BACKGROUND

In November 2017, 117 national delegations adopted the Moscow Declaration to End TB at the first WHO Global Ministerial Conference on Ending TB: A Multisectoral Response. They committed to “supporting the development of a multisectoral accountability framework” to accelerate progress to end TB. They called on WHO to develop the framework, working in close cooperation with relevant partners.

At the 71st World Health Assembly (WHA) in May 2018, Member States welcomed the WHO draft multisectoral accountability framework (hereafter referred to as the MAF-TB). The WHA also requested the Director-General to continue to develop the MAF-TB, in consultation with Member States, and working in close collaboration with partners, as well as to provide technical support for national adaptation and use of the MAF-TB.

In the Political Declaration of the UN General Assembly High-Level Meeting on the fight against TB in September 2018, Member States committed to and called for the Director-General of WHO to finalize the MAF-TB and ensure its timely implementation in 2019.

WHO finalized the MAF-TB, building on contributions from Member States, partners, including from civil society. It was released in May 2019.

AIM

The MAF-TB aims to guide the strengthening of accountability by Member States, as well as multisectoral partners and stakeholders, at national, regional and global levels in order to accelerate progress to end the TB epidemic by 2030, including the meeting of commitments and targets set for 2022 and 2030 in the UN Sustainable Development Goals, the WHO End TB Strategy and in the Political Declaration of the 2018 UN General Assembly High-Level Meeting on the fight against TB.

The MAF-TB can help support the process of defining who is accountable, what they are accountable for, and how they will be held accountable, at country and local levels, as well as at regional and global levels. The four essential components of the MAF-TB are shown below in a cycle. These components are consistent with frameworks and measures in many other fields across sectors.

The next pages provide an overview of proposed accountability measures and mechanisms at Country (including local) Level and at Global/Regional Levels. These proposed elements are subject to adaptation, given national constitutional, legal and regulatory frameworks, and may be informed by political, social, professional, moral and ethical codes of conduct and uncodified traditions and conventions.
MONITORING AND REPORTING
Routine recording and reporting of tuberculosis cases, treatment outcomes and other End TB Strategy indicators via national information system consistent with WHO guidance and that meets WHO quality and coverage standards for tuberculosis surveillance

Routine death registration, with coding of causes of death according to international standards, in national vital registration system that meets WHO quality and coverage standards

National surveys and other special studies

National tuberculosis report (annual), and associated products customized for particular audiences

Annual reporting to WHO

Civil society and nongovernmental organization reports, and associated products

COMMITMENTS
Sustainable Development Goals for 2030 (adopted in 2015)
• Target 3.3 to end the tuberculosis epidemic, and other relevant targets

WHO’s End TB Strategy (adopted in 2014) and associated WHA resolutions
• Targets (2030, 2035) and milestones (2020, 2025), adapted to national level; pillars and principles

Political Declaration of the United Nations General Assembly high-level meeting on Ending AIDS (2016)

Moscow Declaration at WHO Global Ministerial Conference on ending tuberculosis (2017)

Political Declaration of the United Nations General Assembly high-level meeting on tuberculosis (2018)

Other national, regional, country group/bloc or global commitments relevant to tuberculosis.

REVIEW
Periodic (e.g. annual) review of the tuberculosis response using a national-level review mechanism (e.g. inter-ministerial commission), with:
• high-level leadership – preferably under the direction of the head of government or head of state, especially in countries with a high tuberculosis burden
• a multisectoral perspective
• engagement of key stakeholders such as civil society and tuberculosis-affected communities, parliamentarians, local governments, the private sector, universities, research institutes, professional associations and other constituencies, as appropriate

Periodic review of the national tuberculosis programme (or equivalent) including independent experts, either specific to tuberculosis or as part of health sector reviews

Other reviews, such as those on specific topics

ACTIONS (examples)
National (and local) strategic and operational plans to end (or eliminate) tuberculosis, with a multisectoral perspective and covering government and partners, consistent with End TB Strategy and other WHO guidance: development, funding and implementation

Development and use of a national MAF-TB

Establishment, strengthening or maintenance of a national multisectoral mechanism (e.g. inter-ministerial commission) tasked with providing oversight, coordination and periodic review of the national tuberculosis response

Revisions to plans and policies, and associated activities, based on monitoring, reporting and recommendations from reviews

Engagement with private sector, professional societies, civil society and tuberculosis-affected communities and patient groups

Activities undertaken by civil society, tuberculosis-affected communities and patient groups, parliamentarians and the private sector

Delivery of tuberculosis prevention, diagnosis, treatment and care services

Development and enforcement of relevant legislation

Universal health coverage policy – development and implementation

Multisectoral actions on social determinants of tuberculosis

Maintenance or strengthening of national health information and vital registration systems

Media campaigns and social mobilization

Fig. 2a. Multisectoral accountability framework for tuberculosis (MAF-TB):
National (including local) level – for individual countries, with adaptation according to national constitutional, legal and regulatory frameworks and other relevant factors

Italicized text indicates elements that do not yet exist or are not yet in place in many countries, including those with a high burden of tuberculosis. Other elements (especially those listed under actions) also need strengthening in many countries.
MEMBER STATE ACTIONS: ADAPT, ADOPT, AND IMPLEMENT THE MAF-TB

✔ **ASSESS** the baseline status of elements under each component. There will be differences among countries in the extent to which elements already exist, need strengthening or are relevant, and how they are put into practice. There may also be elements not shown in here that should be added.

✔ **RECOGNIZE** that country MAF-TB will vary given factors such as: the level and characteristics of the TB burden, existing constitutional, legal, regulatory and administrative frameworks and systems, the nature of nongovernmental, civil society and private sector institutions and engagement, and the status of social and economic development.

✔ **INVOLVE** officials across government sectors, nongovernmental organizations, civil society and tuberculosis-affected communities, United Nations and other multilateral and bilateral agencies operating at country level, parliamentarians, professional associations, public-private partnerships and the private sector.

✔ **ADOPT AND IMPLEMENT A NATIONAL MAF-TB IN 2019**, including new/strengthened commitments, actions, monitoring and reporting, and review mechanisms.

✔ **MONITOR AND REVIEW** the MAF-TB itself for robust accountability.

WHO ROLES AND ACTIONS

To ensure the effective implementation of the MAF-TB at national and global and regional level, WHO will build on its mission and core functions. WHO has a unique status as a science- and evidence-based organization that sets globally-applicable norms and standards, and provides other global public goods that help to ensure health for all people. WHO’s ongoing efforts in fostering partnerships with global, regional and national stakeholders in supporting Member States and promoting engagement of civil society and other non-State actors also will be essential. Specifically, WHO will:

✔ **PROMOTE COLLABORATION**, in close collaboration with the UN Secretary-General, among all stakeholders to end the tuberculosis epidemic and to implement the political declaration of the UN high-level meeting, with Member States and relevant entities, as requested in the Political Declaration of the UN high-level meeting on the fight against TB.

✔ **GUIDE AND SUPPORT** Member States and partners, as appropriate, for national adaptation and use of the MAF-TB, as requested by the WHA.

✔ **COORDINATE AND SUPPORT** adaptation and use at regional/global level, working with Member States, partners, including civil society and affected communities, and multisectoral stakeholders.

WHO is working with Member States to adapt and implement the 4 components for strengthened multisectoral accountability, working with all stakeholders including civil society. Among national efforts, Presidential decrees and initiatives, high-level review mechanisms and civil society fora and audits are underway. Progress will be reported in the UN Secretary-General’s report to the General Assembly in 2020.