



TB WOMEN STRATEGIC PLAN 2021 – 2025

"A just and inclusive society, where women in all our diversity are empowered to realize a world free from TB"

TB Women Strategic Plan 2021-2025
Copyright © 2021 TB Women

Facebook: [/TBWomenGlobal](#)
Instagram: [/TBwomenglobal](#)
Twitter: [@TBWomenGlobal](#)

Table of Contents

| | |
|-------------------|---|
| Acronyms | 4 |
| Acknowledgements | 5 |
| Foreword | 6 |
| Executive Summary | 7 |

CHAPTER 1

Introduction, Context and Institutional Framework 9

| | |
|--|----|
| <u>1.1</u> Introduction | 10 |
| <u>1.2</u> Functions & Mandate of TB Women | 14 |
| <u>1.3</u> Governance and Management | 15 |

CHAPTER 2

Strategic Direction 16

| | |
|---|----|
| <u>2.1</u> Vision Statement | 17 |
| <u>2.2</u> Mission Statement | 17 |
| <u>2.3</u> Core Values | 17 |
| <u>2.4</u> Strategic Pillars, Objectives, and Outputs | 18 |
| <u>2.5</u> Rationale of Strategic Objectives and Action | 20 |

| | |
|------------|----|
| References | 29 |
|------------|----|



Acronyms

| | |
|-----------------|---|
| ACT | African Coalition of TB Activists |
| ACT! AP | Activists' Coalition on TB Asia-Pacific |
| CHW | Community Health Care Workers |
| CLM | Community Led Monitoring |
| CSEM | Civil Society Engagement Mechanism |
| CSS | Community Systems Strengthening |
| CRG | Community, Rights, and Gender |
| COVID-19 | Coronavirus disease 2019 |
| CS | Civil society |
| CG | Community Groups |
| DRAF TB | Dynamique de la Réponse d'Afrique contre la Tuberculose |
| GBV | Gender-based violence |
| GCTA | Global Coalition of TB Activists |
| GFATM | The Global Fund to fight AIDS, Tuberculosis and Malaria |
| M&E | Monitoring and evaluation |
| MoH | Ministry of Health |
| MoU | Memorandum of Understanding |
| NSP | National Strategic Plan |
| NTP | National TB Programme |
| SDGs | Sustainable Development Goal |
| STP | Stop TB Partnership |
| TBEC | TB Europe Coalition |
| TBW | TB Women |
| TB | Tuberculosis |
| UHC | Universal Health Coverage |
| UNHLM | United Nations High Level Meeting on TB |
| WHO | World Health Organization |

Acknowledgements

TB Women acknowledges the guidance of the interim leadership comprised of Maurine Murenga (Kenya), Thokozile Phiri Nkhoma (Malawi), Ani Hernasari (Indonesia), Meirinda Sebayang (Indonesia), Cintia Dantas (Brazil), Paula Rusu (Romania), Ida Savandogo (Burkina Faso), Dr. Santosh Kumar Giri (India), and Kate O'Brien (USA). Thank you all for sharing your valuable and diverse experiences which informed the development of this strategy. This team has been instrumental in driving the establishment of the organisation. Throughout the development of the Strategic Plan, they have guaranteed that their dedication to ensuring gender transformation in the tuberculosis (TB) response is made a reality.

We pay special thanks to the 'peer gender expert reviewers', including Anna Versfeld, Sophie Dilmitis, RD Marte, Ingrid Schoeman and Deliana Garcia whose technical inputs and advice – at truly short notice – shaped and enriched the content and structure of the Strategic Plan. We also acknowledge the Stop TB Partnership for the financial support to produce this Strategic Plan, James Malar for his invaluable inputs and technical review and Ricarda Steele for reviewing, copy editing and design coordination, both from Stop TB Partnership Secretariat.

We give a special thanks to Dr. Lucica Ditiu, our Special Advisor, for her guidance, advice, and support in shaping TB Women. We thank Lucica because not only has she meaningfully engaged TB affected communities, but Lucica also championed a human rights and gender responsive TB approach to programming at the country level. This is making a significant difference in finding people with TB in our communities and ensuring we can overcome the legal, human rights and gender barriers to accessing services often experienced.

Lastly, we extend special appreciation to Olive Mumba for her dedication and commitment in the development of this Strategic Plan and defining our vision, mission, and objectives.

Foreword

What began as a side conversation in 2019 between a group of women, who are members of TBpeople, has grown and, with this Strategic Plan, now lays the foundation for a movement.

The last few months have been quite engaging for the TB Women Interim Board as we discussed and agreed to the network's vision – **to ensure a just and inclusive society, where women in all our diversity are empowered to realize a world free from TB** – a vision which carries even greater weight in light of the COVID-19 pandemic and its impact on women, TB, health and socio-economic systems.

To have a just and inclusive society, TB Women – a new network (2020) with women who have survived TB in the forefront – will work towards empowering girls, boys, women and men to redress the power dynamics and structures that serve to reinforce gendered inequalities, and to decrease TB stigma and other socioeconomic factors with the aim of strengthening the TB response.

The mandate involves strengthening the engagement, representation and voice of women TB survivors to form a coordinated global movement. TB Women will use key gender-transformative approaches with the aim of:

- a. **Building a global movement of women in all their diversity committed to ending TB;**
- b. **Fostering critical examination of inequalities and gender roles, norms and dynamics that act as barriers to ending TB and playing a leadership role in developing interventions/ guidance to address barriers;**
- c. **Recognizing and strengthening positive norms, policies and strategies that support equality for an enabling environment that responds to TB; and**
- d. **Promoting the relative position of women, girls and marginalized groups and transforming the underlying social structures, policies and broadly held social norms that perpetuate and legitimize gender inequalities.**

TB Women's mandate will be guided by four key strategic objectives, including creating a conducive legal and policy environment, and capacitating communities. The network will identify key gender-related issues and respond to this by advancing the gender advocacy agenda at local, national, and global levels through research, capacity development and engagement of key TB affected communities. As a new network, TB Women's early efforts will be channelled towards developing its governance and management structures, policies and processes so as to ensure it is a viable network that is able to attract and retain partnerships. The current leadership will bring a management team on board that will support the network to reach its objectives and increase the network's profile and visibility, strengthen relationships with key stakeholders and link key leaders to the network. The technical management team will ensure it includes women from the TB community to ensure the approach is bottom up.

It is with an immense sense of privilege and responsibility that TB Women adopts this significant mandate. We look ahead with vigour and commitment, guided by our Strategic Plan 2021 – 2025, and steadfast in our core values and principles, which are grounded in the realities of the communities we aim to serve. TB Women readily moves forward with direction from our interim leadership, informed by our focal points, inspired by community partners, and supported, yet held accountable, by our Board, partners and broader stakeholders.

We eagerly look forward to the next 5 years and to creating a women's TB movement, strengthening TB gender transformative responses, advancing human rights and ending TB by 2030!

TB Women Interim Board
8th March 2021
International Women's Day

Executive Summary

To end tuberculosis, effectively and sustainably recover and “catch up” after the impacts of COVID-19 and realise universal health coverage and comprehensive social protection systems, there is a critical need to adopt and invest in a gender transformative TB response at national, regional and global level. The UN HLM on TB Political Declaration¹, the End TB Strategy², the Global Plan to End TB³ recognizes gender as a critical dimension for understanding and responding to TB. Globally, 64% of new cases occur among males – reflecting gender patterns in societies and cultures (though we note recent report on Afghanistan that suggests shows that women are disproportionately impacted in terms of prevalence as well)⁴, such as those relating to high-risk occupations and poor health-seeking behaviours⁵. However, a deeper analysis reveals complex dynamics on risk and access to health and social support services. For example, TB in pregnant women living with HIV increases the risk of maternal and infant mortality by almost 400%⁶. Key and vulnerable populations (which, for TB, include groups such as prisoners, urban poor, migrants, refugees and indigenous populations) often face social marginalization that is compounded by gender. Subsequent TB related stigma also manifests differently for men, women and transgender persons and also manifests differently at various points in time – before TB diagnosis, during treatment, and even after treatment is completed. A gender transformative approach⁷ enables us to be effective and efficient in our investment by identifying and utilizing key strategic information. Through data analysis and meaningful consultation with affected communities, it is possible to ‘know your epidemic’ and ‘know your response’.

TB Women is a newly formed network comprised of women leaders from across the globe, representing different constituencies that have come together to provide leadership, coordination, and respond to

issues related to TB and gender equality. TB Women’s mandate is two-fold:

- a. Build a movement and garner a collective voice on TB and gender equality
- b. Act as the global voice on women’s empowerment and evidence-based gender transformative TB policy, programming and representation

TB Women’s vision is **a just and inclusive society, where women in all our diversity⁸ are empowered to realize a world free from TB**. In the context of the COVID-19 pandemic, where inequalities and marginalisation have been heightened and program resources stretched and program reach restricted, this has never been more important⁸.

TB Women’s mission is **to build a coordinated movement for a gender transformative TB response through women’s mobilization, empowerment, policy advocacy, innovation, evidence building and knowledge sharing**.

TB Women, as a global TB network of women in all our diversity, is committed to integrity, accountability and transparency and is a network that respects inclusion and fosters solidarity through collaboration and partnerships whilst advocating for gender equity, mutual respect and confidentiality. As a network we firmly believe that women’s rights are human rights, children’s rights are human rights, and transgender rights are human rights and that the realisation of these rights, as is called for in the *Deadly Divide: TB Commitments vs. TB Realities*⁹ report, is essential to ending TB. With this in mind, all of our work is focused on the promotion and protection of human rights, women’s rights and ensuring that no one faces TB alone.

⁸ Diversity encompasses acceptance and respect. It means understanding that each individual is unique and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender identity, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to instead embracing and celebrating the rich dimensions of the diversity contained within each individual. Diversity here means women, girls, transwomen, women who are part of TB key populations, women in their different roles (productive or not productive), women as leaders both within and outside the TB response, and men and boys as allies.

The Strategic Pillars and Objectives of TB Women

| STRATEGIC PILLAR | STRATEGIC OBJECTIVE |
|---|---|
| <p>Building a TB movement of women in all our diversity</p> | <p>Strategic Objective 1: To create an enabling environment for a movement of women in all our diversity to strategically and effectively engage in the TB response</p> |
| <p>Enhancing the evidence base to inform a gender transformative TB response</p> | <p>Strategic Objective 2: To generate new evidence and innovations, and maximise the use of existing innovations and evidence base to enable a gender transformative TB response</p> |
| <p>Driving a gender transformative policy and advocacy agenda</p> | <p>Strategic Objective 3: To drive and monitor the empowerment of women in all our diversity through a strategic and coordinated advocacy agenda</p> |
| <p>Establishing a strong, effective and sustainable network</p> | <p>Strategic Objective 4: To strengthen the membership and coordination capacity of TB Women as a global network</p> |

CHAPTER 1

Introduction, Context and Institutional Framework



TB Women, a newly formed network in 2020, is comprised of women in all our diversity from different parts of the world and representing different constituencies, who are coming together to provide leadership and coordination, and to respond to issues related to TB, women and gender equality. With this Strategic Plan, TB Women is putting structures and processes in place to make it a viable movement/institution and will be reaching out to various stakeholders and development partners to support the

women empowerment agenda in ending TB. The leadership⁽ⁱⁱ⁾ believes in building membership, leadership, partnerships, evidence, innovation and advocacy to ensure women affected by TB are capacitated to identify and address key barriers and priorities and contribute to ending TB and positive social change.

This document outlines the context and strategies that TB Women will leverage to move its agenda forward.

1.1 Introduction

TB and Women

In September 2018, the global TB community came together for the United Nations High Level Meeting (UNHLM) on TB. The resulting political declaration makes clear reference to the need for gender equality and social inclusion to be central to the TB response¹⁰. Though there is mention of gender responsive health services and of approaches that protect and promote human rights and gender equality¹¹, the UNHLM political declaration does not go further to develop gender-specific targets nor to expand upon what “gender-responsive health services” looks like and means. More recently, the TB affected communities report, *A Deadly Divide: TB Commitments vs. TB Realities*, re-explores the need to further strengthen efforts to realize a gender transformative TB response.

For too long we have been trying to address TB as a medical issue only, but TB has always been a disease of poverty¹² and has affected those who are most marginalized. In addition to this, the TB response has not done enough to explore how women and men are impacted differently by TB and how these differences can be further understood through an enhanced understanding of social norms, behaviours and practices.

TB kills around 1.5 million people every year, or 4,300 people a day¹³. It is the single largest infectious disease killer globally, and among the top five killers of women aged 20–59¹⁴. In many TB high burden countries, TB continues to kill more people than COVID-19. TB devastates families and entire

communities, has significant physical, psychological and financial effects that continue beyond treatment, and consequently leaves future generations without opportunity. COVID-10 has served to further exacerbate this marginalisation and vulnerability¹⁵.

As public health experts, we know that more men fall ill with TB than women, but as development experts we also know that women carry the brunt of the disease in many other ways. TB in women adds to already drastic inequalities – TB interrupts girls’ education, in many settings TB stigma limits young women’s marriage prospects, and leads to loss of land ownership and disenfranchisement for women¹⁶. Women with undiagnosed TB who have, or take care of, children or the elderly inevitably put them at risk. Women, whether young or old, cis gender or transgender, caregivers, health workers, mothers, patients, those who have a criminalised legal status or hold a level of privilege, all experience the burden of TB differently. Across settings, women spend twice as much time as men¹⁷ on housework and family care and, according to the World Health Organization (WHO), 70%¹⁸ of the health workforce in developing countries are women. TB may be more prevalent among men, but for every man there is likely a woman delivering his diagnosis and treatment, and a wife or mother to take care of him and his children.

Pregnant women and their babies are also vulnerable to diseases such as TB. According to the TB Alliance, 6–15 percent of all maternal deaths are caused by TB¹⁹. In addition, a baby is at six times the risk of dying just before or after birth when the mother has TB²⁰. Integrating TB preventive care and screening services

⁽ⁱⁱ⁾ Maurine Murenga (Kenya), Thokozile Phiri Nkhoma (Malawi), Ani Hernasari (Indonesia), Meirinda Sebayang (Indonesia), Cintia Dantas (Brasil), Paula Rusu (Romania), Ida Savandogo (Burkina Faso), Dr. Santosh Kumar Giri (India), Kate O’Brien (USA).

into antenatal care visits is crucial for the health and well-being of women and their children. With gender as a focus in the post-2015 development agenda, the global health community is working to improve maternal, new-born and child health.

In addition, different studies are providing evidence around the impact of COVID-19 in other health challenges, including TB. Analysis from several stakeholders show that the response to TB will be severely affected by the challenges in responding to the COVID-19 pandemic. Ongoing studies in India and South Africa suggest that people with TB may have a significantly higher chance of death if they contract COVID-19 and estimate that thousands of deaths per year could be prevented if people with TB in high burden TB countries are vaccinated against COVID-19. Additional research and evidence is needed to truly understand the potential links between COVID-19 and TB, including understanding whether TB, including Latent TB Infection, is a risk factor/protection factor and whether those with reduced lung capacity as a result of TB infection could benefit from prioritised COVID-19 vaccination as part of a package of integrated TB/COVID-19 services. COVID-19 is also having and will continue to have a devastating impact socially and economically in populations all around the globe, driving people into even more poverty. Women will be heavily affected by this impact of the pandemic, especially women affected by TB²¹.

TB and Gender

Gender is increasingly recognized as a critical dimension for understanding and responding to TB, including in the End TB Strategy and the Global Plan to End TB. Globally, 64%²² of new people diagnosed with TB are male – reflecting gender patterns in societies and cultures, such as those relating to high-risk occupations and poor health-seeking behaviours. However, a deeper analysis reveals complex dynamics on risk and access to services. For example, TB in pregnant women living with HIV increases the risk of maternal and infant mortality by almost 400%²³.

Social determinants such as poverty, literacy, nutrition, and legal status remain central to the TB epidemic and there is a need to understand the experience of women in this context. Gender inequality reduces the ability of women and girls to protect and keep themselves healthy, and access social services like education. This is also noted in Sustainable Development Goal (SDG) 5²⁴ which stipulates the need to achieve gender equality and empower all women and girls, with emphasis to support prevention interventions for women and girls including those that aim to decrease gender-based violence (GBV) and increase women's relational



powers. Globally, differentiations exist which affect women's right to access, control, voice and participate in the socioeconomic, political sphere²⁵. These rights also determine access to TB health services.

Gender equity is a key determinant of health and wellbeing²⁶. It makes a fundamental difference as to who is at risk to a disease, who can access the services they need, and whose lives are impacted (socially, economically, etc.) and to what extent. A gender equity approach towards achieving gender equality enables governments, TB communities and civil society at large to be effective and efficient in TB investments by identifying and utilizing key strategic evidence and data. Through data analysis and meaningful consultation with women affected by TB, it is possible to 'know the TB epidemic' and 'know the TB response'. This ensures an understanding of the gender-related factors (social, cultural, economic, etc.) that not only affect women's vulnerability to

ill health, but the ability to seek and benefit from prevention, testing, treatment, care and support, and if living with the disease, to live well. Ultimately, such an approach shapes the impact of a TB response.

“Gender blind” refers to the failure to recognize that the roles and responsibilities of men/boys and women/girls are assigned to them in specific social, cultural, economic, and political contexts and backgrounds²⁷. Projects, programmes, policies and attitudes which are gender blind do not take into account these different roles and diverse needs. They maintain the status quo and will not help transform the unequal structure of gender relations.

Gender transformative policies and programmes, which address the specific needs of women in our diversity, challenge harmful gender norms and aim to champion the empowerment of women and girls through national TB responses²⁸. Women and girls in all our diversity can be a key population within the TB response partly because of the gender inequalities that render us vulnerable. An enabling environment that upholds human rights and protects and promotes access to health services is required. Such programming seeks to reduce gender-related barriers, including stigma and discrimination, to accessing programmes and services, while improving the uptake and quality of services by tailoring these to the needs of women and girls in all our diversity. Gender-responsive programmes for women and girls also enshrine and guarantee social, legal and economic empowerment, improve access to health services and to education, eliminate stigma and discrimination, and aim to challenge harmful norms and unequal power relations in order to prevent and address GBV and improve access to justice.

TB and Women Rights

Stigma, discrimination, GBV and other violations of human rights undermine an effective TB response. Consequently, promoting and protecting the rights of women affected by TB is essential. This not only reduces the personal impact of living with the disease, but also helps to create an enabling environment that encourages women to access and utilise services. Success in such efforts requires moving from rhetoric to investing in the very practical programmes that have been shown to reduce human rights and gender-related barriers for women to access services, increasing uptake of and retention in TB related services and treatment, and ultimately increases the efficacy of the TB response.

Respect for the right to privacy and confidentiality of women with TB is key to combatting stigma and discrimination, particularly in health care, employment and education. This includes a right to privacy for personal health data and to decide whether, how,

when, with whom and to what extent women’s health information is shared or disclosed, including whether they have TB infection or TB disease. This right extends to the health data of their children.

Research shows very clearly that gender and age inequities are principal drivers of TB epidemics, and determinants of impact. While national strategies have improved vis-à-vis using data for decision making, the use of age and gender disaggregated data needs to be expanded and improved. Correspondingly, many national strategies do not include comprehensive investments and approaches to address gender and age-related barriers to services and underlying gender inequalities, which increase health risks and make programmes less effective. Little attention is paid to gender-sensitive and transformative programmes that cater to the specific needs of key and vulnerable women, for instance, women who inject drugs, transgender women, and female partners of men who have sex with men, among others. Understanding the gender and age dimensions of TB, associated gender-related risks of the disease, and barriers to services is critical for countries in making targeted and strategic investments.



© TB Women



TB key populations: know the epidemic, know your response.



If we are serious about Ending TB by 2030, this support must be expanded to ensure the most underserved are able to access quality diagnosis and treatment services through a people (women) centred, human rights based and gender transformative approach, as promoted by Stop TB Partnership.”

Dr. Lucica Ditiu,
Executive Director, Stop TB Partnership

TB key and vulnerable populations are some of the most marginalized members of society. These populations include urban poor, elderly, migrants, prisoners, indigenous peoples, people who use drugs, miners, people living with HIV, health workers and refugees²⁹. COVID-19 has disproportionately impacted many of these populations. COVID-19 has also disproportionately impacted women, and industries with a majority of women in the workforce, including health care and social support sectors.

The absence of unpacking the intersectionality of women and key populations, or women as a priority population in their own right, goes some way to explaining the lack of gender transformative TB commitments, budgeting and monitoring and evaluation (M&E) at the country level.

Traditionally, TB surveillance at global, regional, and national levels has typically focused on the general population. Scant data and limited knowledge of barriers and facilitators to accessing services for key populations, including women, present challenges in the development of focused interventions and in motivating adequate levels of investment. In order to utilize resources effectively, it is important to know who are more vulnerable and affected by the disease for a targeted response approach³⁰. This approach will facilitate finding the missing women with TB but also addressing the key social determinants that act as barriers to a TB response that prioritises women.

Community, Rights and Gender in the TB response

To end TB there must be policies, programmes and interventions that are equitable, rights based and guided by principles of social justice. Stop TB Partnership (STP) has developed a series of tools to assist countries in transforming their response to being rights-based, gender-transformative and people-centred. These are the responses that

protect, advance and advocate for gender equality and human rights-based health initiatives, change attitudes, combat stigma, improve levels of TB knowledge and rights literacy, raise awareness about available TB services, promote social accountability to ensure universal access to TB prevention, treatment, care and support services and reach populations most at risk, vulnerable, underserved and affected by TB. The experience of women in TB is diverse and complex, as many have reported, including in the stories of Global Coalition of TB Activists’ publication, *Women & Stigma: Conversations of Resilience in the War Against TB*.³¹

Twenty TB CRG Assessments have now been completed, which build the evidence base on gender and rights barriers experienced by people affected by TB, and formulate interventions to overcome these barriers to finding the missing people³². STP has developed a *Gender and TB Investment Package*³³, which is a significant step in understanding and operationalising gender in the context of TB. The next step in this process is to develop costed TB CRG Action Plans, reflect and integrate them in TB National Strategic Plans (NSPs) and implement TB and gender initiatives with support from donors and funding agencies, including the GFATM and Challenge Facility for Civil Society³⁴. The GFATM has also undertaken Human Rights Baselines in several countries relating to TB and TB/HIV under the *Breaking Down Barriers* initiative³⁵. These assessments investigate the extent to which national responses to TB (and HIV) take into account the critical aspects of gender equality, gender-related barriers and human rights. The assessments aim to enable countries to improve the planning, implementation, and M&E of human rights-based TB programming and gender-transformative TB approaches.

Key results from some of these TB CRG Assessments revealed a lack of understanding about the relevance of gender for TB, and that too few supportive and enabling laws and policies to protect human rights and ensure gender-transformative approaches exist (Indonesia, Philippines, India, Pakistan, Nigeria and Kenya). TB-related stigma was also found to be high (Bangladesh, India, South Africa, Kyrgyzstan, Ukraine, Nigeria and Tanzania), and further meaningful engagement of vulnerable and marginalized TB key populations, including women, in TB policy and programming was recommended. In India, this process has resulted in the development of a National Framework for a Gender Responsive Approach to TB³⁶. This is an important step, as a gender transformative approach to TB cannot be separated from an approach that empowers women as part of the community response and there is a need to applaud the commitment of TB REACH³⁷ to this principle – as the TB REACH mechanism has placed gender at the heart of innovative TB investments. There is a need to build on this momentum, to scale-

up community-led monitoring of human rights and gender³⁸ related barriers and implement the TB Stigma Assessment³⁹ in light of TB and gender, as immediate steps to further strengthen TB and CRG.

TB affected communities have played a particularly important role in advancing CRG in TB. The TBpeople *Declaration of the Rights of People Affected by TB*⁴⁰ was particularly important in providing practical examples of how human rights must be central to the TB response. The GCTA *Activating a Rights-Based TB Response*⁴¹, furthered this effort, recommending 20 interventions for programme managers at the country level. TB Women endorse and adopt the definitions used in the *Declaration of the Rights of People Affected by TB*, including:

Person affected by TB “refers to any person with tuberculosis disease or who previously had tuberculosis disease, as well as their caregivers and immediate family members, and members of tuberculosis key and vulnerable populations, such as children, health care workers, indigenous peoples, people living with HIV, people who use drugs, prisoners, miners, mobile and migrant populations, women, and the urban and rural poor.”

A 2020 community report *Impact of COVID-19 on the TB Response: A Community Perspective* emphasised that COVID-19 has both created new CRG barriers and exacerbated existing CRG barriers to TB, TB/COVID-19 and social protection services⁴².

1.2 Functions and Mandate of TB Women

During the process of developing this Strategic Plan, TB Women has explored the structures and processes that are essential to make the TB Women global network a viable institution and movement, including the various stakeholders and development partners that will be essential to engage in this process. The leadership is committed to moving beyond a siloed approach and will work to bring relevance to a gendered TB response and to ensure that women affected by TB are capacitated to identify and address issues and barriers that have resulted in women being left behind in the TB response.

TB Women’s mandate is two-fold:

- a. Build a movement and garner a collective voice on TB and gender equality
- b. Act as the global voice on women’s empowerment and evidence-based gender transformative TB policy, programming and representation

TB Women acknowledges the role of established networks including TBpeople as a global network of people affected by TB, GCTA as a global network of activists, as well as TB advocacy platforms at the regional level including ACT Africa, DRAF TB in francophone Africa, ACT! Asia-Pacific, TBEC in Europe, Americas TB Coalition and MENA Network to STOP TB, in creating a space for people affected by TB. TB Women view each of these platforms as allies and partners and hope to both leverage and enrich their work by contributing an enhanced gender lens to all aspects of the TB response.

TB Women will be a resource that can assist WHO, GFATM and STP in their respective TB efforts.

In addition, TB Women will integrate other health issues including universal health coverage, reproductive, maternal and child, transgender health, paediatric TB, mental health, non-communicable diseases and COVID-19.

1.3 Governance and Management

TB Women is currently led by an Interim Board comprised of representation from all regions (Latin America, Anglophone Africa, Asia-Pacific, Eastern Europe Central Asia, Francophone Africa, and North America) . As one of the first activities of the network, the Interim Board will support the establishment of a Board who will be tasked to provide strategic leadership, provide oversight to the organization, promote transparency and consistency within its leadership processes and perform their leadership and fiduciary responsibilities.

The Secretariat of TB Women will be headed by a Global Coordinator who will be in charge of coordinating all programmes and activities of the network. The global office will have technical staff and the team will be responsible for implementing this Strategic Plan.

In the first years of implementation and to ensure that systems are in place, it is key that a constitution defines the roles and responsibilities of agreed upon structures.

CHAPTER 2

Strategic Direction



2.1 Vision Statement

A just and inclusive society, where women in all our diversity, are empowered to realize a world free from TB.

2.2 Mission Statement

To build a coordinated movement for a gender transformative TB response through women's mobilization, empowerment, policy advocacy, innovation, evidence building and knowledge sharing.

2.3 Core Values

TB Women is a global network of women who are TB advocates committed to a gender transformative TB response. Our core values are:

- Gender equality
- Integrity
- Transparency and accountability
- Social inclusion, respect and non-discrimination
- Collaborative partnerships
- Social justice and the promotion and protection of human rights for all



© TB Women

2.4 Strategic Pillars, Objectives, and Outputs

TABLE 1: Strategic Pillars of TB Women

| STRATEGIC PILLARS | STRATEGIC OBJECTIVES | STRATEGIC OUTPUTS |
|---|---|--|
| Building a TB movement of women in all our diversity | Strategic Objective 1: To create an enabling environment for a movement of women in all our diversity to strategically and effectively engage in the TB response | Output 1.1: A coalition of women in all our diversity committed to advancing a gender transformative TB response established |
| | | Output 1.2: Women in all our diversity, including women-led organizations, transgender led organisations, TB key populations, youth organisations and community health workers mobilized and engaged in TB community responses and advocacy |
| | | Output 1.3: Capacity of women in all our diversity, youth and key opinion leaders on human rights developed for a gender transformative TB response |
| | | Output 1.4: Adequate, equitable, sustainable and evidence-based investments in women empowerment successfully advocated for |
| | | Output 1.5: Representation of women affected by TB in all our diversity ensured in the design, implementation, monitoring, and accountability for UHC and COVID-19 catch up plans |
| Enhancing the evidence base and innovation to inform a gender transformative TB response | Strategic Objective 2: To generate new evidence and innovations, and maximise the use of existing innovations and evidence base to enable a gender transformative TB response | Output 2.1: A centralised TB information exchange, learning and dialogue platform for a gender transformative TB response, featuring the priorities of women in all our diversity, established and functional |
| | | Output 2.2: Availability of data and evidence regarding gender-related social determinants of TB increased, including on the legal and social barriers experienced by women in all our diversity in accessing TB and social protection services including an enhanced gender lens applied to TB interventions |
| | | Output 2.3: Operational research and innovation led by, and focusing on the experiences of, women in all our diversity, including key and vulnerable populations, transgender women and sexual and reproductive health before, during and after completing TB treatment |
| | | Output 2.4: M&E indicators developed that lead to an increased monitoring and accountability for women's rights and gender related UNHLM targets and commitments |

TABLE 1: Strategic Pillars of TB Women (cont.)

| STRATEGIC PILLARS | STRATEGIC OBJECTIVES | STRATEGIC OUTPUTS |
|--|---|--|
| <p>Driving a gender transformative policy and advocacy agenda</p> | <p>Strategic Objective 3: To drive and monitor the empowerment of women in all our diversity through a strategic and coordinated advocacy agenda</p> | <p>Output 3.1: Global advocacy strategy, action plan, and communication & engagement strategy developed with a particular focus on social media to engage members, mobilise a movement and disseminate strategic information</p> <p>Output 3.2: Awareness of the evidence base and gaps relating to a gender transformative TB response is increased</p> <p>Output 3.3: Participation of women in all our diversity improved, including CHWs, in the development, implementation and monitoring of TB, COVID-19, UHC and related social and health policies, programmes, and governance in both government and civil society sectors</p> <p>Output 3.4: Increased prominence and attention to childhood TB and maternal health integration campaign developed, implemented and influencing policy and programming</p> <p>Output 3.5: Strategic partnerships established with global, regional and national partners to prioritise gender-related aspects of the TB response</p> |
| <p>TB Women is a strong, effective and sustainable network</p> | <p>Strategic Objective 4: To strengthen the membership and coordination capacity of TB Women as a global network</p> | <p>Output 4.1: Effective, transparent, and accountable governance and management systems and procedures in place</p> <p>Output 4.2: Diverse and representative membership base formed and engaged in all aspects of the TB Women network</p> <p>Output 4.3: TB Women Secretariat established and strengthened with the capacity to provide strategic direction, effective oversight and stewardship of resources</p> <p>Output 4.4: TB Women brand recognised, valued and understood – including through strategic communications, resources and social media – where possible across English, French, Spanish, Russian and Portuguese</p> <p>Output 4.5: TB Women data effectively guiding programme planning, implementation and monitoring for most efficient use of resources</p> |

2.5 Rationale of Strategic Objectives and Actions

Strategic Objective 1

To create an enabling environment for a movement of women in all our diversity to strategically and effectively engage in the TB response



There is a need to further enrol and build the capacity of TB survivors to engage in advocacy and other elements of the TB response through participation in organized networks, forums, and national programmes.”

Global Plan to End TB: 2018-2022
Stop TB Partnership⁴³

Rationale and strategic approach

A key challenge in engaging women affected by TB and TB survivors has historically been the lack of support and representation on decision making platforms to hear the voices of the TB affected communities, and a lack of coordination with and within TB civil society. The result has been that the voices of women and women TB survivors in planning, implementing and reprogramming are not heard and thus have no impact on national and global TB responses. Communities must be empowered to be watch-dogs in the TB response, making sure all other stakeholders are realizing their commitments and that the rights of people affected by TB are being promoted and protected. To this end, community involvement in planning, implementation, reprogramming and community-led monitoring (CLM) can help to bridge the gap between the health system and the community.

TB Women will facilitate its members to:

- a. Have access to an evidence-driven process of capacity strengthening, ensuring they have access to skills, tools, and technical support they need to address their priorities more effectively. This approach is consistent with the *Paris Declaration on Aid Effectiveness*⁴⁴, signed by more than 100 bilateral donors and developing countries, which states that “the capacity to plan, manage, implement and account for result is critical for achieving development objectives”.
- b. Coordinated access to various national, regional and global initiatives and platforms for dialogue and exchange. Some of these platforms/initiatives include STP, GFATM, UNHLM on TB, the Civil Society Engagement Mechanism (CSEM) that promotes engagement of civil society on Universal Health Coverage (UHC) and ACT-A Facilitation Council on COVID-19. Women TB survivors and women groups will be able to develop their priorities and present in these spaces.
- c. Mobilise and strengthen representation of women affected by TB at key decision-making tables.
- d. Engage and mentor young women affected by TB to foster the next generation of TB activists.
- e. Engagement tools will be collated, repackaged and, where non-existent, developed.
- f. Develop an accountability global scorecard and an annual shadow report to the UNHLM specifically on gender equality to assess achievement of gender equality in TB-related responses.

TABLE 2: Pillar 1: Building a TB movement of women in all our diversity

| STRATEGIC OBJECTIVE | STRATEGIC OUTPUTS | KEY INTERVENTIONS |
|--|---|--|
| <p>Strategic Objective 1: To create an enabling environment for a movement of women in all our diversity to strategically and effectively engage in the TB response</p> | <p>Output 1.1: A coalition of women in all our diversity committed to advancing a gender transformative TB response established</p> | <p>1.1.1 Map out women led organizations and organizations working on gender, TB key populations, youth, TB and women empowerment to develop a mailing list that facilitates communication and experience sharing</p> <hr/> <p>1.1.2 Conduct annual meetings to develop a common agenda on key issues related to women and the TB response</p> <hr/> <p>1.1.3 Develop and implement a TB gender equality accountability framework to support CLM</p> |
| | <p>Output 1.2: Women in all our diversity, including women-led organizations, transgender led organisations, TB key populations, youth organisations and community health workers mobilized and engaged in TB community responses and advocacy</p> | <p>1.2.1 Develop key messages on global, regional and national initiatives and the importance of engagement of women affected by TB</p> <hr/> <p>1.2.2 Develop and implement a TB gender equality CLM system that identifies key advocacy areas for the empowerment of women in our diversity and promotes participation of women in regional and global platforms and initiatives</p> <hr/> <p>1.2.3 Carryout annual development partner roundtable meetings and participate in existing partner meetings to share lessons on women empowerment and gender equality in the TB response</p> <hr/> <p>1.2.4 Facilitate the engagement of TB affected women in national, regional and global policy and strategy development on TB, health, development and COVID-19</p> |
| | <p>Output 1.3: Capacity of women in all our diversity, youth and key opinion leaders on human rights developed for a gender transformative TB response</p> | <p>1.3.1 Conduct annual needs assessments of women in our diversity on human rights and a gender transformative TB response</p> <hr/> <p>1.3.2 Hold key strategic and roundtable meetings between TB affected women and women in positions of leadership and management in the TB response, in both government and civil society to promote the understanding and implementation of CRG</p> <hr/> <p>1.3.3 Conduct sensitization meetings with TB actors, including National TB Programmes (NTPs), frontline health workers, CHWs, civil society, academia and other partners, on a gender transformative TB response</p> <hr/> <p>1.3.4 Develop and utilise tools to strengthen the capacity of women on human rights and a gender transformative TB response based on the needs assessment (1.3.1) results</p> |

TABLE 2: Pillar 1: Building a TB movement of women in all our diversity (*cont.*)

| STRATEGIC OBJECTIVE | STRATEGIC OUTPUTS | KEY INTERVENTIONS |
|---------------------|---|---|
| | | <p>1.3.5 Conduct and facilitate participation of women in regional meetings to promote intra and inter networking to share lessons and practices on key human rights and gender initiatives</p> <p>1.3.6 Develop and implement a youth in TB strategy to promote the engagement of youth organizations and the next generation of advocates to provide a platform and capacity building opportunities for young women in their diversity affected by TB</p> |
| | <p>Output 1.4: Adequate, equitable, sustainable and evidence-based investments in women empowerment successfully advocated for</p> | <p>1.4.1 Document case studies on investments in the TB response related to women empowerment, including women in all our diversity, women-led organizations, and TB key populations</p> <p>1.4.2 Develop key messages on the need for adequate, equitable, sustainable and evidence-based investments in women empowerment</p> <p>1.4.3 Identify and work with key champions (media, journalists, MPs, celebrities, and entrepreneurs) to promote investment in women empowerment</p> |
| | <p>Output 1.5: Representation of women affected by TB in all our diversity ensured in the design, implementation, monitoring, and accountability for UHC and COVID-19 catch up plans</p> | <p>1.5.1 Map out and analyse COVID-19 national catchup plans for priority countries</p> <p>1.5.2 Develop and implement a women's community engagement action plan and monitoring and accountability tool based on findings and recommendations from the mapping exercise (1.5.1)</p> <p>1.5.3 Develop and disseminate communication materials developed from the COVID-19 catchup plan analysis</p> |

Strategic Objective 2:

To generate new evidence, innovations and maximize the use of the existing innovations and evidence-base to enable a gender transformative TB response

Rationale and strategic approach

Knowledge management will be key to enabling and enhancing collaboration and learning among TB-affected communities and partner institutions at national, regional and global levels. Increasing the understanding among civil society and other stakeholders is dependent on developing systematic mechanisms for acquiring, sharing and utilizing information, and for getting the right information to the right people at the right time. COVID-19 has

demonstrated a need for enhanced community-led operational research and for community-led interventions which require more attention from the TB response. TB Women will:

- a. Optimise its role as a knowledge broker and convenor of partners, TB key population groups, innovators and stakeholders to share experiences and facilitate learning and capacity building. Interventions and activities will focus on:
 - i. promoting knowledge sharing and learning among women
 - ii. documenting and disseminating knowledge resources, lessons learned and success stories
 - iii. replicating good and fit practices

- iv. maximising communications and technology to enable meaningful learning and performance
 - v. scale up the prominence of women innovators in TB high burden setting
- b. Support the development of strong, actionable advocacy messages to address barriers and funding gaps for policy and an environment conducive to access for HIV, TB and health-related services, as well as advocate for evidence-based interventions and policy decision-making at national, regional, and global levels.
- c. Operate an information hub for civil society and communities for engagement in HIV and
- TB responses and associated health outcomes, and in the process build up a steady database of audiences and constituencies. To support this, TB Women will develop products to facilitate information dissemination, such as an informal and interactive website, a newsletter as well as publications.
- d. Key policy evidence and data will be developed and targeted to policymakers, managers, researchers, innovators and other relevant stakeholders. Especially useful would be strong communications linkages to all regional and country networks and key organizations.
- e. Communications shall also seek to link a solid evidence base to various social advocacy groups.

TABLE 3: Pillar 2: Enhancing the evidence base and innovation to inform a gender transformative TB response

| STRATEGIC OBJECTIVE | STRATEGIC OUTPUTS | KEY INTERVENTIONS |
|---|---|--|
| <p>Strategic Objective 2: To generate new evidence and innovations, and maximise the use of existing innovations and evidence base to enable a gender transformative TB response</p> | <p>Output 2.1: A centralised TB information exchange, learning and dialogue platform for a gender transformative TB response, featuring the priorities of women in all our diversity, established and functional</p> | <p>2.1.1 Conduct bi-annual needs assessment to identify key strategic information required to promote engagement of women that drive a gender transformative TB response</p> <p>2.1.2 Repackage and disseminate user friendly, existing information on a gender transformative TB response</p> <p>2.1.3 Develop a functional interactive website and related social media as channels for information exchange and dialogue to promote learning</p> <p>2.1.4 Conduct a series of women, TB and gender equality training sessions with media and journalists to promote responsible reporting on women empowerment and gender</p> <p>2.1.5 Organise and host topical regional and global exchange and learning platforms around a gender transformative TB response, including in the context of UHC and COVID-19</p> <p>2.1.6 Participate in conferences and meetings to share lessons and experiences from research</p> |

TABLE 3: Pillar 2: Enhancing the evidence base and innovation to inform a gender transformative TB response (cont.)

| STRATEGIC OBJECTIVE | STRATEGIC OUTPUTS | KEY INTERVENTIONS |
|---------------------|---|---|
| | <p>Output 2.2: Availability of data and evidence regarding gender-related social determinants of TB increased, including on the legal and social barriers experienced by women in all our diversity in accessing TB and social protection services including an enhanced gender lens applied to TB interventions</p> | <p>2.2.1 Collate and develop an annual summary compendium on TB CRG assessments and literature and their key findings on the impact of gender and women empowerment in the TB response</p> <p>2.2.2 Utilise the compendium information (2.2.1) to develop an annual report that analyses the key barriers to a human rights-based, gender transformative TB response</p> <p>2.2.3 Develop and disseminate key messages from the annual report (2.2.2) in the form of press releases, statements, press conferences, flyers, blogs, meeting presentations and through social media platforms</p> |
| | <p>Output 2.3: Operational research and innovation led by, and focusing on the experiences of, women in all our diversity, including key and vulnerable populations, transgender women and sexual and reproductive health</p> | <p>2.3.1 Develop and share a research and innovation agenda led by and focussing on experiences from women TB key and vulnerable populations, TB transgender women and sexual and reproductive health, particularly featuring initiatives led by and for women capturing the experience of women before, during and after completion of TB treatment</p> <p>2.3.2 Document and disseminate case studies and lessons learnt from innovative initiatives responding to gender equality and women empowerment, TB, UHC and COVID-19</p> <p>2.3.3 Repackage and disseminate findings through social media, TB Women website, conference calls and using partner meetings</p> |
| | <p>Output 2.4: Monitoring and evaluation indicators developed that led to an increased monitoring and accountability for women’s rights and gender-related UNHLM target and commitments</p> | <p>2.4.1 Collate and compile a compendium of gender and TB related commitments</p> <p>2.4.2 Conduct a quick assessment on existing M&E indicators for a human rights-based and gender transformative TB response</p> <p>2.4.3 Bring together technical M&E experts and TB affected women and key populations to discuss the gaps (2.4.2) and develop recommendations in an action plan</p> <p>2.4.4 Implement the action plan (2.4.3) to promote use of progressive M&E indicators for a human rights-based, gender transformative TB response</p> |

Strategic Objective 3:

To drive and monitor the empowerment of women in all our diversity through a strategic and coordinated advocacy agenda.

Rationale and strategic approach

While TB-affected communities are broadly active in global and national decision-making forums, women, and especially women TB survivors, participation in policy advocacy at regional, national, subnational, and local levels is very limited and varies across countries. This has been exacerbated by COVID-19, and so there is particular need to prioritise this intervention.

To build a force of effective women TB advocates to the level where they can meaningfully engage other women who are TB survivors and women who are from TB key affected populations at all levels, a number of elements are required, including:

- a. Identification of key women-related issues in TB from priority countries through research, surveys and case studies.
- b. Mobilize all stakeholders including women TB survivors, women leaders and other key decision makers and facilitate dialogue and exchange for learning around key advocacy issues.
- c. Develop champions for TB gender equality from key decision makers, the media, and legal practitioners.
- d. Advocacy capacity-building should include training on the use of human rights impact assessment tools in order to hold national governments accountable for fulfilling their need to “develop integrated, people-centred, community-based and gender-responsive health services based on human rights”. Such tools can enable communities to anticipate and respond to the potential human rights impacts of government, trade, national and corporate policies related to TB. TB Women’s capacity strengthening approach is designed to be catalytic, while not displacing nor duplicating existing mechanisms.
- e. TB Women will develop partnerships with other like-minded platforms, networks and players in capacity building and work with experts, capacity and technical support institutions, governments, and regional and global organizations with the aim of ensuring that its members have access to investment⁴⁵ opportunities in quality policy advocacy capacity building interventions at national and regional levels. TB Women will also work with these partners to ensure members



have a good understanding of government health related commitments including the UNHLM on TB and UHC commitments and targets.

- f. Develop and manage an integration campaign which will involve case study documentation, capacity development and advocacy for policies and strategies around the integration of women empowerment programs in TB, improved maternal and child health as well as adolescent and childhood TB responses.
- g. Develop key partnerships to advance the women empowerment agenda. Key partners should include, but not limited to: NTPs, technical partners, community health workers (CHW), academics, journalists, community members and champions who can help to strengthen the movement. TB women will work with these partners using various strategies to develop their understanding so they can act as agents for change within their various sectors.

TABLE 4: Pillar 3: Driving a gender transformative policy and advocacy agenda

| STRATEGIC OBJECTIVE | STRATEGIC OUTPUTS | KEY INTERVENTIONS |
|---|--|--|
| <p>Strategic Objective 3: To drive and monitor the empowerment of women in all our diversity through a strategic and coordinated advocacy agenda</p> | <p>Output 3.1: Global advocacy strategy, action plan, and communication & engagement strategy developed with a particular focus on social media to engage members, mobilise a movement and disseminate strategic information</p> | <p>3.1.1 Utilise evidence from Objective 2 and meetings to develop and prioritise regional and global policy advocacy issues</p> <p>3.1.2 Develop a global advocacy strategy, action plan and communication and engagement strategy</p> <p>3.1.3 Mobilise and develop the capacity of members and champions on the specific advocacy issues identified (3.1.1) to facilitate members’ engagement at national, regional and global levels</p> <p>3.1.4 Disseminate key strategic information (evidence and key advocacy reports) to key partners</p> <p>3.1.5 Hold and participate in key meetings to share lessons and experiences for advocacy on the key priority areas</p> |
| | <p>Output 3.2: Awareness of the evidence base and gaps relating to a gender transformative TB response is increased</p> | <p>3.2.1 Collate and document evidence on experiences and gaps relating to gender transformative TB programmes and initiatives, COVID-19 and UHC</p> <p>3.2.2 Strategic information briefs, including on the experience of gender related barriers, stigma and discrimination, mental health as well as best practice operational guidance for a gender transformative TB, TB/COVID-19 and TB/UHC responses documented and disseminated in English, French, Spanish, Russian and Portuguese</p> |
| | <p>Output 3.3: Participation of women in all our diversity improved, including CHWs, in the development, implementation and monitoring of TB, COVID-19, UHC and related social and health policies, programmes, and governance in both government and civil society sectors</p> | <p>3.3.1 Develop a TB Women CLM system that monitors TB related social and health policies, programmes, and governance in both government and civil society sectors relating to a TB gender-based approach</p> <p>3.3.2 Work with global and regional TB affected organizations/networks to compile the key information</p> <p>3.3.3 Work with women parliamentarians and women in power to raise the profile of TB in women</p> <p>3.3.4 Develop annual CLM reports for regional and global policy advocacy in TB, TB/HIV, TB/COVID-19 and UHC</p> |

TABLE 4: Pillar 3: Driving a gender transformative policy and advocacy agenda (*cont.*)

| STRATEGIC OBJECTIVE | STRATEGIC OUTPUTS | KEY INTERVENTIONS |
|---------------------|---|---|
| | Output 3.4: Increased prominence and attention to childhood TB and maternal health integration campaign developed, implemented, and influencing policy and programming | <p>3.4.1 Map out and engage organizations that work in childhood TB, youth and health, mental health as well as maternal health at the regional level</p> <p>3.4.2 Document and disseminate programmatic experiences of childhood TB and maternal health integration</p> <p>3.4.3 Childhood TB, youth and maternal health integration campaign developed, implemented and influencing policy and programming</p> |
| | Output 3.5: Strategic partnerships established with global, regional and national partners to prioritise gender-related aspects of the TB response. | <p>3.5.1 Map out and develop a geo-map of key partners, champions and allies that prioritise gender related issues</p> <p>3.5.2 Identify key areas for partnerships</p> <p>3.5.3 Develop Memorandum of Understanding (MoUs) with key organizations and champions at national, regional and global levels</p> |

Strategic Objective 4:

To strengthen the membership and coordination capacity of TB Women as a global network.

Rationale and strategic approach

To function as a network that coordinates and makes gender equality a reality in the TB response, TB Women itself needs to ensure it has adequate governance and management structures, systems and procedures. This will ensure that resources (human, physical and financial) are appropriately managed and support the network in reaching its intended purposes.

As a new network, the first year will focus on building the internal capacity of TB Women – selecting a board of governance and ensuring policies are in order, mobilizing resources and identifying key partnerships. Related activities include:

- a. **Membership Structure:** The network will develop a constitution that defines who the members are, types of membership and roles and responsibilities of each structure. The constitution will define who elects the board, how long the term of board members is and the terms of reference (ToRs) for board members. A conflict resolution policy will also be defined.
- b. **Governance Structure:** The network will develop strong and shared governance and responsibility across the network. The aim is to:

- i. ensure robust representation of national community stakeholders and key interest groups in the governance structure;
 - ii. ensure robust consultative processes (involvement and participation of those affected) when decisions have significant effects on country membership;
 - iii. maximize transparency (information, communication);
 - iv. expect the highest standards of ethical conduct for all TB Women members, but especially for those who occupy leadership or authority positions and whose decisions have a significant impact on others.
- c. **Operational Structure:** In execution of this Strategic Plan, it will be critical to set up an institutional framework that supports TB Women's mandate as a network-based organization with necessary structures of oversight of the executive functions of its organs and institutions. The necessary policy systems and manuals shall be developed to facilitate functioning of the Secretariat.
 - d. **Monitoring and evaluation:** The network will develop and maintain a dynamic M&E system that is able to measure and capture programme effectiveness.

TABLE 5: Pillar 4: TB Women is a strong, effective and sustainable network

| STRATEGIC OBJECTIVE | STRATEGIC OUTPUTS | KEY INTERVENTIONS |
|---|--|--|
| <p>Strategic Objective 4: To strengthen the membership and coordination capacity of TB Women as a global network</p> | <p>Output 4.1: Effective, transparent, and accountable governance and management systems and procedures in place</p> | <p>4.1.1 Develop governance documents and manuals including TB Women constitution, conflict of interest, and Board governance manuals</p> <p>4.1.2 Define governance structure and elect representatives</p> <p>4.1.3 Hold governance meetings as defined in the constitution to provide continuous oversight of the functioning of the network</p> |
| | <p>Output 4.2: Diverse and representative membership base formed and engaged in all aspects of the TB Women network</p> | <p>4.2.1 Define and formalise TB Women membership</p> <p>4.2.2 Develop conflict resolution and conflict of interest policies</p> |
| | <p>Output 4.3: TB Women Secretariat established and strengthened with the capacity to provide strategic direction, effective oversight and stewardship of resources</p> | <p>4.3.1 Development and operationalization of operational plan, human resources and administration manual, finance and accounting manual</p> <p>4.3.2 Development and implementation of a resource mobilization plan</p> <p>4.3.3 Putting in place a functional financial system that ensures it produces necessary regular reports</p> |
| | <p>Output 4.4: TB Women brand recognised, valued and understood – including through strategic communications, resources and social media – where possible across English, French, Spanish, Russian and Portuguese</p> | <p>4.4.1 Develop and implement an organization brand</p> |
| | <p>Output 4.5: TB Women data effectively guiding programme planning, implementation and monitoring for most efficient use of resources</p> | <p>4.5.1 Develop M&E systems</p> <p>4.5.2 Develop the capacity of the Secretariat for effective use</p> <p>4.5.3 Collect data and produce reports on a regular basis</p> |

References

- 1 https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3
- 2 <https://www.who.int/tb/strategy/end-tb/en/>
- 3 <http://www.stoptb.org/global/plan/plan1822.asp>
- 4 <https://www.thenewhumanitarian.org/news-feature/2021/2/24/tuberculosis-hits-more-women-in-afghanistan>
- 5 The Global Fund to fight AIDS, TB and Malaria (2019). Technical Brief: Gender Equity P4. https://www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf
- 6 https://www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf_P4
- 7 https://www.unaids.org/sites/default/files/media_asset/genderresponsiveHIVprogramming_en.pdf
- 8 ACTION Partnership, Global Coalition of TB Activists et al (2020) The Impact of COVID-19 on the TB Response: A Community Perspective <http://www.stoptb.org/assets/documents/resources/publications/acsm/Civil%20Society%20Report%20on%20TB%20and%20COVID.pdf>
- 9 Stop TB Partnership NGO and Affected Community Delegations (2020) *A Deadly Divide: TB Commitments vs TB Realities* http://www.stoptb.org/assets/documents/communities/The%20Deadly%20Divide_TB%20Commitments%20vs%20TB%20Realities%20FINAL%20HLM%20Report.pdf
- 10 Stop TB Partnership UNHLM Targets & Commitments http://www.stoptb.org/assets/documents/global/advocacy/unhlm/UNHLM_Targets&Commitments.pdf
- 11 Stop TB Partnership UNHLM Targets & Commitments http://www.stoptb.org/assets/documents/global/advocacy/unhlm/UNHLM_Targets&Commitments.pdf
- 12 BMC Public health, Tuberculosis and poverty: the contribution of patient costs in sub-Saharan Africa – a systematic review <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-12-980>
- 13 <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>
- 14 http://www.stoptb.org/assets/documents/global/awards/tbreach/W7_Gender_Empowerment.pdf
- 15 The Global Fund, COVID-19 Information Note: “Catch-Up” Plans to Mitigate the Impact of COVID-19 on Tuberculosis Services (2020) http://www.stoptb.org/assets/documents/covid/covid19_tuberculosiservicesimpact_guidancenote_en.pdf
- 16 https://gctacommunity.org/?page_id=7293&v=7d31e0da1ab9
- 17 https://www.who.int/tb/publications/global_report/gtbr14_main_text.pdf
- 18 https://www.who.int/health-topics/health-workforce#tab=tab_1
- 19 <https://www.tb Alliance.org/why-new-tb-drugs/maternal-and-child-health>
- 20 Giving Women a Stronger Voice in Global Health by Kim Cernak, Deputy Director of Friends of the Global Fight Against AIDS, Tuberculosis and Malaria. <https://unfoundation.org/blog/post/giving-women-a-stronger-voice-in-global-health/>
- 21 <https://www.forbes.com/sites/madhukarpai/2020/09/26/tuberculosis-and-covid-19-fighting-a-deadly-syndemic/> ; <https://spark.adobe.com/page/xj7pygvhrIAqW/>
- 22 https://www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf. P4
- 23 <https://www.mchip.net/sites/default/files/Tackling-TB-and-HIV-in-Women.pdf>
- 24 <https://www.un.org/sustainabledevelopment/gender-equality/>
- 25 East African Community Gender Policy, East African Community (EAC) Secretariat, May 2018, Arusha, Tanzania
- 26 https://www.who.int/sdhconference/resources/draft_background_paper15_cambodia.pdf?ua=1
- 27 <https://www.unescwa.org/gender-blindness>
- 28 https://www.unaids.org/sites/default/files/media_asset/genderresponsiveHIVprogramming_en.pdf
- 29 Stop TB Partnership (2020) Empowering TB Affected Communities to Transform the TB response to be equitable, rights-based and People Centered http://www.stoptb.org/assets/documents/about/cb_meetings/33/33-06%20Civil%20Society%20and%20Communities/33-6.1%20STP%20UNHLM%20CRG%20Report_17%20Nov%202020.pdf

- 30 <https://www.theglobalfund.org/en/key-populations/>
- 31 <http://gctacomunity.org/wp-content/uploads/2018/06/Women-and-Stigma-Full-Book.pdf?v=c86ee0d9d7ed>
- 32 <http://www.stoptb.org/communities/default.asp#CRG>
- 33 Stop TB Partnership (2020) TB CRG Gender Investment Package http://www.stoptb.org/assets/documents/communities/CRG%20Investment%20Package_Gender%20and%20TB%2006.07.2020.pdf
- 34 <http://www.stoptb.org/global/awards/cfcs/>
- 35 The Global Fund Breaking Down Barriers Initiative <https://www.theglobalfund.org/en/human-rights/>
- 36 India National Framework for a Gender Responsive Approach to TB https://tbcindia.gov.in/WriteReadData/1892s/388838054811%20NTEP%20Gender%20Responsive%20Framework_311219.pdf
- 37 <http://stoptb.org/global/awards/tbreach/>
- 38 <https://stoptbpartnershiponeimpact.org/>
- 39 <http://www.stoptb.org/assets/documents/communities/STP%20TB%20Stigma%20Assessment%20Implementation%20Handbook.pdf>
- 40 TBpeople (2019) Declaration of the rights of people affected by TB <http://www.stoptb.org/assets/documents/communities/Declaration%20of%20the%20rights%20of%20people%20affected%20by%20TB%20-%20A5%20english%20version.pdf>
- 41 Global Coalition of TB Activists (2020) Activating a Human Rights Based Response [http://www.stoptb.org/assets/documents/communities/Activating%20a%20Human%20Rights-Based%20TB%20Response%20-%20Technical%20Brief%20\(November%202020\).pdf](http://www.stoptb.org/assets/documents/communities/Activating%20a%20Human%20Rights-Based%20TB%20Response%20-%20Technical%20Brief%20(November%202020).pdf)
- 42 ACTION Partnership, Global Coalition of TB Activists et al (2020) Impact of COVID-19 on the TB Response: A community perspective <http://www.stoptb.org/assets/documents/resources/publications/acsm/Civil%20Society%20Report%20on%20TB%20and%20COVID.pdf>
- 43 Stop TB Partnership. Global Plan to End TB 2018-2022. http://www.stoptb.org/assets/documents/global/plan/GPR_2018-2022_Digital.pdf
- 44 <https://www.oecd.org/dac/effectiveness/34428351.pdf>
- 45 https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=%20=201, P2

March 2021

TB Women

Developed with support from Stop TB
Partnership, USAID and the Global Fund
to Fight AIDS, Tuberculosis and Malaria

