orient or refresh participants' understanding of the 3 UN Political Declarations and the commitments as well as the 3 HLMs Civil Society and Communities Statement Key Asks	Guest speaker (this speaker can either be from civil society, technical partner, or from the government) This can be conducted as a presentation using the advocacy briefs, the Political Declarations, and the Civil Society and Communities Statement as references
10:30 – 11:00	Morning break	

11:00 – 12:00	6.The state of play in the PPPR, TB, and UHC in the country Objective: to understand government's efforts in achieving these commitments / to review the action plan achievements and gaps of the previous year	Speakers from governments, civil society organisations, or technical partner This session can be conducted either as a series of presentation or a panel discussion. For succeeding accountability workshops, the action plan can be presented here for review and discussion
12:00 – 13:00	Lunch	
13:00 – 13:15	7.Introduction or refresher of the 3 HLMs Accountability Scorecard	Facilitator This session will introduce or provide a refresher on the scorecard. If this is a workshop taking place on the 2nd year, this session is also meant to provide an overview of the scores that have been made during the previous year.
13:15 – 14:15	8A. Accountability Scorecard Workshop discussion Part 1: PPR Commitments and Key Asks Objective: to discuss and agree on a score in each Political Declaration commitment and Civil Society and Communities statement key asks	Facilitator The next 4 sessions will provide ample time for participants to discuss each section of the Scorecard, with 60 minutes allocated per section. The facilitator and the participants can be flexible with how the next 4 hours will be utilized for discussion. **IMPORTANT NOTE:** If this is the first time that this workshop will be held,
14:15 – 15:15	8B. Accountability Scorecard Workshop discussion Part 2: UHC Commitments and Key Asks	

15:15 – 15:30	Afternoon break	participants will need to fill in Column D to set as baseline for the review.
15:30 – 16:30	8C. Accountability Scorecard Workshop discussion Part 3: TB Commitments and Key Asks	
16:30 – 17:30	8D. Accountability Scorecard Workshop discussion Part 4: Overarching Key Asks	
17:30 – 18:00	Closing remarks and next steps Objective: this section will inform participants about the interphase and check people's availability to participate in the interphase process; and to identify a workshop representative who will present the results of the Accountability Scorecard during the interphase	CSO implementer and/or partner Facilitator
END		

4.

POST-2023 HLM ACCOUNTABILITY INTERPHASE

The post-2023 HLM Accountability Interphase will be the convergence point between the two parallel workshops from civil society and communities, and from the government representatives. This interphase will need to be conducted only after the two workshops have been implemented since the outputs of the two earlier workshops will be presented and discussed during this interphase.

INTERPHASE OBJECTIVES

This interphase aims to develop an action plan that will support the achievement of the Political Declaration commitments and Civil Society and Communities Statement Key Asks. Specifically, this interphase aims to:

1. Discuss and validate the scores from each workshop
2. Identify gaps and hindering factors in the implementation of interventions towards achieving the Political Declaration commitments and Civil Society and Communities Statement Key Asks

PROPOSED PARTICIPANTS

For the interphase, it is ideal that the same participants from the respective workshops will also participate in the interphase. This is to ensure that the participants can carry and continue the discussions from each of the workshops into the interphase, including in the discussion of the context of each respective scores during the parallel workshops. Total number of participants for the interphase should be around 25-30 participants.

MATERIALS

There are four key documents that should be made available for the interphase round: the two (2) accountability scorecards and two (2) workshop minutes. Apart from these four, materials from the workshop can also be made available to interphase participants for reference.

Ideally, the CSO implementer and the government partner can collaborate in the organizing of this interphase – from the selection of venue and other logistics. This can already be agreed during the inception phase of this accountability exercise, or as the accountability process is taking place.

FACILITATOR AND DOCUMENTER

Similar to the workshops, having a facilitator is necessary to maintain an impartial and balanced facilitation of the discussions during the interphase, and to support participants when they develop their action plans. Likewise, a documenter will also need to capture the discussions through a reportage including in documenting the contents of the action plan.

DRAFT PROGRAMME

Time	Session and Objectives	Responsible Person and Methodology
8:30 – 9:00	1.Registration	Secretariat
9:00 – 9:30	2.Welcome remarks 3.Introduction of participants	Government CSO implementer Facilitator
9:30 – 9:45	4.Walkthrough of the agenda	Facilitator

9:45 – 10:15	5A. Presentation of the results from the Accountability Scorecards: PPPR HLM Key Asks result Objective: to present and discuss the results of the accountability scorecard workshops, specifically on the scores	Representative from each workshop to present their respective score for each section. Facilitator would ask questions to trigger the participants into thinking: 1. Why did the group score that way? 2. What information was missing? If the information has been known, will it change the scoring? 3. What are the gaps and hindering factors in achieving the Political Commitment or the Key Asks further? The documenter or the facilitator will be required to take notes of these gaps and hindering factors on a flip chart in front of the room so that everyone can see.
10:15 – 10:30	Morning break	
10:30 – 11:00	5B. Presentation of the results from the Accountability Scorecards: UHC HLM Key Asks result	
11:00 – 11:30	5C. Presentation of the results from the Accountability Scorecards: TB HLM Key Asks result	
11:30 – 12:00	5D. Presentation of the results from the Accountability Scorecards: Overarching Key Asks result	
12:00 – 13:00	Lunch	

13:00 – 15:00	6. Action planning	Facilitator will introduce the action plan template to the participants. They will then group the participants into 4: PPPR group, UHC group, TB group, and Overarching Key Asks group. Each group will need to assign a facilitator and a notetaker who should have access to the action plan template (either online or using flip chart). Each group will be given 45 minutes to develop their respective action plans using the proposed template (see below). They can refer to the "gaps and hindering factors" that they have identified in the previous session in identifying their activities and interventions. Once the time is up, each group will present their action plan to the rest of the participants for any additional inputs.

15:00 – 15:30	Closing and next steps Objective: this section will inform participants about the implementation phase and schedule of the next accountability workshop the following year; and to decide on the caretaker organization that will keep the accountability scorecards and the action plan during the implementation process until the next accountability exercise the following year.	CSO implementer and/or partner Facilitator
END		

ACTION PLAN TEMPLATE

This action plan template should be accomplished by each of the 4 groups during the interphase. The assigned notetaker is responsible in capturing the interventions that were identified during the breakout group planning. A consolidated version can be developed either by the documenter or by the CSO implementer/caretaker organization at a later period.

Interventions	Which section (PPPR, TB, UHC, Overarching)	Timeline (indicate year)				Lead partner	Collaborating partners	Resources available (in local currency)	Support needed	Progress status (to be accomplished from 2025 onwards)
		Q1	Q2	Q3	Q4					
Existing interventions that need to be strengthened or improved										
(add additional rows if necessary)										
New interventions that need to be implemented										
(add additional rows if necessary)										

DATA SAFETY AND MANAGEMENT

There are several important documents that this exercise will produce over the course of its implementation. These are as follows:

1. Accountability scorecard – CSO version
2. Accountability scorecard – Government version
3. Individual or consolidated action plans per year for PPPR, TB, UHC, and Overarching Asks
4. Workshops and Interphase minutes and proceedings

Both accountability scorecards are updated annually during the accountability workshops. Likewise, a number of individual or consolidated action plans are developed over the course of the 5-year accountability process. These documents are important tools in succeeding accountability workshops; hence, stakeholders must ensure that these documents are well-kept throughout the five-year review. What this means to to the caretaker of these documents are:

- During the implementation process, only the action plans should be made available among lead and collaborating partners as well as to the CSO implementer who will be monitoring the action plan
- Neither contents can be altered, nor additional information can be added to the accountability scorecard or to the action plan during the implementation process
- Accountability scorecards and action plans must be kept in a safe place either online or offline

5.
ANNEXES

ANNEX A: 3 HLMS ON HEALTH ACCOUNTABILITY SCORECARD

The Accountability Scorecard can be downloaded here or through the QR link below:

https://docs.google.com/spreadsheets/d/1ghhAWgFBlvM9QTxXgjFj2soc9M4dBvQR/edit?usp=share_link&ouid=103326698105413708887&rtpof=true&sd=true

ANNEX B: ACCOUNTABILITY SCORECARD REFERENCE GUIDE

Dear participants,

Kindly refer the Excel sheet of the community score card. There are four major sections in the sheet

1. PPPR Key Communities and Civil Society Asks
2. UHC Key communities and Civil society Asks
3. TB Key Communities and Civil Society Asks
4. Overarching Key Communities and Civil Society Asks

Each major sections has sub-sections of the communities and civil society asks are numbered as 1.1, 1.2 and so on. Under each of them are the Political Declaration commitments that are categorized as TB, UHC, and PPPR and are numbered originally (e.g. 55, 59, etc. based on their actual provision number). **These are not the original complete versions but are select provisions that are reproduced for your easy reference.** Please ask the organizers of this meeting for the full and complete copy of the Political Declarations if you need them.

What we need to do is collectively give a score for each of the sub sections having the following values considering the progress made in our country.

N/A- Data not available and/or no response from the workshop

0- Not achieved by our government (no pronouncement made and no program or policy in place

1- Somewhat achieved by our government (pronouncement is made but no program or policy in place

2- Mostly achieved by our government (pronouncement is made and program or policy are put in place but not yet implemented

3- Fully achieved by our government (pronouncement is made program or policy is /are active and ongoing and are integrated into national strategic plans)

1. PPPR key communities and Civil Society Asks

1.1 Strengthen systems for health and establish national frameworks for PPPR

55 Leverage the potential of the multilateral system and call upon the relevant entities of the United Nations development system, within their respective mandates, and through coordinated actions, primarily by the World Health Organization, as the directing and coordinating authority on international health work in accordance with its Constitution, as well as the reinvigorated resident coordinators and the United Nations country teams, within their respective mandates, as well as other relevant global actors, including the international financial institutions and development banks, civil society, the private sector and academia, to assist and support countries, in particular developing countries, in their efforts to strengthen and ensure pandemic prevention, preparedness and response at the national level, in accordance with their respective national contexts, priorities and competences

59 Reaffirm the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own paths towards pandemic prevention, preparedness and response, in accordance with national contexts and priorities, which is critical for minimizing public health hazards and vulnerabilities as well as delivering effective prevention, surveillance, early warning and response in health emergencies;

60 Strengthen legislative and regulatory frameworks, promote greater policy coherence and ensure sustainable and adequate financing to implement and evaluate high-impact policies to protect people from pandemics and other health emergencies, taking into account social, economic and environmental determinants of health by working across all sectors through a whole-of-government and whole-of-society and health-in-all-policies approach and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated action and response

65 Prioritize pandemic prevention, preparedness and response in national priorities, as appropriate, informed by science and with full respect for human rights and development needs, ensure a whole-of-government and whole-of-society approach, to achieve universal health coverage with primary health care as its cornerstone, which is fundamental to realizing the 2030 Agenda for Sustainable Development, to build resilient health systems able to maintain essential public health functions, services and access to these, to support and protect the health workforce, and to institute social and economic support that can sustain the widespread uptake of public health measures

1.2 Equitable access to health innovation, technologies, and pandemic medical products and equipment including vaccines, therapeutics and diagnostics

31 Urge the sustainable, affordable, fair, equitable, effective, efficient and timely access to medical countermeasures, including vaccines, therapeutics, diagnostics and other health products, and call upon the World Health Organization to coordinate this with relevant partners, ensuring coherence with the ongoing discussions of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) in Geneva

35 Promote the supply and distribution of sustainable, fair, equitable, effective, efficient, quality, safe, affordable medicines, including generics, vaccines, diagnostics and other health technologies and innovation, to ensure timely access and delivery of affordable quality health services;

37 Reaffirm the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), which provides flexibilities for the protection of public health and promotes access to medicines for all, in particular for developing countries, and the World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices, while noting the discussions in the World Trade Organization and other relevant international organizations, including on innovative options to enhance the global effort towards the production and timely and equitable distribution of COVID-19 vaccines, therapeutics, diagnostics and other health technologies, including through local production

1.3 Involve communities in public health surveillance systems

None

1.4 Include social protection and related mechanisms to mitigate social and economic impacts on communities during public health emergencies

32 Call for equity, social justice and social protection mechanisms to ensure universal and equitable access to timely and quality health and social services without financial hardship for all people, particularly for those who are vulnerable or in vulnerable situations, as well as the elimination of the root causes of discrimination and stigma in health-care settings, including during pandemics and other health emergencies

57 Ensure a multi sectoral approach towards pandemic prevention, preparedness and response, given the multifaceted causes and consequences of pandemics, including their potential impact on social protection, education, agriculture, the environment, trade, travel, tourism, development and other sectors and at all levels;

1.5 Establish protective mechanisms for people vulnerable to gender-based violence during public health emergencies

48 Support the provision of adequate remuneration, resources and training to health professionals, especially those cadres typically underrepresented in the health workforce, and ensure that they have safe and decent working conditions with adequate protections, including prioritized and timely access to vaccines and personal protective equipment, gender-responsive workplace policies, addressing underpayment and the gender pay gap, ensuring equal pay for work of equal value and protecting health workers, particularly women, from violence and harassment, including sexual harassment, exploitation and abuse;

2. Universal Health Coverage Key Communities and Civil Society Asks

2.1 Strengthen Community systems for Health-

None

2.2 Financing and Domestic Resource Mobilisation

46 Strengthen national efforts, international cooperation and global solidarity at the highest political level to accelerate the achievement of universal health coverage by 2030, with primary health care as a cornerstone, to ensure healthy lives and promote well-being for all throughout the life course, and in this regard re-emphasize our resolve:

(a) To progressively address the global shortfall of 523 million people without access to quality essential health services and safe, effective, quality, affordable essential medicines, vaccines, diagnostics and health technologies, in order to provide coverage for 1 billion additional people by 2025, with a view to covering all people by 2030;

(b) To reverse the trend of rising catastrophic out-of-pocket health expenditure by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those who are vulnerable or in vulnerable situations

47 Increase and sustain political leadership at the national level for the achievement of universal health coverage by strengthening legislative and regulatory frameworks, promoting policy coherence and ensuring sustainable and adequate financing to implement high-impact policies to protect and promote people's health, including by providing financial risk protection, and comprehensively addressing social, economic, environmental and other determinants of health by working across all sectors through health-in-all-policies approach, and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, whole -of-government and whole-of-society approach, and to promote social participation

49 Strengthen national health plans and policies based on a primary health-care approach to support the provision of a comprehensive, evidence-based, nationally determined and costed package of health services with financial protection for all, to promote and enable access to the full range of integrated, quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies needed for health and well-being throughout the life course; 64 Ensure availability of and access to health services for all persons with disabilities, to enable their full participation in society and achievement of their life goals, including by removing physical, attitudinal, social, structural and financial barriers, and providing quality standards of care as well as scaling up efforts for their empowerment, participation and inclusion, noting that persons with dis abilities, who represent 16 per cent of the global population, continue to experience unmet health needs

83 Continue to pursue policies towards adequate, sustainable, effective and efficient health financing and investments in universal health coverage and health systems strengthening through close collaboration among relevant authorities, including finance and health authorities, to respond to unmet health needs and to eliminate financial barriers to access to quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and other health technologies, reduce out-of-pocket expenditures which lead to financial hardship and ensure financial risk protection for all throughout the life course, especially for the poor and those in vulnerable situations;

86 Prioritize and optimize budgetary allocations on health through investing in primary health care and ensure adequate financial resources for a nationally determined package of health services for universal health coverage, in accordance with national contexts and priorities, while recalling the recommended target of an additional 1 per cent of gross domestic product or more for primary health care and noting that higher government spending is associated with lower reliance on out-of- pocket expenditures and lower prevalence of catastrophic health spending;

2.3 Integration of Mental Health Services

55 Strengthen efforts to address the specific physical and mental health needs of all people as part of universal health coverage, building on commitments made in 2019, by advancing comprehensive approaches and integrated service delivery and striving to ensure that challenges are addressed and the achievements are sustained and expanded, including for:

(a) HIV/AIDS, sexually transmitted infections, tuberculosis, malaria, polio, hepatitis, neglected tropical diseases including dengue, cholera, and other emerging and re-emerging infectious diseases;

(b) Non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, mental health conditions and psychosocial disabilities, and neurological conditions, including dementia;

(c) Eye health conditions, hearing loss, musculoskeletal conditions, oral health, and rare diseases;

(d) Injuries and deaths, including those related to road traffic accidents and drowning, through preventive measures and strengthening an integrated emergency, critical and operative care system

58 Scale up efforts in primary and specialized health services for the prevention, screening, treatment and control of non-communicable diseases and promotion of mental health and well-being throughout the life course, including access to safe, effective, quality and affordable essential medicines, vaccines, diagnostics and health technologies, and palliative care, and understandable, high - quality, accessible and patient-friendly information on their use as part of the health promotion policies

59 Scale up measures to promote and improve mental health and well-being as an essential component of universal health coverage, including by addressing the determinants that influence mental health, brain health, neurological conditions, substance abuse and suicide, and by developing comprehensive and integrated services to promote mental health and well-being, while fully respecting human rights, noting that these conditions are an important cause of morbidity and have comorbidities with communicable and other non-communicable diseases and contribute to the global burden of disease;

66 Address the physical and mental health needs of Indigenous Peoples, with full consideration to their social, cultural and geographic realities, providing access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and strengthening access to immunization for Indigenous Peoples

96 Strengthen the resilience of health systems by ensuring that primary health care, referral systems, and essential public health functions, including prevention, early detection and control of diseases, are among the core components of prevention of and preparedness for health emergencies, in order to respond to such emergencies while maintaining the provision of and access to essential health services and medicines, especially routine immunization, as well as mental health support, or to quickly reinstate them after disruption and commit to strengthening public health systems across all countries, including to implement the International Health Regulations (2005), while recognizing that many countries still lack necessary public health infrastructure;

2.4 Enhance Equity in UHC

None

2.5 Establish inclusive and participative governance for UHC

None

3. TB Key Communities and Civil Society Asks

3.1 Changed Paradigm in global, regional and country responses to end TB by addressing social determinants of health

78 Commit to strengthen the meaningful engagement of parliaments, civil society, the educational system and tuberculosis-affected local communities, including young people and women, in all aspects of the tuberculosis response, to ensure that the response is equitable, inclusive, people-centred and promotes gender equality and respects human rights, including with regard to policymaking forums, planning, comprehensive tuberculosis care delivery, and national multisectoral accountability and review mechanisms as appropriate, and increase and sustain investment for initiatives, in particular at the community level, and in line with national contexts;

3.2 Increase investments to close gaps in funding for community lead advocacy and human rights interventions

None

3.3 Establish and strengthen the linkage of efforts between the TB programme and UHC

58 Strive to ensure that tuberculosis services are essential elements of national and global strategies and efforts to achieve universal health coverage, to

address antimicrobial resistance, and to strengthen pandemic prevention, preparedness and response to ensure uninterrupted diagnosis, prevention, treatment, affordable and quality-assured antibiotics, surveillance and research-related tuberculosis activities for all people, while ensuring that the fight against tuberculosis is not devalued as a result of health emergencies;

61 Support building capacities, skills and expertise and developing local and regional manufacturing capacities for health tools, including in developing countries, while recognizing that the high prices of some health products, and the inequitable access to such products within and among countries, as well as financial hardships associated with high prices of health products, continue to impede progress towards achieving universal health coverage and ending tuberculosis, among other diseases, by 2030

3.4 Prioritize financing and capacity building of human resources in the TB programme

None

3.5 Utilise holistic, human rights – based and people centered strategies for equitable and sustainable access to TB prevention, treatment and care

77 Commit to intensify national efforts to create enabling legal and social policy frameworks to combat inequalities, in order to eliminate all forms of tuberculosis-related stigma, discrimination, inequality and other barriers, including those negatively impacting human rights, and to adopt equitable, inclusive and gender-responsive approaches, as appropriate, to address barriers to tuberculosis services that reflect the different ways men and women can be affected by tuberculosis and achieve a more effective response and greater results, so that no one is left behind in the fight against tuberculosis;

4. Overarching Key communities and civil society asks

4.1 Shift from "resilient and sustainable systems for health" to "resilient, sustainable, and integrated systems for health"

PPPR (52, 60, 61, 63)

52 Ensure, by 2030, universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, which is fundamental to the achievement of universal health coverage, while reaffirming the commitments to ensure universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the

International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;

60 Strengthen legislative and regulatory frameworks, promote greater policy coherence and ensure sustainable and adequate financing to implement and evaluate high-impact policies to protect people from pandemics and other health emergencies, taking into account social, economic and environmental determinants of health by working across all sectors through a whole-of-government and whole-of-society and health-in-all-policies approach and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated action and response

61 Take measures to embed multisectoral emergency coordination within strengthened and sustainably financed national health systems linked to multiple sectors and systems, including disaster risk management systems, and support its implementation by a well-resourced and protected health emergency workforce underpinned by disaggregated data, integrated analytics, research and innovation, informed by dynamic assessments and monitoring of potential health threats, vulnerabilities and functional capabilities, and strong links to regional and global support, coordination and collaboration structures and mechanisms across all phases of the health emergency cycle of preparing for, preventing, detecting and responding to pandemics

63 Recognize the need to strengthen stakeholder engagement, including in pandemic prevention, preparedness and response, and ensure sustainability, while including those most affected by pandemics or other health emergencies, and integrate all relevant stakeholders, local communities, civil society and academia, in global health governance processes, through transparent information-sharing and inclusive processes;

UHC (55, 59)

55 Strengthen efforts to address the specific physical and mental health needs of all people as part of universal health coverage, building on commitments made in 2019, by advancing comprehensive approaches and integrated service delivery and striving to ensure that challenges are addressed and the achievements are sustained and expanded, including for:

(a) HIV/AIDS, sexually transmitted infections, tuberculosis, malaria, polio, hepatitis, neglected tropical diseases including dengue, cholera, and other emerging and re-emerging infectious diseases;

(b) Non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, mental health conditions and psychosocial disabilities, and neurological conditions, including dementia;

(c) Eye health conditions, hearing loss, musculoskeletal conditions, oral health, and rare diseases;

(d) Injuries and deaths, including those related to road traffic accidents and drowning, through preventive measures and strengthening an integrated emergency, critical and operative care system;

59 Scale up measures to promote and improve mental health and well-being as an essential component of universal health coverage, including by addressing the determinants that influence mental health, brain health, neurological conditions, substance abuse and suicide, and by developing comprehensive and integrated services to promote mental health and well-being, while fully respecting human rights, noting that these conditions are an important cause of morbidity and have comorbidities with communicable and other non-communicable diseases and contribute to the global burden of disease

TB (50, 52)

50 Given that one third of deaths among people living with HIV are due to tuberculosis and that HIV is associated with poorer tuberculosis treatment outcomes, recommit to strengthen coordination and collaboration between tuberculosis and HIV programmes, with the support of relevant United Nations specialized agencies, funds and programmes and other stakeholders in the follow-up to the 2021 high-level meeting of the General Assembly on HIV and AIDS to ensure universal access to integrated prevention, diagnosis, treatment and care services, including through promoting testing for HIV among people with tuberculosis and screening all people living with HIV regularly for tuberculosis, especially using diagnostics appropriate for people with advanced HIV disease who are most at risk of dying from tuberculosis, providing tuberculosis preventive treatment, and addressing common social and economic determinants of HIV, tuberculosis and related comorbidities and structural barriers to health services, such as stigma, discrimination and gender inequality, leaving no one behind;

52 Commit to ensure meaningful participation and inclusion of persons with disabilities, including those affected by tuberculosis, through non-discrimination, equality of opportunities, accessibility to all tuberculosis services, and integrated tuberculosis services for persons with disabilities, including comprehensive rehabilitation and social support services for tuberculosis survivors with disabilities in line with the Convention on the Rights of Persons with Disabilities;

4.2 Address social determinants of health that influence and impact people's access to quality healthcare

PPPR (60)

60 Strengthen legislative and regulatory frameworks, promote greater policy coherence and ensure sustainable and adequate financing to implement and evaluate high-impact policies to protect people from pandemics and other health emergencies, taking into account social, economic and environmental determinants of health by working across all sectors through a whole-of-government and whole-of-society and health-in-all-policies approach and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated action and response

UHC (47, 87)

47 Increase and sustain political leadership at the national level for the achievement of universal health coverage by strengthening legislative and regulatory frameworks, promoting policy coherence and ensuring sustainable and adequate financing to implement high-impact policies to protect and promote people's health, including by providing financial risk protection, and comprehensively addressing social, economic, environmental and other determinants of health by working across all sectors through health-in-all-policies approach, and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, whole -of-government and whole-of-society approach, and to promote social participation;

87 Mobilize domestic public resources as a major source of financing for universal health coverage, through political leadership, consistent with national capacities, and expand pooling of resources allocated to health, promote better allocation and use of resources, improve health systems efficiency, address the environmental, social and economic determinants of health, consider new ways to progressively raise public sources of revenue, improve the efficiency of public financial management, accountability and transparency, and prioritize coverage of the poor and people in vulnerable situations, while noting the role of and the risks associated with private sector investment, as appropriate

TB (39)

39 Commit to protect and promote the right to the enjoyment of the highest attainable standard of physical and mental health, and the right to enjoy the benefits of scientific progress and its application in order to advance towards universal access to quality, affordable, inclusive, equitable and timely prevention, diagnosis, treatment, care and awareness-raising related to tuberculosis, and address its economic and social determinants

4.3 Improve financing for TB, UHC, and PPPR

PPPR (60, 76)

60 Strengthen legislative and regulatory frameworks, promote greater policy coherence and ensure sustainable and adequate financing to implement and evaluate high-impact policies to protect people from pandemics and other health emergencies, taking into account social, economic and environmental determinants of health by working across all sectors through a whole-of-government and whole-of-society and health-in-all-policies approach and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated action and response;

76 Leverage existing financing tools, including multilateral development banks, to mobilize additional timely, reliable, flexible, equitable, predictable and sustainable funding for pandemic prevention, preparedness and response, as well as funding for rapid surge financing for responses in the event of a public health emergency of international concern, strengthening financing mechanisms for global health and other relevant sectors, as well as their roles and responsibilities;

UHC (83, 85, 87)

83 Continue to pursue policies towards adequate, sustainable, effective and efficient health financing and investments in universal health coverage and health systems strengthening through close collaboration among relevant authorities, including finance and health authorities, to respond to unmet health needs and to eliminate financial barriers to access to quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and other health technologies, reduce out-of-pocket expenditures which lead to financial hardship and ensure financial risk protection for all throughout the life course, especially for the poor and those in vulnerable situations;

85 Scale up efforts to ensure nationally appropriate spending targets for quality investments in public health, consistent with national sustainable development strategies, in accordance with the Addis Ababa Action Agenda, and transition towards sustainable financing through domestic public resource mobilization;

87 Mobilize domestic public resources as a major source of financing for universal health coverage, through political leadership, consistent with national capacities, and expand pooling of resources allocated to health, promote better allocation and use of resources, improve health systems efficiency, address the environmental, social and economic determinants of health, consider new ways to progressively raise public sources of revenue, improve the efficiency of public financial management, accountability and transparency, and prioritize coverage

of the poor and people in vulnerable situations, while noting the role of and the risks associated with private sector investment, as appropriate

TB (62, 64, 65)

62 Commit to mobilize sufficient, adequate, predictable and sustainable financing for universal access to quality tuberculosis prevention, diagnosis, treatment and care within and beyond the health sector to address determinants and drivers of the tuberculosis epidemic, from all sources, with the aim of reaching overall global investments of at least 22 billion United States dollars a year by 2027, and 35 billion annually by 2030 as estimated by the Stop TB Partnership by enhancing global solidarity, and through domestic and international investment mechanisms, including innovative financing mechanism, aligned with costed and budgeted national health plans and strategies to end tuberculosis and its complications or sequelae in collaboration with the World Health Organization and the Global Fund to fight AIDS, Tuberculosis and Malaria;

64 Commit to work towards the increase of funding from the bilateral donors and financial mechanisms such as the Global Fund and financing institutions such as the World Bank and the Regional Development Banks, and private sector and innovative financing mechanisms including co-financing schemes and mobilize
additional funding;

65 Commit to give particular attention to high-burden countries, including by supporting efforts in eliminating tuberculosis through prevention efforts and access to quality diagnosis, treatment and care, including access to affordable diagnostic tools and drug treatment, as well as financing innovations, research and development;

4.4 Strengthen "whole of society" approach to TB, UHC, and PPPR through inter sectoral movement-building

PPPR (60)

60 Strengthen legislative and regulatory frameworks, promote greater policy coherence and ensure sustainable and adequate financing to implement and evaluate high-impact policies to protect people from pandemics and other health emergencies, taking into account social, economic and environmental determinants of health by working across all sectors through a whole-of-government and whole-of-society and health-in-all-policies approach and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated action and response

UHC (104)

104 Promote participatory, inclusive approaches to health governance for universal health coverage, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders, including local communities, health workers and care workers in the health sector, volunteers, civil society organizations and youth in the design, implementation and review of universal health coverage, to systematically inform decisions that affect public health, so that policies, programmes and plans better respond to individual and community health needs, while fostering trust in health systems;

TB

None

4.5 Recognise socially, economically, and politically marginalized, key and vulnerable populations as key to achieving 3 HLM targets

PPPR (34)

34 Address the particular needs and vulnerabilities of, inter alia, women, children, youth, persons with disabilities, people living with HIV/AIDS, tuberculosis, malaria and neglected tropical diseases and other communicable diseases, non-communicable diseases, older persons, migrants, refugees, internally displaced Address the particular needs and vulnerabilities of, inter alia, women, children, youth, persons with disabilities, people living with HIV/AIDS, tuberculosis, malaria and neglected tropical diseases and other communicable diseases, non-communicable diseases, older persons, migrants, refugees, internally displaced

UHC (48)

48 Ensure that no one is left behind, with an endeavour to reach the furthest behind first, and address the physical and mental health needs of all, while respecting and promoting human rights and the dignity of the person and the principles of equality and non-discrimination, as well as empowering those who are vulnerable or in vulnerable situations, including women, children, youth, persons with disabilities, people living with HIV/AIDS, older persons, people of African de scent, Indigenous Peoples, refugees, internally displaced persons and migrants, and those living in poverty and extreme poverty in both urban and rural areas, people living in slums, informal settlements or inadequate housing

TB (51)

51 Commit to strengthen comprehensive care for all people with tuberculosis, using specific models of care such as nutritional and mental health and psychosocial support, social protection, as well as rehabilitation, treatment of post-tuberculosis lung disease, and palliative care, paying particular attention to people in vulnerable situations or who are vulnerable to tuberculosis, including women during pregnancy, lactation and postpartum period, children and adolescents, people living with HIV, persons with disabilities, including those with lifelong disabilities due to tuberculosis, Indigenous Peoples, health-care workers, older persons, migrants, refugees, internally displaced people, people living in situations of complex emergencies, stateless persons, people in prison and other closed settings, people living in impoverished areas, people affected by extreme poverty, miners and others exposed to silica, undernourished people, ethnic minorities, people and communities at risk of exposure to bovine tuberculosis, taking into account the higher prevalence of tuberculosis among men and that the gaps in case detection and reporting are higher among men;