

Global TB Caucus
Strategic Plan 2017-2020

DRAFT

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Executive Summary

The period from 2016-2020 will determine the success of the Global TB Caucus project. If it does not unlock new funding for TB care and prevention and bring about significant policy change across the world across that period, we will only seek further funding for regions or networks that have achieved demonstrable successes.

In order to achieve these twin goals of resource mobilisation and policy change the Caucus will pursue three work-streams, these are:

1. From centrally directed to locally led
2. Greater reach and a stronger network
3. Shaping the international agenda

Each of these has its own priorities, objectives, and activities, these are:

From centrally directed to locally led:

- Appointed and trained advocacy focal points in each Global TB Caucus key country (G20 or WHO long list High TB Burden countries (HTBCs).
- The establishment of links between National TB Caucuses and at least 10 national Stop TB Partnership platforms, bringing together stakeholders in priority countries.

Greater reach and a stronger network:

- National TB Caucuses in 75% of G20 countries.
- National TB Caucuses in 75% of WHO HTBCs
- Representation of the Global TB Caucus in at least 130 countries around the world.

Shaping the international agenda:

- Reference to TB on the agenda and in the communique of a G20 meeting.
- A meeting of Health Ministers from each of the High TB Burden countries and an accompanying Declaration on TB.

They key outcomes we aim to see in 2020 are:

- Unlocking new funding from at least one major donor for TB-related programmes.
- Securing increased funding for TB control in all WHO HTBCs
- Improved integration of TB and HIV programmes from major donors.
- Improvement of policies against the Stop TB Partnership's benchmark 'Out of Step' Report and WHO Regional End TB Strategies in all WHO HTBCs.

The Strategy has a different structure to other similar documents with a series of "Episodes" of activities which proceed towards the achievement of these objectives. Experience tells us no individual action or set of activities will bring about policy change or resource mobilisation – but we believe that in achieving the above we will lay the foundations for a sustainable political response to TB.

Vision, Mission and Values

Our vision:

“A world free from TB.”

Our mission:

“To achieve a sustainable political response to TB.”

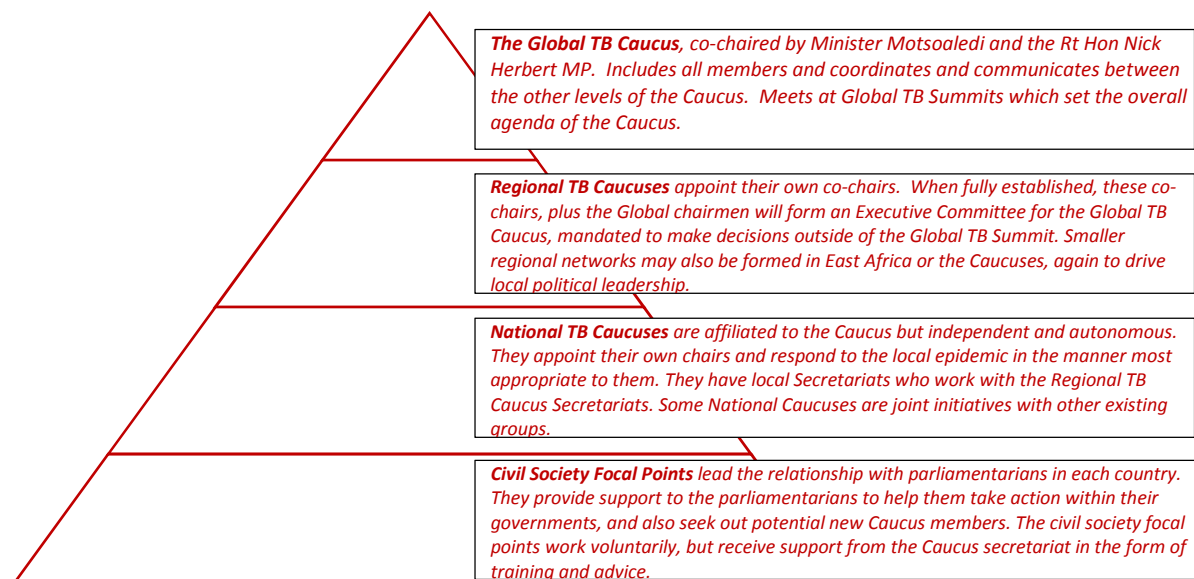
Our values:

- We are non-partisan and non-party political
- We reject all forms of stigma associated with the disease
- We are open and welcoming of new ideas
- We support the development of local leadership

Our structure

The Global TB Caucus is organised into three tiers of work, of which the top two, are directly overseen by the Global TB Caucus Secretariat. The third tier, National TB Caucuses, are affiliated to the Caucus but are completely autonomous and independent in keeping with the Caucus’ objectives of building local political leadership.

Structure of the Global TB Caucus



The Regional networks are a critical bridge between the Global TB Caucus and the National groups that are at the forefront of in-country attempts to accelerate progress against TB. They provide the opportunity to engage with regional funders, and act as a focal coordinating point for CSOs in each area.

After 2016, the parliamentarians who are elected by their peer to be the Chairs of the regional networks will form an Executive Committee of the Global TB Caucus, mandated to take actions and set priorities outside of the plenary of a Global TB Summit. The level of

activity of each regional network going forward will be decided by the engagement of the representatives in the network and the available budget.

The Caucus is supported by a Secretariat which oversees the day-to-day operations of the organisation. The Secretariat's key role is that of a facilitator. The Secretariat is tasked with building the framework to enable Parliamentarians and civil society organisations to achieve our goals.

The Global TB Caucus Secretariat is hosted by the Stop TB Partnership in Geneva with UK and Asia-Pacific offices hosted by RESULTS UK and RESULTS International Australia respectively.

At present there are five members of staff in the Global TB Caucus Secretariat:

- Matt Oliver, the Head of the Secretariat and European Regional Director, based in London and funded through the Stop TB Partnership.
- Sarah Kirk, the Head of the Secretariat of the Asia Pacific TB Caucus, based in Cambodia and funded through RESULTS Australia and the ACTION Partnership.
- Evaline Kibuchi, the African Regional Director, based in Nairobi and funded through the Stop TB Partnership.
- Cintia Dantas, the Americas Regional Director, based in Brasilia and funded through the Stop TB Partnership.
- Rosanna Flury, Secretariat Parliamentary Liaison, based in London and funded through RESULTS UK.

History

The idea behind the Global TB Caucus developed from an initiative of the UK All-Party Parliamentary Group on Global Tuberculosis (APPG TB). For World TB Day 2014 the APPG TB drew together a political statement signed by representatives from across the G7 which secured the support of more than 160 political representatives. The success of that initiative suggested that there may be a broader appetite for inter-parliamentary work on TB.

A conversation between the Rt Hon Nick Herbert MP, co-chairman of the APPG TB, and Jose Luis Castro, Executive Director of The Union, gave further impetus to the initiative. Mr Castro offered the support of The Union in hosting an initial meeting of parliamentarians ahead of the World Lung Health Conference whilst Mr Herbert committed staffing resources from the APPG TB to bring the meeting together.

The initiative gathered further support when Dr Aaron Motsoaledi, Minister of Health for South Africa and Chairman of the Stop TB Partnership declared his intention to attend. Other political representatives from around the world also stated their intention to attend and nearly a dozen countries sent representatives, or messages of support, to the meeting in Barcelona.

At the meeting the delegates agreed to found a formal network, the Global TB Caucus. Dr Motsoaledi and the Rt Hon Nick Herbert MP were elected as co-chairs of the Caucus. Delegates also agreed to launch a formal Declaration, the Barcelona Declaration, which would be open to any political representative in the world to sign. Finally, the delegates agreed that a second, larger, Summit should be held in Cape Town in November 2015.

In the months following the initial Summit the Barcelona Declaration gained widespread support. Aided by the efforts of members of the Caucus to rally political support from colleagues around the world, the Declaration gathered the support of 40 countries by World TB Day, and reached its target of 100 countries by mid-November 2015. In August 2015, members of the Caucus from across the Asia Pacific came together to found the first regional network of the Global TB Caucus, driving progress against the disease in the Asia Pacific and demonstrating strong local political leadership to tackle TB.

Following the second Global TB Summit in Cape Town, once again held with the support of The Union, delegates agreed to establish a formal, independent Secretariat, accountable to the officers of the Caucus. A number of organisations, including USAID, as well as The Union and RESULTS, pledged financial support to the Caucus to enable its members to maximise their impact against the epidemic throughout 2016.

Why this strategy and why now?

A number of decisions were taken at the 2nd Global TB Summit that lead to the formalisation of the Global TB Caucus. In addition to the decision to appoint an independent Secretariat, members of the Caucus also agreed to launch regional networks and push for the establishment of National TB Caucuses.

These decisions shape the future structure of the Caucus but provide little guidance on the long-term evolution of the Caucus Secretariat's organisational capability, which, in turn affects the Caucus' efficacy in working towards our vision of a world free from TB.

The co-chairman of the Global TB Caucus, the Rt Hon Nick Herbert MP, requested that the Head of the Secretariat draft a strategic plan to answer some of these questions.

The period of the strategy

This plan covers the period from 2016-2020. This covers the period of the End TB Strategy recently launched by the Stop TB Partnership, and goes beyond the next Global Fund replenishment and into the development of the next Global Fund strategic plan.

Activity plans for the Caucus in 2016 in each of the regions are present in the Annex of the document. These will be updated in June 2016 when the 2017 workplans will also be formalised. The 2017 workplanning process will correspond with the Stop TB Partnership's strategic planning to ensure the greatest possible coordination.

By 2020 the Global TB Caucus will look very different. More resources will be diverted through regional networks and to support National TB Caucuses. The Global TB Caucus Secretariat will focus primarily on coordination and information sharing. The Caucus will also be seen as a major stakeholder in its own right by key stakeholders.

Alternatively, if, by the end of the period of this strategy, the Caucus has not helped to drive significant progress against the global TB epidemic we envisage an overhaul of our structures and the ongoing funding of only those regions which have shown demonstrable successes.

The Global TB Caucus in 2020

“The Caucus is not an end in itself...” The Rt Hon Nick Herbert MP.

At the Global TB Summit in Cape Town in November 2015, the Caucus co-chairman, the Rt Hon Nick Herbert MP, warned delegates that the mere existence of the Global TB Caucus did not constitute an objective. The Caucus exists as a way of achieving something greater: progress against the TB epidemic.

This principle is at the heart of how our organisation will evolve through to 2020. The Caucus exists to have an impact on the TB epidemic. By November 2020, five years will have passed since the Global TB Caucus formalised and appointed a Secretariat. We judge that to be a sufficient amount of time to demonstrate that the organisation, with its current global focus and scope, has value and impact. If suitable progress has not been made, we envisage a narrowing of focus to those areas or regions which have experienced demonstrable successes.

The ultimate metric in relation to our impact on the TB epidemic is whether fewer people are dying from the disease. As just one of many organisations that work on the TB epidemic the Caucus cannot claim total attribution for fewer people dying from TB because it cannot exert decisive control over the number of people dying from TB. Whilst our eyes remain firmly fixed on that key figure, it will not be our marker for determining the success or otherwise of our efforts.

An often used proxy for overall mortality (and incidence) is resource mobilisation and policy change: is more money being invested in care and prevention of TB? And are governments creating the appropriate policy frameworks for maximising their response to the disease?

These metrics are also problematic. The influence of individual parliamentarians over the budget in any country is extremely limited. Likewise, changing government policy is not a straightforward task. Again, the Caucus could not claim sole attribution for any increase in resources or change of policy in a certain country, so is it justifiable to be judged to have failed in our efforts if such changes are not made?

Ultimately, we believe that it is. Policy change and resource mobilisation and concrete outcomes. The next step back: policy submissions, meetings, advocacy, are outputs. The Caucus, like any other organisation, should be judged on what it achieves, not what it does. If we do not succeed in changing policy or mobilising resources by the end of 2020, then we are not achieving suitable outcomes.

Metrics:

- Resources mobilised in Global TB Caucus countries
- Improved policies in Global TB Caucus countries

The World Health Organization Global TB Programme monitors resources mobilised in relation to National TB Programme budgets. G-Finder and TAG monitor resources mobilised

for R&D. This triumvirate of publications will provide the baseline for judging our successes on resource mobilisation evaluated on an annual basis.

With regard to policy change documents like the 'Out of Step' report and the regional End TB Strategies monitor such changes. These two documents will provide the foundation for judging our successes on policy change. We will also build a "legislative library" of all current national legislation with relation to TB.

The ultimate decision regarding resources mobilised or policies changed lies with the government in each country, and even parliamentarians sometimes have limited influence over those decisions. Accordingly, the achievement of our key indicators is out of our direct control. However, we consider that we can develop the Caucus' operational capability to such an extent that we maximise our ability to influence national government decisions. These have been separated into three workstreams which are articulated below.

Much of this work will not be done in isolation. Despite being uniquely placed to influence governments, the Caucus will need to work closely with other stakeholders in country, and across regions, in order to effectively cover these three key components.

From parliament to government

What structures are required for parliamentarians to most effectively advocate to their governments? Which other stakeholders need to be engaged to provide ongoing support? What can the Caucus do to create political conditions that are favourable to governments increasing their engagement on TB?

In answering these questions we will shape our understanding of how the Global TB Caucus should look in 2020 in order to maximise its ability to influence national governments to increase domestic resources. We have identified three key outputs for the Caucus and two key outcomes:

Outputs:

- 1) Local CSOs or national platforms will take the lead in supporting Caucus members and calling for change, ensuring that the response to TB is locally led and not centrally directed.
- 2) The Caucus will have a meaningful presence in a greater number of countries.
- 3) TB will be recognised at G20 level and a platform created for governmental accountability among high TB burden countries.

Outcomes:

1. New funding will be devoted resources to TB at regional and global levels to complement increased domestic resource mobilisation.
2. Policy changes will have been made at donor and affected-country level that improve the response to the epidemic.

From centrally directed to locally led

One of the founding principles of the Global TB Caucus is that political leaders should be developed wherever possible to take ownership of their own national epidemics. In order

to do that, however, parliamentarians need support from local organisations with the expertise to assist them in advocating to their governments.

Over the period up to 2020, the Global TB Caucus Secretariat will work to build the relationship between parliamentarians and local civil society organisations.

These local CSOs will help parliamentarians identify the key priorities in each of their countries and focus on those issues which represent the best possibility of success. Further, civil society are not the only important non-political stakeholder in the fight against TB, we will therefore work to build links between the Global TB Caucus and Stop TB Partnership national platforms which convene all key stakeholders in priority countries.

Metrics:

- Appointed and trained advocacy focal points in each Global TB Caucus key country.
- The establishment of links between National TB Caucuses and at least 10 national Stop TB Partnership platforms.

Greater reach and a stronger network

TB is a global disease and requires a truly global response. Regardless of the size of the country, any attempt to roll back the disease should be welcomed and celebrated. Further, even nations with smaller TB burdens and budgets can have an impact on the disease if they demonstrate leadership at a regional or global level when the opportunity arises. The Global TB Caucus will seek to find ways to continually engage with parliamentarians around the world and educate and inform them about TB.

Similarly, we must consistently seek to deepen the Global TB Caucus network, finding more parliamentarians from more countries who will support the work. In some countries, National TB Caucuses and local CSOs will do this work, in others it will require regional or global efforts.

Metrics:

- Strong/robust/active National TB Caucuses in 75% of G20 countries.
- National TB Caucuses in 75% of HTBCs.
- Representation of the Global TB Caucus in at least 130 countries around the world.

Shaping the international agenda

The key countries in the fight against TB are the G20 – who provide the majority of global financing for TB – and the list of 30 High TB Burden countries. The Caucus will seek to shape the agenda of both in order to help shape the political context within which national governments can act.

This will also create an opportunity for the Caucus to move from working with parliamentarians to working with governments. This will be particularly important in the high-burden countries, as forums already exist among the G20 for health ministers to meet and discuss.

Metrics:

- Reference to TB on the agenda and in the communique of a G20 meeting.
- A meeting of Health Ministers from each of the High TB Burden and donor countries and an accompanying Declaration on TB.

We have, therefore, 2 top-line metrics (resources mobilised and policies changed) that operate as a global indicator of our success. On an organisational level we have 3 key objectives – each of which will be supported by a workstream – and 7 targets that, if achieved, will determine whether we have been successful in our 4 key objectives.

Key outcome 1: New funding for old problems

The global TB epidemic is desperately short of funding. If funding gaps are to be plugged, new funding will need to be unlocked. This can come in the form of increased funding from existing donors such as the Global Fund and UNITAID, or new funding from organisations such as regional development banks, the BRICS, or the Asian Investment Bank when it is launched. The finalisation of the new Global Fund strategy falls outside this plan, but we will also focus on the allocation of funding at Global Fund level.

Simultaneously we will pursue dramatic increases in domestic resource mobilisation for the disease. This will be achieved through parliamentarians applying pressure on their own governments through their own legislatures, but the application of this pressure can be supported by other Caucus members in other countries.

Metrics:

- Unlocking new funding from at least one major donor for TB-related programmes.
- Securing increased funding for TB control in all HTBCs.

Key outcome 2: Better policies and better programmes

Good policies are critical to accelerating progress against TB. Increased funding makes little difference if that funding is squandered. These policies are not always set at national level, but national governments usually have the final say over the approach to tackling TB in their countries.

Policies can be improved in both donor and high-burden settings. The Global Fund has been a trailblazer in regards to funding integrated TB and HIV programmes, but many major donors are far behind, even though TB accounts for one-third of all HIV deaths. National governments must also improve their policies, particularly around social protection for TB patients and out of pocket spending for treatment.

Metrics:

- Improved integration of TB and HIV programmes from major donors.
- Improvement of policies against the Stop TB Partnership's benchmark 'Out of Step' Report and WHO Regional End TB Strategies in all HTBCs.

Summary:

How the Caucus measures success:

- Resources mobilised for TB care and prevention;
- Improved policies in the fight against TB.

How we will develop our organisation:

- Local leadership
- A stronger network
- Influencing the international agenda

How we measure the success of this development:

- Appointed and trained advocacy focal points in each Global TB Caucus country.
- The establishment of links between National TB Caucuses and at least 10 national Stop TB Partnership platforms.
- National TB Caucuses in 75% of G20 countries.
- National TB Caucuses in 75% of HTBCs
- Representation of the Global TB Caucus in at least 130 countries around the world.
- Reference to TB on the agenda and in the communique of a G20 meeting.
- A meeting of Health Ministers from each of the High TB Burden countries and an accompanying Declaration on TB.

Our objectives:

- More funding
- Better policies

How we measure our success against these objectives.

- Unlocking new funding from at least one major donor for TB-related programmes.
- Securing increased funding for TB control in all HTBCs.
- Improved integration of TB and HIV programmes from major donors.
- Improvement of policies against the Stop TB Partnership's benchmark 'Out of Step' Report and WHO Regional End TB Strategies in all HTBCs.

In the following section we will look at how each of these targets will be achieved.

From centrally directed to locally led

Where we want to be:

- Appointed and trained advocacy focal points in each Global TB Caucus country.
- The establishment of links between National TB Caucuses and at least 10 national Stop TB Partnership platforms.

Where we are now (January 2016)

The Global TB Caucus has no formal partners or country focal points. We work with existing advocacy organisations such as the ACTION Partnership and its contacts. We also work with The Union in some countries, although informally, and some members of GCTA, and have close proximity to the TB Europe Coalition, although no formal connection. Finally, we have some relationships with local partners of the Stop TB Partnership and a relationship with one Stop TB platform: Germany. The Challenge Facility for Civil Society (CFCS) has just completed an application round and is asking successful applicants to launch national Stop TB Partnerships.

An unknown number of members of the Caucus have an existing relationship with some civil society organisations or individuals in their country.

Phase 1:

The Caucus is represented in over 100 countries. There are civil society organisations in the majority of these countries, and many of whom already work closely with parliamentarians. The vast majority of these countries also have National TB Programmes who may be prepared to engage with parliamentarians.

- Work with partners to map existing civil society contacts against TB Caucus countries. Identify countries where civil society is strong and the Caucus is weak and vice-versa.
- Build relationships between these civil society contacts and Global TB Caucus Secretariat staff, issue a formal invitation to act as an 'in country' focal point. These focal points will not be funded, but will be supported with training and other assistance.
- Establish a link with the Stop TB Partnership CFCS grantees and introduce the concept of the Global TB Caucus.
- Work with the Stop TB Partnership, the WHO, and The Union to build an understanding of which National TB Programmes and Programme Managers might be most interested in working with the Caucus.

At the end of Phase 1 we will have established a 'formal' relationship between leading CSOs and the Global TB Caucus Secretariat. We will also have identified areas of weakness in our network, or in civil society networks. We will collaborate with our partners to ensure that invitations are sent to our country focal points who are not existing members of Stop TB. We will have held introductory conversations with CFCS grantees around the Global TB Caucus, and will have an understanding of which NTP managers may be interested in advocacy work.

Phase 2:

In Phase 2 we will look to close the gaps, and start to strengthen the links between civil society focal points and the key other stakeholders with which they may have to work.

- Work with partners to reach out to civil society in countries where we don't have Caucus members and work with them one-on-one to bring new parliamentarians into the Global TB Caucus.
- Engage with NTP managers around the Caucus, introduce them to the Caucus and the role they can play in it.
- Implement regular catch-ups as a group with focal points on a region by region basis, updating them on activities relating to the Caucus, and also on a one-on-one basis.
- Work with the Stop TB Partnership to introduce the Global TB Caucus into the workplans of CFCS grantees in an appropriate manner.

Phase 3:

By Phase 3 we should have had contact and started to build relationships with a potential focal point in every country where we have Caucus members. The next step is to strengthen their relationships with us, and to equip them to work with their parliamentarians and with NTP managers and other stakeholders if they don't already do so.

- With partners host a training session for all country focal points in each region, introduce them to members of the Global TB Caucus in country if possible.
- Introduce country focal points to National TB Programme managers and start to arrange a 'state of the epidemic' briefing in parliament, helping the MPs and civil society focal points get to know each other better.
- With the Stop TB Partnership support the CFCS grantees host meetings with their parliamentarians and, where possible, bring in MPs from other countries to support the success of their first events.
- Ensure that all bilateral visits from MPs relating to the Caucus work closely with local civil society to maximise impact.
- Secretariat visits to countries where we have weak or partial support and where civil society partners are lacking.

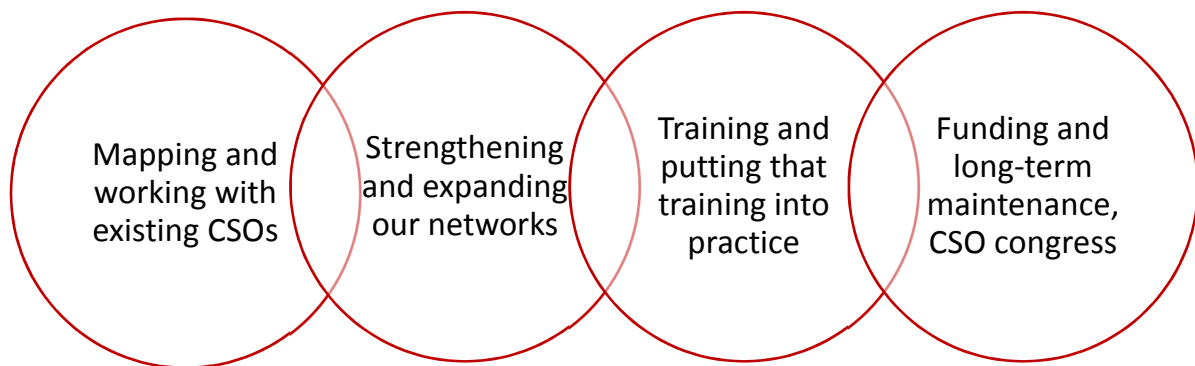
Phase 4:

The final phase relates to the long-term maintenance of the Caucus civil society networks and their ability to work with National TB Caucuses. Civil society organisations need support in order to conduct advocacy, both in terms of skills and expertise, but also in terms of long-term financing.

- Work with potential funders of global civil society to provide small, three-year grants to Global TB Caucus focal points. As part of this process encourage them to set up Stop TB Partnerships in each of their countries to convene civil society. These grants should not be administered by the Global TB Caucus Secretariat but by a partner such as the Stop TB Partnership.

- Further strengthen the regional hubs that help coordinate civil society focal points with Caucus works. Gradually withdraw the Global Secretariat from the ongoing management of these relationships.
- Continue to provide an annual training, in conjunction with partners, and regular information exchange. Bring CSO partners into the work-planning process for the Global TB Caucus.
- Ensure that at least bi-annual meetings take place in parliaments around the world with NTP Managers and other experts.
- Produce an annual report show-casing best practices from civil society engagement and support around the world.

Building Local Leadership of the Global TB Caucus



- Further develop the best partners and position them as potential ACTION Partners where appropriate.
- Host Global TB Caucus CSO Congress, bringing together civil society representatives from around the world.

Greater reach and a stronger network

Where we want to be:

- National TB Caucuses in 75% of G20 countries.
- National TB Caucuses in 75% of HTBCs
- Representation of the Global TB Caucus in at least 130 countries around the world.

Where we are now (January 2016)

The Global TB Caucus currently has support from 101 countries. Much of this support is weak, and many parliamentarians are only peripherally engaged. There are National TB Caucuses in only five countries (Brazil, Canada, Kenya, UK, and US) of which Kenya was founded as a direct result of the initial Global TB Summit.

National TB Caucuses are not integral to the success of parliamentary advocacy on TB, but they provide an important focal point for CSOs and other stakeholders. They are also often recognised as formal bodies within parliaments so carry a certain degree of importance. We support parliamentarians who also secure individual workstreams on TB within existing groups. It is down to individual MPs to decide what is the most appropriate vehicle for advocacy in their country context.

Phase 1

One thing that is integral to successful parliamentary advocacy, however, is having a group of parliamentarians with which to work. That will be the focus of Phase 1.

- Launch a rolling parliamentary sign-on letter in support of Global Fund replenishment to access new networks of potentially engaged MPs.
- Work with existing champions to maximise their networks of parliamentary contacts.
- Work with existing champions in order to access Parliamentary Services in each country and identify which MPs are travelling where in order to engage them.
- Create a list of elections for the year to come and plan to contact new MPs in those countries to build support.

A major focus of the Caucus is capitalising on existing travel arrangements, networks and plans. There is no need to reinvent the wheel. So we are developing a calendar of key movements of partners to maximise our opportunities to engage and inform parliamentarians. The Caucus model is built on securing the support of large numbers of parliamentarians and then finding a way to follow-up on that support and build further engagement. This will continue to be our process for expansion.

Phase 2

Strengthening the Caucus requires as much work with existing champions as it does with building new ones. Properly supported, those champions can help strengthen and expand the network further, and provide all-important early victories which can help galvanise the remainder of the network.

- Work with existing champions, particularly those who attended the Global TB Summit in Cape Town to help them found National TB Caucuses.

- Launch regional networks which present opportunities for members of the Caucus to show local leadership and to bring influential new parliamentarians into the network. Present Roadmaps at each of these regional launches targeting key policy changes required to eliminate TB.
- Work with existing champions to influence regional groupings of parliamentarians such as regional parliaments (Parlacen, Parlasur), or regional initiatives (Council of Europe), or regional groupings (ECOWAS, SADC). Use these opportunities to raise the profile of the Global TB Caucus and to engage more MPs.

Regional parliaments provide forums for networking and conversations between parliamentarians from different countries. These, therefore, represent an excellent opportunity to further expand the Caucus. Though most don't have legislative power or budgets, most do have the opportunity to shape a political agenda, or to influence national governments in some way. Our engagement with regional groups is focused on achieving exactly this.

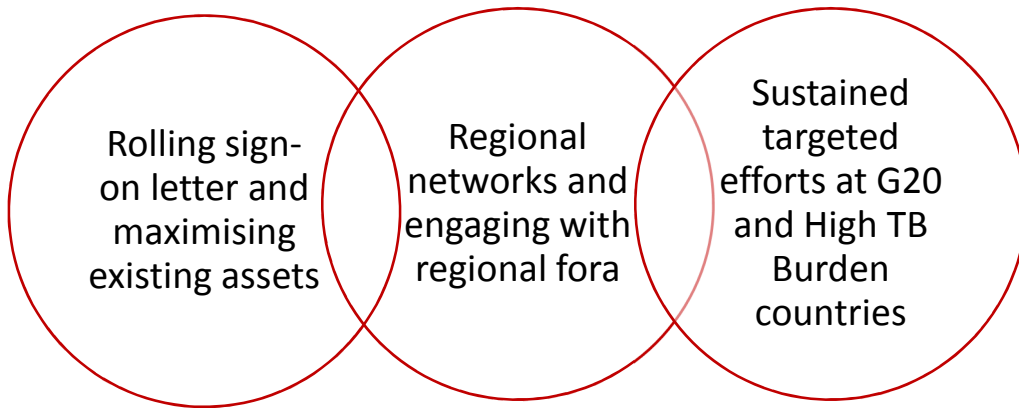
Phase 3

With large numbers of parliamentarians being mobilised through various regional and sub-regional initiatives, a key focus will be to strengthen leadership in the most influential countries: the G20 and the High TB Burden list of 30 countries.

- Lead delegations and bilateral initiatives to key countries where parliamentary strength is particularly weak.
- Engage with other networks of parliamentarians to maximise our impact.
- Continue to cultivate the lead parliamentarians in G20 and High TB Burden countries, in particular relation to the annual G20 agenda and Summits.
- Use Embassy networks and other in-country experts to host dinners and other events to help build a broad base of parliamentary support.
- Ensure that key countries have a strong programme of parliamentary events and visits to maintain and build engagement.
- Third Global TB Summit including parliamentarians from all countries.

This interacts very closely with the early Phase work around 'shaping the international agenda' and will go hand-in-hand with those efforts. Following the completion of Phase 3 we should have a strong network of parliamentarians who have been pushed by existing champions to establish National TB Caucuses and to become champions in turn. From this stage forward, all future efforts will be about maintaining existing support and creating further opportunities.

Greater reach and a stronger network



Shaping the international agenda

Where we want to be:

- Reference to TB on the agenda and in the communique of a G20 Health Minister's meeting.
- A meeting of Health Ministers from each of the High TB Burden countries with representatives from key donors and an accompany Declaration on TB.

Where we are now (January 2016)

The Global TB Caucus has parliamentary contacts in 16 of the G20 countries (currently lacking China, Russia, Saudi Arabia, and Turkey). Many of these, however, are not particularly strong and much work will need to be done to develop those parliamentary contacts into champions for TB. Nonetheless, there is a base there to work with. Of the 30 High TB Burden countries, 23 have parliamentarians who have supported the Caucus (the exceptions: Angola, China, Congo, CAR, DPR Korea, Liberia, and Russia). Some of these are among the Caucus' strongest champions, but many of the high burden countries have extremely weak political and governance systems.

Phase 1

The early phases of work on the G20 and the High TB Burden countries has been covered in previous work streams, in particular the previous one regarding the strength of the overall network. Nonetheless, there are specific initiatives that will help move the overall agenda.

- Map Sherpas and key ministries associated with the G20 in each of those countries and facilitate contact between Caucus MPs and those individuals.
- Ask parliamentarians in each of the High Burden countries to write to their Health Ministers regarding the TB situation in their countries.

Phase 2

One way to influence both the agendas of the G20 in the next few years (it is hosted by Germany in 2017 and by India in 2018) is to host major meetings of parliamentarians in those countries.

- Host dedicated side-meetings of G20 parliamentarians at regional meetings to push as a bloc for increased focus on TB.
- Host a meeting of parliamentarians from the 30 High TB Burden Countries in India in the middle of the year with a view to influencing the Indian Presidency in 2018 and initiating the process of those parliamentarians working as a group.
- Present a dedicated document on TB in the 30 High TB Burden countries as part of a major policy push around that group.

Phase 3

Having targeted the G20 in both 2017 and 2018, and with the 2019 Summit quite likely to take place in Argentina or Mexico, the remainder of the focus on this strand will be around the High TB Burden countries.

The principal activity will be a ministerial level Summit, held in 2018 or 2019, bringing together Health Ministers and Ministers of Finance from each of the High TB Burden

countries and representatives from the key donors. The meeting will most likely take place in South Africa.

Influencing the international agenda



Conclusion

By 2020 we aim to have achieved all of the activities in the final phases of each of these workstreams. We will have a Global TB Caucus that has strong, sustainable local leadership, built through national parliamentary groups and with strong connections to civil society and other key stakeholders. The Caucus will have truly global reach, and be embedded within regional and continental parliamentary organisations, ensuring the long-term presence of TB on the international agenda. Finally, we will have built a new platform at governmental level with the most heavily affected countries and the most engaged donor governments.

Organisational objectives: New funding for old problems

Where we want to be:

- Unlocking new funding from at least one major donor for TB-related programmes.
- Securing increased funding for TB control in all HTBCs.

Where we are now (January 2016)

The Global TB Caucus hasn't yet engaged with the Global Fund or other organisations in a meaningful way. The Fund's latest strategic planning process has run far ahead of the Caucus' development, leaving little or no opportunity to influence the plans and particularly the allocation formula. Further, there has been no engagement between the Caucus and any major potential new sources of funding. In Asia Pacific conversations have started between the Asian Development Bank and the Asia Pacific TB Caucus Secretariat, but these conversations are at an introductory stage.

In terms of domestic resources, some successes have already been achieved (notably in Kenya and Montenegro) but there is much more work to be done, particularly in HBC30 countries.

NOTE: Not all of these activities will be carried out by the Caucus Secretariat.

Phase 1

There are a number of investment banks in the world which present potential sources of funding. These must be addressed carefully, as not all governments are keen to borrow from banks for health, but we should nonetheless, lay the foundations for future funding requests.

An important first step is to understand exactly where these banks are, and how they work. Other sources of potential financing come from multilaterals, of which the Global Fund is by far the most significant. However, the Global Fund strategy has nearly been approved and there is little opportunity for changing the resource allocation – except through regional programmes. Finally, domestic financing is the largest source of funding for the TB epidemic and must also be addressed.

Regional:

- Map the development banks, and gain an understanding of the kind of health and development projects they fund.
- Look at who might be able to influence the programmes that they fund. Build an understanding of who leads the various portfolios.
- Gain an understanding of the Global Fund's approach to regional funding proposals.

Domestic:

- Build a clear understanding of the funding position, including transition plans, in each Global TB Caucus country and map that for parliamentarians.
- Start to develop an understanding of how budgets are influenced in key partner countries.

At the end of the first Phase we should have a clear idea of who the main players are in relation to the development banks and how to engage with them and which countries have significant gaps in their domestic funding.

Phase 2

The Caucus' greatest asset when it comes to influencing any new funders will be the parliamentarians. Whilst it is unlikely that parliamentarians could, individually, pressurise a development bank into investing more resources into a certain area, they can help to further build the relationship between key potential funders and the Global TB Caucus Secretariat.

Regional:

- Look for opportunities to introduce parliamentarians in-country to key Development Bank leads and make it a feature of bilateral travel to engage with these groups.
- Similarly, craft occasions for bank officials to present or speak to groups of parliamentarians on the work of their particular bank.
- Stimulate conversations between the key civil servants in relation to the Global Fund in each particular country and country focal points.

Domestic:

- Provide parliamentarians with details of the funding position in each of their countries and connect them to National TB Programme managers to scrutinise the current data.
- Establish sustainable mechanisms for the National TB budget to be scrutinised.

At the end of this phase, relationships should have been significantly strengthened with key individuals and officials, such that the ground is prepared to make an ask in the following phase.

Phase 3

The process for putting together an application for a grant from a development bank, whether that is on a regional or national level, can be long and complex. The Caucus will focus on regional level initiatives and/or facilitating specific pots of funding being made available for TB-related programmes. The Caucus will not prioritise the funding of national projects through the development banks, as these applications are almost always made by the Ministry of Health/Finance.

Regional:

- Work with other key partners to prepare a potential coalition of relevant stakeholders who would support a regional programme. Agree common priorities (potentially an aspect of the Global Plan or End TB Strategies or lab strengthening in line with the AMR agenda) within this coalition.
- Present an outline to MPs from the region who in turn can make the case to the portfolio managers of the relevant development banks.
- Initiate conversations between Caucus members and the Ministers who lead on the Global Fund regarding the allocations for funding. Ensure that these conversations

include reference to the regional projects being proposed to the development banks in case there is an opportunity for the Fund to be a partner as well.

National:

- Work with civil society and National TB Caucuses to build strategies for mobilising additional resources in each country depending on their budgeting processes.
- Maintain dialogue between national parliamentarians and Ministers of Finance and Ministers of Health.

At the end of this phase there should be projects being proposed for development banks to fund. At this stage the process becomes more difficult to foresee and the Caucus will simply have to be prepared to continue to make the case as necessary.

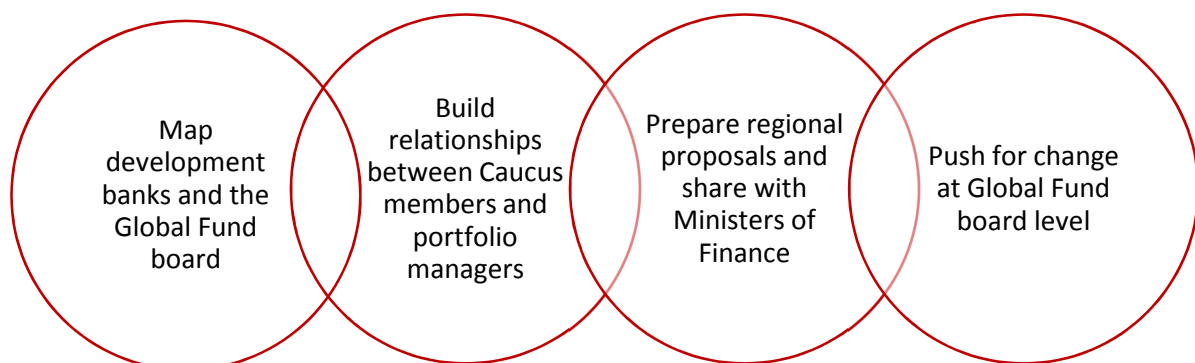
Phase 4

Whilst regional initiatives will come online and hopefully attract additional Global Fund money to augment the investment of development banks, as has been the case in regards to the TB and mining project in the SADC countries, the process of formulating the next Global Fund strategy will begin.

Regional:

- Continue to push for regional initiatives and engagement by the Banks in TB.
- Coordinate with key stakeholders, including the Stop TB Partnership and its membership list, regarding an increase in the funding allocations.
- Arrange meetings between Caucus members and Ministers regarding the funding allocations. Arrange visits from high-burden countries to the major donors to make the case for changing the allocation.

New Funding for Old Problems



Organisational objectives: Better policies and better programmes

Where we want to be:

- Improved integration of TB and HIV programmes from major donors.
- Improvement of policies against the Stop TB Partnership's benchmark 'Out of Step' Report and WHO Regional End TB Strategies in all HTBCs.

Where we are now (January 2016)

The Global TB Caucus doesn't have a dedicated policy function, and given the wealth of research done by a wide range of TB organisations, it probably doesn't need to produce policy papers itself. Nonetheless, many of the policy recommendations that are created are difficult to turn into actual policy, and many parliamentarians are unaware of the major strategies which have been agreed and have relevance for their regions.

Legislation is a major tool that parliamentarians can use, but little research has been done on what legislation has been enacted on TB and what role such legislation can play in improving national TB policy.

NOTE: not all of these activities need be carried out by the Global TB Caucus.

Phase 1

There are a number of existing reports which offer policy recommendations for national governments, these include:

- Regional WHO End TB Strategies
- TB/HIV integration recommendations for donors
- The Global Plan to End TB's implications at country level
- The Out of Step Report

An important first step to addressing policy shortcomings is to identify where those shortcomings are.

- Map the existing strategies and policy documents from various multilateral organisations and their recommendations for the key donors and 30 High TB burden countries.
- Gain an understanding of what legislation relating to TB is in place in countries across the world.
- Understand what policy structures influence international responses to TB (particularly within the EU).

At the end of this phase we will have an understanding of the current state of policy in key target countries and potential levers that could be used to try to improve that policy.

Phase 2

There is a difference between policy that is theoretically correct and policy that is being applied correctly. Once we have an understanding of the policy in theory, we need to gain an understanding of how it works in practice. Many of the relationships required to inform

this should have been built through the organisational capability phases described previously.

- Liaise with National TB Programme managers to determine whether they are familiar with the legislation that is in place and how it affects with them.
- Hold similar conversations with WHO, civil society, and other stakeholders.
- Agree 'Roadmaps' or similar documents which outline for Caucus members how ideal policies should be constructed.

At the end of this phase we should have a clear understanding of how existing policies and legislation are structured, and where there are gaps on paper and in practice.

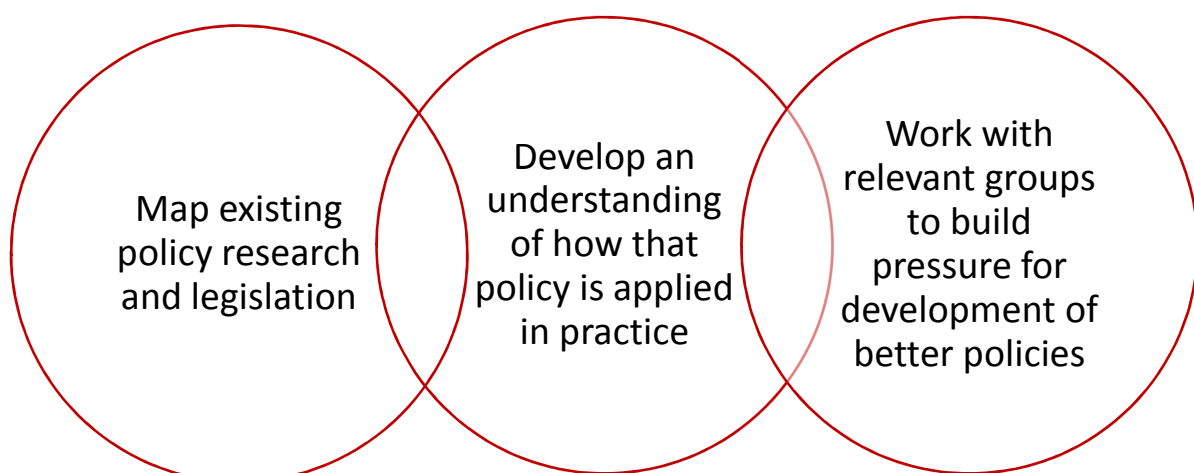
Phase 3

Having established a solid understanding of the policy which underpins the response to TB in various countries, the next step is to try to improve it. In addition to trying to create political support from bringing national policy in line with international standards, other objectives, such as creating the necessary policy framework for regular prevalence surveys.

- Work with members to engage with Health Committees around weaknesses in policy or legislation.
- Engage with the political institutions or organisations that have an influence on regional policy frameworks.

At the end of this phase we should have started conversations at the relevant levels around TB policy matters. From this point forward the focus of the work will be on helping parliamentarians build the necessary pressure on governments to update and amend their policies to match international standards and for issues relating to TB to be high on the list of priorities of regional policy-makers.

Better policies and better programmes



Potential Funding and Policy Targets

In addition to the Global Fund and various G20/G7 processes and bilateral and regional funding from donors and development banks, there are a number of specific initiatives that we will focus on.

Global Drug Facility

The global TB drug market is fragmented and inconsistent. Stock-outs are a frequent challenge and there are few quality-assured producers of anti-TB drugs. One solution to this problem is the Global Drug Facility, which is run by the Stop TB Partnership in Geneva.

GDF pools demand and works with suppliers to find the best price for high quality drugs. Nearly 100 countries currently procure through the GDF, but that figure is not high enough.

A target for National TB Caucuses, then, will be to encourage governments that don't currently purchase drugs through the GDF to change their procurement practices. This will require significant policy background to understand why they don't yet procure through the GDF, and first we will need to map who currently procures through GDF and who doesn't. This will, however, be a long-term target for the Caucus going forward.

TB REACH

The gap between those who are officially diagnosed and treated and those who aren't has stayed steady for nearly a decade. TB REACH is a programme which funds operational research to close that gap.

TB REACH has been almost exclusively funded by the Canadian Government since its launch and has produced some notable successes. Renewed funding is required if the programme is to continue to operate at full capacity. The Caucus will identify countries which may be willing to support TB REACH and work with parliamentarians to advocate effectively to those governments.

National legislation

One of the principle weapons of parliamentarians is legislation and there are a number of TB laws around the world already in force.

As the Global TB Caucus is composed solely of legislators, a legislative approach to TB seems like an avenue worth exploring. Unfortunately, little research has been done to date on TB legislation or whether it is an effective route to achieving change. Also, it is not always clear how the Caucus can help pass legislation.

Nonetheless, we believe that TB legislation may provide some opportunities to advance TB care and prevention. We will, therefore, seek to enhance the evidence base around TB legislation and devise a template 'perfect' TB law and explore how members of the Caucus can help influence the passage of legislation in certain countries. If, after a trial, legislation appears to be a promising route for us we will devise a separate strategy around pushing forward with a legislative approach to tackling TB.

Innovative financing and tax reform

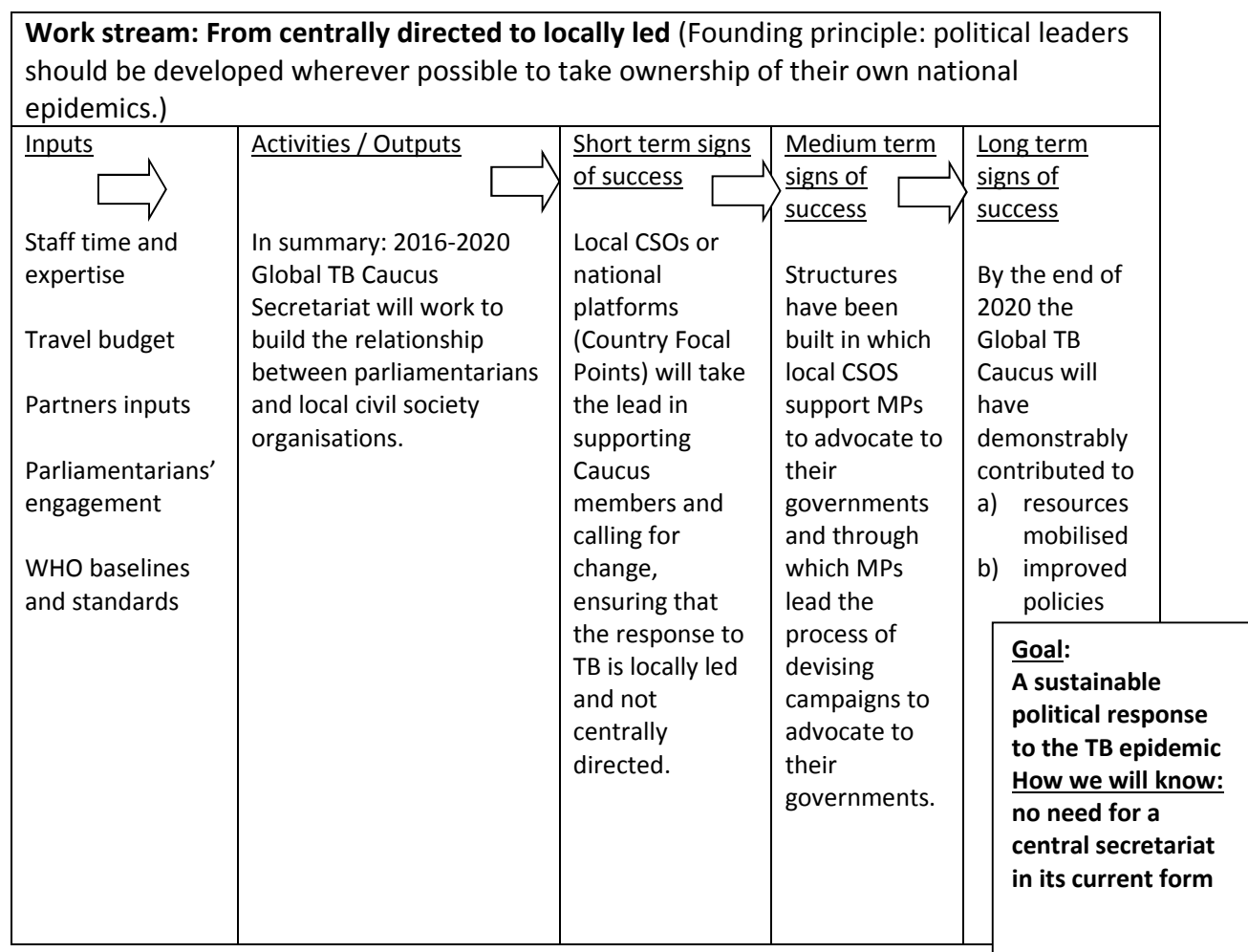
The future of TB care and prevention lies within a nationally supported universal health care system.

To assist in the development of these systems, supporting innovative financing and tax reform could be a key pillar of the Caucus.

The Caucus would work with development banks, economists and donors to support MPs. This will include sharing evidence on all aspects of innovative financing including taxation and increased engagement with the private sector. Examples of these could be the use of 'sin' taxes, special levies, and development of health insurance schemes.

This will also allow increased engagement with MPs who have finance portfolios, helping to break down the barriers between finance and health ministries.

Annex 1: Monitoring and Evaluation: Logic Model



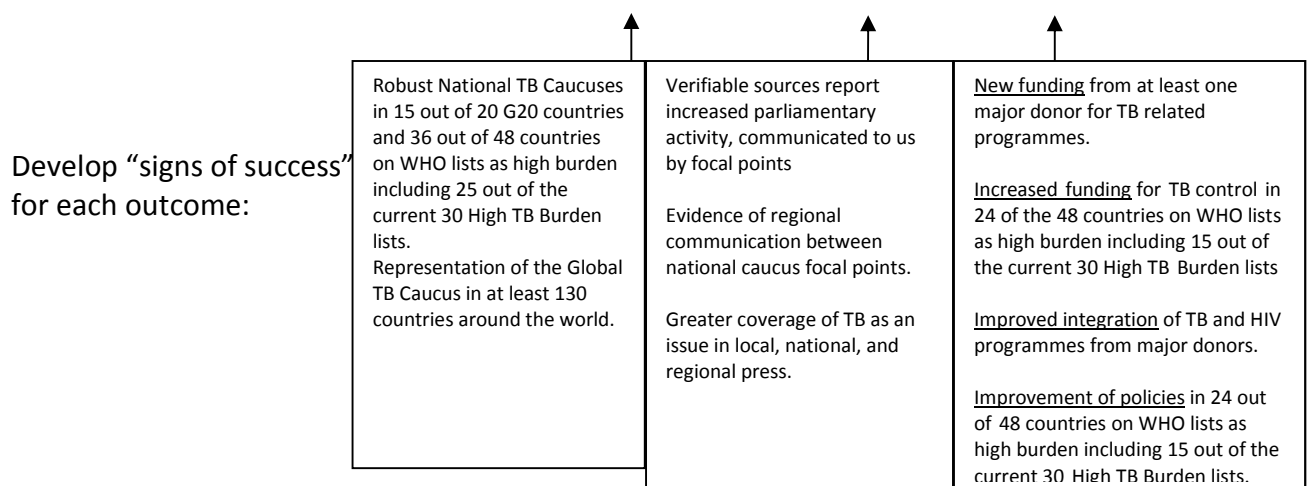
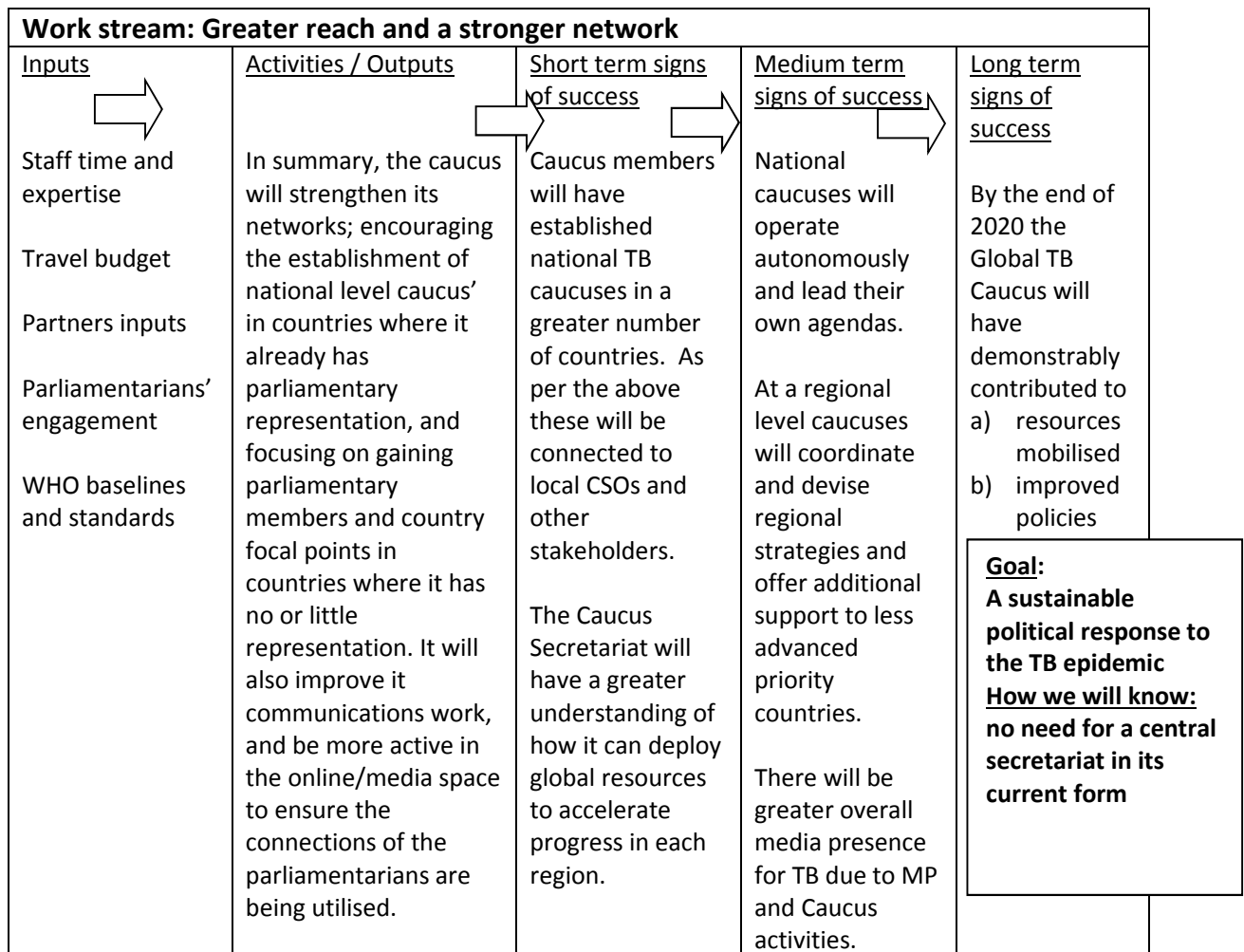
Develop "signs of success" for each outcome:

<p>Appointed and trained advocacy focal points in each Global TB Caucus key country.</p> <p>The establishment of links between National TB Caucuses and at least 10 national Stop TB Partnerships</p>	<p>Parliamentarians/focal points report taking action: organising events, parliamentary interventions, media etc.</p> <p>Parliamentarians and focal points report successful, and sustainable partnerships.</p> <p>Focal points participate productively in regular calls with Secretariat staff and other FPs.</p> <p>Media generation around activities.</p>	<p><u>New funding</u> from at least one major donor for TB related programmes.</p> <p><u>Increased funding</u> for TB control in 24 of the 48 countries on WHO lists as high burden including 15 out of the current 30 High TB Burden lists</p> <p><u>Improved integration</u> of TB and HIV programmes from major donors.</p> <p><u>Improvement of policies</u> in 24 out of 48 countries on WHO lists as high burden including 15 out of the current 30 High TB Burden lists.</p>
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Data source to document achievement:

<p>Short Term Metric tracking already in operation</p> <p>Traffic light system reflecting our understanding of how well focal points are working with MPs.</p>	<p>Medium Term 6 monthly review with leading MPs and with focal points on their relationships and more regular contacts via Regional Directors.</p> <p>Quarterly update "sharing of best practises" with focal points will facilitate data collection.</p>	<p>Long Term <u>For resources:</u> WHO, G-Finder, TAG.</p> <p><u>For policies:</u> "Out of Step" report and regional End TB strategies</p>
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	Media monitoring tool	
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Data source to document achievement:

Short Term Metric tracking already in operation	Medium Term Quarterly update from focal points on activities. Monitoring of traffic on focal point list-serves	Long Term <u>For resources:</u> WHO, G-Finder, TAG.
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Traffic light system reflecting our understanding of how strong our champions are in Caucus countries.	Media monitoring tool	For policies: "Out of Step" report and regional End TB strategies
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Work stream: Shaping the international agenda				
<u>Inputs</u>	<u>Activities / Outputs</u>	<u>Short term signs of success</u>	<u>Medium term signs of success</u>	<u>Long term signs of success</u>
<p>⇒</p> <p>Staff time and expertise</p> <p>Travel budget</p> <p>Partners inputs</p> <p>Parliamentarians' engagement</p> <p>WHO baselines and standards</p>	<p>⇒</p> <p>The Caucus is working to shape the international agenda in order to help shape the political context within which national governments can act.</p> <p>This will be an opportunity to move from working with parliamentarians to working with governments, particularly important in high burden countries as forums already exist among the G20 for health ministers to meet and discuss.</p>	<p>⇒</p> <p>TB will be recognised at G7, G20 and BRICS level in documents and communiques.</p> <p>Preparatory steps taken towards creating a platform for governmental accountability among high TB burden countries.</p>	<p>⇒</p> <p>Renewed focus/initiatives from major multilaterals relating to TB (such as the discussed G20 AMR Fund)</p> <p>A meeting of Health Ministers from each of the 30 High TB Burden countries and accompanying Declaration on TB.</p>	<p>⇒</p> <p>By the end of 2020 the Global TB Caucus will have demonstrably contributed to</p> <p>c) resources mobilised</p> <p>d) improved policies</p>
				<p>Goal:</p> <p>A sustainable political response to the TB epidemic</p> <p>How we will know:</p> <p>no need for a central secretariat in its current form</p>

Develop "signs of success" for each outcome:

<p>References to TB in international documents. Communications from Caucus parliamentarians to Ministers on TB.</p>	<p>The creation of any new initiative with specific funding or policy implications for TB.</p> <p>Meeting of Health Ministers and outcomes document.</p>	<p><u>New funding</u> from at least one major donor for TB related programmes.</p> <p><u>Increased funding</u> for TB control in 24 of the 48 countries on WHO lists as high burden including 15 out of the current 30 High TB Burden lists</p> <p><u>Improved integration</u> of TB and HIV programmes from major donors.</p> <p><u>Improvement of policies</u> in 24 out of 48 countries on WHO lists as high burden including 15 out of the current 30 High TB Burden lists.</p>
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Data source to document achievement:

<p>Short Term Monitoring (and creation of a resource of) relevant international documents/agreements with reference to TB.</p> <p>Monitoring of communications with Ministers.</p>	<p>Medium Term List of international initiatives with reference to TB in their mandate.</p>	<p>Long Term <u>For resources:</u> WHO, G-Finder, TAG.</p> <p><u>For policies:</u> “Out of Step” report and regional End TB strategies</p>
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Global TB Caucus Monitoring and Evaluation (M&E) Plan:

The Global TB Caucus (GTBC) needs to be able to monitor and evaluate its activities in order to understand and increase its influence on TB policy and domestic resource mobilisation for TB. As the GTBC tracks and monitors its initiatives and their effectiveness, it will be clear where greater efforts and resources should be focused.

M&E for advocacy is always challenging, even more so in the multinational environment in which GTBC operates. Our main priority is recording where our active parliamentary members are affecting policies and domestic resource mobilisation, however, in practice it is difficult to conclusively prove where our efforts have had an impact. We have therefore crafted a flexible and M&E plan which will enable us to rapidly address weaknesses in our operational capability whilst monitoring the progress made towards our overall objective of a sustainable political response to TB.

Current M&E:

- Monthly qualitative reports for various stakeholders.
- Tracking of numbers of parliamentarians, focal points and national groups in each country and region, with a specific focus on High TB Burden and G20 countries.
- “Traffic light” approach to monitoring countries and focal points.
- Monitoring of financial flows (Global Fund/WHO) and policies (Out of Step etc). We are also building a legislative library of policies related to TB.

Suggestions:

Through the development of our logical framework it has become apparent that there are other aspects of our work that we will need to monitor and track.

- Media monitoring tool – we will need to invest in a media monitoring tool (possibly with a partner) to keep track of references to TB and the Caucus.
- Quarterly updates from focal points including a review of activities and best practices for other focal points.
- A bi-annual review with focal points and MPs for how the relationship is going for them both with their in-country stakeholders and with the Caucus itself.
- A list of international documents with reference to TB and of international initiatives with relevance to TB.
- Dedicated monitoring across the network of communications between Caucus members and Ministers.

Additional internal M&E:

- Secretariat ‘error log’ used to evaluate day-to-day activities for potential improvements (in process)
- After action reviews for big meetings/events/trainings
- Annual 360 degree review of Head of Secretariat and any other staff that request one – in addition to standard annual appraisal process
- Annual formal review of Caucus activities and any relevant amendments to the strategy as a result.

Annex 2: Key activities in 2016 and beyond

A full list of activities for 2016 in each of the regions can be found in the accompanying Annex. However, here is a summary of our priority events for the next four years. These activities are all dependent on securing funding.

2016:

- Regional Summits in:
 - The Americas (March)
 - Africa (July)
 - Asia Pacific (November)
 - Europe (June)

To establish regional networks and strengthen localised political leadership in the response to TB.

- Regional trainings of Caucus country focal points throughout the year.
- Inaugural Executive Committee meeting (October 2016).

2017:

- Regional and sub-regional meetings of MPs.
- Meeting of representatives of the 30 High TB Burden Countries and accompanying BRICS side meeting (Q3, Delhi).
- Regional trainings and civil society strengthening throughout the year in conjunction with partners.
- Executive Committee meeting (October 2017).

2018:

- Regional Summits in the four regions.
- Global TB Caucus CSO Congress, bringing country focal points together from around the world (Q3, location TBD).
- Intensive bilateral activity in preparation for Ministerial Summit.
- Executive Committee meeting (October).

2019:

- Ministerial TB Summit, Health and Finance Ministers from the 30 High TB Burden Countries (location and timing TBD).
- Regional trainings and civil society strengthening throughout the year.
- Executive Committee meeting (October 2019).

2020:

- Third Global TB Summit and second Global TB Caucus CSO Congress. Invites to parliamentarians from all countries. Consultation on new five-year plan.
- Executive Committee meeting (October 2020), launch of new five-year plan.

Annex 3: Guide for CSO focal points

Introduction

Thank you for your interest in working with the Global TB Caucus. Greater political engagement on TB is critical to accelerating progress against the disease, but parliamentarians repeatedly tell us that in order to put pressure on their governments they need local support from people who know about the TB epidemic.

Accordingly, as part of our mandate to help parliamentarians lead the fight against TB, we are attempting to identify a civil society partner in each country who is prepared to work with their local parliamentarians.

This guide will give you an introduction to how this relationship will work, and the impact we hope to have.

About the Global TB Caucus

The Global TB Caucus a unique international network of parliamentarians united by their shared commitment to end the tuberculosis (TB) epidemic. Led by its members for its members, the Caucus aims to transform the response to TB through targeted interventions at national, regional, continental, and global levels.

The Caucus has two elected co-chairmen: Dr Aaron Motsoaledi, Minister of Health for South Africa, and the Rt Hon Nick Herbert MP from the United Kingdom. Under the leadership of Dr Motsoaledi and Mr Herbert, the network has grown from an initial meeting of ten parliamentarians, to a global organisation with support from over 1,400 parliamentarians in more than 130 countries.

Members of the Caucus commit to leading the fight against TB in their own countries. In particular, they work to deliver greater resources to fight the disease and to improve the policy response to TB.

Local leadership

National governments have a critical role to play in the fight against TB. Accordingly, we are trying, where possible, to create “National TB Caucuses”, or groups of MPs in each parliament around the world who are prepared to work on TB.

Our civil society focal points support these members of parliament and help ensure their efforts have the maximum impact. We do not know what needs to be done to tackle TB in every country in the world, we must find partners who can lead the work in each domestic setting.

Thank you for agreeing to be a Global TB Caucus focal point, we are very grateful for your support. The rest of this document will give you an overview of how the Global TB Caucus works, and your role as a focal point.

How the Global TB Caucus works

The Global TB Caucus aims to dramatically strengthen political leadership against the TB epidemic. Members make a commitment, through the signing of the Barcelona Declaration, to provide that leadership. The Global TB Caucus Secretariat and its civil society partners then work with those parliamentarians to help them deliver on their commitments. **We are not lobbying the MPs, we support them to show leadership.**

The method through which most parliamentarians first engage with the Caucus and commit to take action is through signing the Barcelona Declaration. This is, intentionally, a very easy ask. Our objective is to start a conversation with members of parliament and then deepen their engagement through work with other members of our network and civil society.

At present there are over 1,400 parliamentarians in more than 130 countries who make up the Global TB Caucus. Details of the MPs who have signed the Declaration can be found [here](#).

MPs can join the Global TB Caucus by signing the Barcelona Declaration [here](#) or confirming their support in writing to any member of the Caucus Secretariat.

The role of the Global TB Caucus Secretariat

A small Secretariat supports the work of the Global TB Caucus around the world. There are three regional coordinators, and a central office based in London. The members of staff are:

Matt Oliver – Head of the Secretariat: matt.oliver@globaltbcaucus.org

Sarah Kirk – Head of the Asia Pacific TB Caucus Secretariat: sarah.kirk@globaltbcaucus.org

Evelyn Kibuchi – Regional Director, Africa: evelyn.kibuchi@globaltbcaucus.org

Cintia Dantas – Regional Director, the Americas: cintia.dantas@globaltbcaucus.org

Rosanna Flury – Parliamentary Liaison: rosanna.flury@globaltbcaucus.org

Please feel free to email us at any time if you have any questions.

The Caucus Secretariat coordinates the day-to-day activities of the Global TB Caucus. We seek to identify opportunities for MPs to maximise their impact. We also organise the regional Summits and meetings. Lastly, we provide intelligence and briefings for members of the network.

An update is sent to all members of the Caucus every two to three months. One of the roles of our focal points is to translate those updates into their local languages (where necessary) and pass the information onto members. This starts the process of building a stronger relationship in-country between Caucus members and local representatives of civil society.

Frequently asked questions

Are National TB Caucuses part of the Global TB Caucus?

No, national groups are autonomous and completely independent. Though they are affiliated to the Global TB Caucus, the decisions and actions of national groups do not bind the Global TB Caucus, nor do decisions made by the Caucus have any influence over the actions of national groups.

As a focal point, do I represent the Global TB Caucus?

Not unless specifically asked to do so by the Secretariat. As a member of civil society you represent yourself, or your organisation, but not the Global TB Caucus Secretariat. **We do not want to take credit for your work.**

Can I be paid as a focal point?

No. At present we do not have a budget to fund the civil society organisations who work in-country with Global TB Caucus members. In the future we hope we will have resources available to support our focal points, but at present all contributions are voluntary.

Do I have set targets?

No. The Global TB Caucus Secretariat has targets but these do not bind our civil society focal points (though we hope you'll be prepared to help us achieve them).

Can I get trained?

Yes. We have a budget to run a training session in most regions at least once a year. Please contact your local member of the Secretariat to find out more details.

Who decides what I do?

You do, but remember that the parliamentarians themselves lead the work of the Caucus, and our objective is to build political leadership. You are encouraged to help them develop that leadership.

Roles and responsibilities

The Secretariat is responsible for:

- Coordinating global or regional activities;
- Liaising with MPs; and
- Supporting you to build relationships with your MPs and giving you the tools, training and support needed to grow your advocacy.

We request that you:

- Provide us advice and information about the political situation in your country;
- Help communicate updates and news releases from the Secretariat to the Caucus members in your country;

- Work to increase the number of parliamentarians who support the Global TB Caucus in your country.

In addition, you are encouraged to:

- Build a relationship with your national MPs in the Caucus;
- Work with organisations and researchers in country to brief MPs them on priority issues in your country; and
- Support MPs to take action.

The Global TB Caucus is a non-partisan initiative. Please respect that spirit in regards to your work with the parliamentarians who make up the Caucus.

From theory to practice

You should by now have a clear idea of what the Caucus does, what its objectives are, and how we begin the relationship with MPs. You also should have an understanding of what we hope our focal points will do.

The next section will give you a clearer idea of some of the concrete steps that you can take to increase the political will to end TB.

Step 1: Meet your local representatives

The Global TB Caucus Secretariat has the contact details of all of our members. If you agree to become a focal point, we will check with the MPs concerned that they are willing to be contacted by you, and then make an introduction via email. We suggest that you keep us copied in on your reply, and ask the MP concerned for a meeting.

At the meeting, ask them to explain their background and how they came to work with the Global TB Caucus. Some will know a lot, some will know a little. Explain your work on the disease and why they should care about TB. Highlight that you want to support them as much as possible, if they're prepared to lead.

Step 2: More MPs and a bigger platform

MPs have a limited capacity to take action, so one of our roles in supporting them is to make sure that the time they devote to working on TB is worth their while. One way to do this is to help them show leadership.

A first step in most countries will be to work with the MP to draft a letter to colleagues about the Barcelona Declaration asking them to sign. This can increase the number of MPs available to work with. Be prepared to offer to draft the letter (the Secretariat can help you). Any MPs who sign, we will then connect with you so you can take the relationship forward.

Step 3: Host a parliamentary meeting

A natural next step is to ask your original MP to host a meeting in parliament. Send invitations to as many parliamentarians as possible. You will need to work with the MP to organise the structure and agenda of the meeting. We recommend you focus on top-line statistics, and on personal stories, not on overly technical details.

Remember again that all MPs need a personal reason to engage, so if you are able to tell them what the picture is in their own constituency, that will make it more likely that they will attend.

To support this kind of meeting the Secretariat can help identify potentially powerful speakers – or, in some cases, facilitate the visit of an MP from another country to make the meeting more interesting for your MPs.

Step 4: Launch a national TB caucuses

(See below).

Step 5: Policy change and resource mobilization

Once you have built a group of MPs to work with you have two challenges 1) keeping them engaged and interested and 2) making sure that they have impact.

The first challenge is often solved by providing regular information and updates, inviting them to events, and keeping them informed.

The second is more difficult. To do this you need to have a clear idea of something that needs to change, and how the MPs can achieve it. This will differ in every country setting, but in most cases your leading parliamentarians will know what they need to do, the question is whether you can convince them that they want to do it.

As ever, if you have any problems or need advice, don't be afraid to ask your local member of the Secretariat and we'll try to help.

A guide to setting up a National TB Caucus

Different parliamentary systems have different provisions for informal groupings of parliamentarians. The UK, for example, has over 500 different All-Party Parliamentary Groups (APPGs). These are cross-party, non-political, groupings of parliamentarians who work together on different issues. In the US and Canada there are 'Caucuses' which perform a similar function whilst in Brazil there are 'Parliamentary Fronts'.

The Global TB Caucus was established on a similar model to these parliamentary groups. It is led by its members for its members. It is non-partisan. The only criteria for entry is a personal commitment to work on tuberculosis (TB). The Caucus' priority going forward is to establish as many national TB caucuses as possible, driving local leadership against the epidemic and creating a sustainable political response to the disease.

First steps

The first step is to identify one or more parliamentarians who have an interest in TB. Assuming that you have a parliamentarian, the next step is to determine whether the country in which you are based has a recognised way of setting up informal parliamentary groups. The parliamentarians should be able to tell you.

Either way, you will need at least two documents:

- A Terms of Reference for the group, to ensure that every parliamentarian is clear on how the group operates and the role of the members; and
- A founding document, which articulates clearly what the groups priorities are.

The Global TB Caucus Secretariat has templates of both documents. One alternative for the founding document is to use the Barcelona Declaration. This was successfully used in the Kenyan Parliament to launch the biggest national TB caucus in the world.

First meeting

Working with at least one committed champion, arrange the first meeting. This should, preferably, be held in parliament as the group is parliamentary by nature. Invite as many parliamentarians as possible and make it clear that they are attending the launch event of a new parliamentary group. It is more effective if the parliamentarian with which you are working sends the invitations. Share with the members the document they are expected to sign so that they can examine it prior to the launch.

Make sure that civil society is represented at the meeting. For the group to be sustainable in the long-term it will need to have support from local organisations. Make sure that they are considered one of the stakeholders of the group from the very beginning.

At the first meeting, discuss the problem of TB in your country, and highlight the role of parliamentarians in doing something about it. The Global TB Caucus Secretariat can help prepare scripts and briefings on TB if needed.

Make sure that you have spoken to your leading parliamentarian beforehand about how the group will be led. It is important to elect officers (chairs or presidents) who can work with

you to agree a workplan for the group. You may wish to ask the leading parliamentarian to speak to colleagues from other parties to ensure that the group has cross-party leadership.

Once officers are elected for the group, make sure that everyone signs the group's founding document. Take a picture of it to prove that everyone has signed, to use as press materials, and to share with other colleagues.

Registration

The group may need to be registered with the parliamentary authorities, depending on the system of governance in your country. At the very least, please notify the Global TB Caucus of the successful launch so it can be included as part of the larger network of National TB Caucuses which is leading the fight against TB.

Case studies and examples

Below you will find some further examples of the processes organisations and followed to set up groups.

Terms of Reference for [name of country] TB Caucus

1. The [name of country] TB Caucus exists to “raise the profile of the global TB epidemic and to accelerate progress towards the elimination of the disease.”
2. Membership of the [name of country] TB Caucus is open to any parliamentarian from any political party in [name of country]. No political representative can be excluded from membership of the Caucus and participation in its activities.
3. The [name of country] TB Caucus does not have the authority of the [name of parliament], and is not an official parliamentary bodies. Groups should avoid presenting themselves in such a fashion as to be confused with official committees.
4. The [name of country] TB Caucus is strictly prohibited from taking outside funding from any organisation which has the sole purpose of gaining access to Members of Parliament. It should be made clear to any donors that such funds as are received by the Caucus do not confer any special privilege on the donor beyond the general benefits received from a high political profile of TB.
5. Members shall receive no reimbursement or recompense for their membership of the group. Time devoted to the group is entirely voluntary. The only exception to this is overseas travel, when Members may have their costs covered by sponsoring organisations. All such details must be declared to the relevant authorities in full and in a timely fashion.
6. The [name of country] TB Caucus will hold such meetings as deemed interesting by the officers and are relevant to their campaigns. The Caucus will hold an Annual General Meeting (AGM) for the purpose of electing new officers.
7. The [name of country] TB Caucus is led by its members *for* its members. Members of the Caucus elect ‘officers’ to lead the work of the group. These officers should reflect the cross-party nature of the group. Any member may nominate themselves to be an officer of the group, election is contingent on winning a simple majority of the votes present at the Annual General Meeting.
8. The officers of the national Caucus may appoint a secretariat that will support the work of the group. The secretariat’s duties include (but are not limited to): event organisation, meeting Members of Parliament, and supporting the activities and interests of the officers. This position receives no public funding, but the officers may choose to fundraise to support the post.
9. The [name of country] TB Caucus will seek to strengthen ties with other such groups around the world in the pursuit of its overall goal of eliminating the TB epidemic and will select an individual (or individuals) to attend regional TB Caucuses or the Global TB Caucus meetings as appropriate.

Example founding document for National TB Caucus

[Name of country] TB Caucus

We, the undersigned, as political representatives of [name of country], as members of the Global TB Caucus, in full accordance with the principles articulated in the Barcelona Declaration, and in response to the ongoing epidemic of tuberculosis (TB) [in [name of country], our region, and the world], hereby commit:

1. To found a [name of country] TB Caucus of parliamentarians open to any political representative from [name of country] to join, and in doing so to commit to work with representatives of all political parties to drive progress against TB.
2. To work in our collective and individual capacities to build broad political support for efforts eliminate TB and for the key organisations engaged in the fight against TB.
3. To support the voices of patients and vulnerable groups in the response to the disease and in doing to take all necessary measures to lift the burden of stigma from TB patients and their families.
4. To help bring about the necessary funding to accelerate progress against TB at a national, regional, and global level, and to support the development of better policies to tackle the disease.
5. To engage with all relevant national and international stakeholders involved in the fight against TB.
6. To work with political representatives from other countries around the world to accelerate progress towards ending TB.

In signing this document we endorse its principles and objectives and commit to use all the means at our disposal, in partnership with all relevant stakeholders, to build commitment in our country and in the wider region for ever-increasing efforts to end the TB epidemic.

Name	Signature	Constituency	Email
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