

COMMUNITY CONNECT ON DEMAND SESSIONS PROGRAMME

Track: Track 1: Community rights, gender and stigma
Type: Community Connect Ondemand
Room: Community Connect On-demand

CCP-UnionConf-2022-01523 I've experienced and survived breast TB (rarely 4%) unique TB type in women around the globe and learnt new lessons of combating stigmas attached to women health in society

Chair: Nabila Abbas (Pakistan)

The coin of my life flipped suddenly from being living a happy life to sad one when I first came to know that I'd been affected by a rare TB type called Breast TB in women. Breast TB is 4% rarely found among women around the globe. At the early stage suffering through some odd symptoms and handling a sensitive part of the body like breast been very depressing for me. But as soon as I summoned up my courage to read more about this disease I found a ray of light to become hope for others. I found that breast TB awareness is very less and the less research work has done on it. It became my passion to spread the awareness and I even wrote different blogs on it. It was interesting to note it down that most of the cases of breast TB occurs in India and the other Asian countries. I'd gone through minor surgeries of 3 times during this procedure. I and my sister had gone through this disease altogether. Many doctors at first claimed that there is no such thing like breast TB but the common TB but it became a fact when we finally met a doctor who changed our lives. Dr. Shafeeq from Pakistan opens about this disease and informed us that even he is doing a research work on it. The journey became more interesting when reading my blogs two different women from different countries contacted me through email explaining that they had been going through the same phase and they need my help. This is how it started and now I'm very much passionate to put forward the informative session about breast TB covering my own personal struggles, medical information about the disease and to promote a TB free world with smart solutions. Overall, tuberculosis of any TB in returns affect the health of lungs so in one way or other way the struggle against tuberculosis is my agenda.

I survived breast TB and it became my passion to talk about Breast TB (4%) rare among women around the Globe

Speaker: Nabila Abbas (Pakistan)

Track: Track 3: Political environments for community led advocacy and accountability
Type: Community Connect Ondemand
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CCP-UnionConf-2022-01635 YOUTH POWER TO #ENDTB: REGIONAL DELIBERATIONS BY TB AFFECTED YOUTH ADVOCATES

Chair: Priyanka Aiyer (India)

With over a third of the world's population aged between 10 and 24 years, today's generation of young people is the largest in human history. As the future leaders and drivers of growth, productivity and innovation, young people are our greatest assets. Investment in their health and wellbeing, as well as harnessing their potential as agents of change, is vital to efforts to end deadly epidemics such as tuberculosis (TB) - that remains the world's top infectious killer. Young people between the ages of 15-34 are disproportionately affected and carry among the heaviest burdens of the disease. They are also often the largest population group in developing countries with their role and potential contributing immensely to a nation's social and economic capital. Enabling their access to care and ensuring their meaningful participation in efforts to end TB at all levels will pave the way to a better, safer and healthier world free of TB. Currently the potential of youth has not been fully harnessed in efforts to end TB.

Only a few countries capture TB data in suitably age-disaggregated ways to allow full understanding of TB's impact in this group and even fewer provide the adolescent-friendly services our young people need to access diagnosis and care. Schools and other educational institutions where young people congregate provide multiple contacts for young people with infectious TB, yet few countries have a full understanding of tackling TB within this context so adolescent-friendly services for diagnosis and care are severely lacking.

In addition, peer pressure, fear of stigma, risk behaviors such as alcohol, substance and tobacco use, and co-infections such as HIV, create challenges for this age group – both in understanding the symptoms, the risks and seeking help for TB diagnosis and treatment.

One critical point of action that continues to remain missing in all engagement with the youth from affected communities is the discussions pertaining to a people-centred rights-based response to TB. The concept of a human rights-based response to TB is relatively new. And most often than not children and the youth are left far behind in the highly medicalized TB response. This is a huge gap that needs to be filled. It is more than evident from the background provided here that the youth are a huge untapped resource. With the right guidance they truly can transform the TB response. We as GCTA believe in this.

As part of the efforts to engage youth in the TB response the GCTA proposes a Community Connect session titled –Youth Power to #EndTB. If we are committed to engaging the youth in the fight against TB, we need to hear their voices. They must have the agency and resources to sit on the same tables as other stakeholders and design a TB response that is people-centered and rights based. Our speakers will represent different regions of the globe and deliberate on concrete and actionable steps and recommendations that can propel us, the TB affected community, closer to this goal.

Opening Address

Speaker: Priyanka Aiyer (India)

Youth Engagement Challenges and Way Forward - South East Asia

Speaker: Permata Silitonga (Indonesia)

Youth Engagement Challenges and Way Forward - Latin America

Speaker: Lourdes Cruzado Castro (Peru)

Youth Engagement Challenges and Way Forward - Africa

Speaker: Phumeza Tisile (Cape Town, South Africa)

Youth Engagement Challenges and Way Forward - East European and Central Asia

Speaker: Muhammad Umarov (Tajikistan)

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CCP-UnionConf-2022-01643 Using live streaming in the Philippines to educate about TB

Chair: Ma. Eloisa Zepeda Teng (Philippines)

Chair: Moe Moore (United States)

How do you get information about TB out to people? Especially with limited financial resources in a high burden country in the midst of Covid-19? Videocasting, of course.

TB People Philippines, founded by and for persons affected by TB, brings together TB survivors from across the country to support each other and persons undergoing treatment for TB. In order to provide information about new innovations in TB care for Filipinos, TB People streams educational programming using Facebook Live, streams that are later archived on YouTube. In order to make the streams engaging, a host leads the program and the stream features live discussion, pre-recorded sessions that cover specific topics, and animated bridges. Pre-recorded sessions use TB People members to present on TB topics; presenters are TB experts from their own lived experiences and the information they share is well-informed, accurate and relevant. To ensure the information is accessible to the largest number of people, recorded sessions are accompanied by captioning and live discussions are accompanied by interpretation in Filipino Sign Language (FSL), the official sign language of the Philippines.

TB People's live streams have covered drug susceptible TB, drug resistant TB and the introduction of the new BPaL (bedaquiline, pretomanid and linezolid) regimen. In the streams TB People has covered case detection, diagnosis, treatment and social support. The platform will be used to share new developments in the Philippines TB programs as well as continue to provide a place for the membership, which covers many of the departments of the country, to come together and share experiences in a uniquely Philippine setting.

We invite other community groups and interested persons to see how we put together a program and how we make it accessible for others. How we blend the facts that persons affected with TB need into what we hope is an entertaining program. Two of our presenters have an educational background and will speak to how those skills have been used to create content and the third speaker will discuss how he approached hosting to make the programs inclusive and engaging. We intend to subtitle all of the pre-recorded presentations and accompany the live Q&A with FSL interpretation.

Welcome to Using live streaming in the Philippines to educate about TB

Speaker: Moe Moore (United States)

Speaker: Ma. Eloisa Zepeda Teng (Philippines)

Using the TB experience and teaching skills to educate the community on TB

Speaker: Miarmy Labuga de Leon (Philippines)

Hosting a livestream to educate the community on TB

Speaker: Rann Soriano (Philippines)

Community engagement and giving back after receiving support

Speaker: Lorelyn Ajero (Philippines)

Track: Track 1: Community rights, gender and stigma

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CCP-UnionConf-2022-01639 TB survivor led champion training through strategic guides for effective TB advocacy.

Chair: Helene-Mari van der Westhuizen (United Kingdom)

Chair: Austin Obiefuna (Ghana)

Rationale: TB survivors have unique insights into the challenges faced by communities throughout their TB journey and can play a key role in developing innovative solutions to close gaps in the TB care cascade. Yet, their perspectives are often not heard on high level advocacy platforms to contribute to increasing the quality of TB care for all through rights-based, gender responsive and community-centred approaches.

Project goal: TB Proof aimed to develop and pilot an advocacy model to connect with, teach and learn from other civil society organizations (CSOs) in African countries, with the goal of training and developing TB champions who can contribute to policy and decision-making at the national and regional level.

Project activities:

During this session, we will share experiences based on two project activities, aimed at using advocacy frameworks and supporting TB survivor advocacy.

TB Proof, in collaboration with African Coalition on Tuberculosis (ACT Africa) developed an interactive toolkit for use by TB advocacy organisations in an African context. This was presented at an Advocacy Framework Evaluation learning session, with 42 participants, representation from 8 African countries (South Africa, Ghana, Kenya, Botswana, Nigeria, Eswatini, Zambia, Ethiopia) and 18 organisations. The majority of the participants who completed the post-workshop survey were not familiar with Advocacy Evaluation Frameworks prior to the training and 88% indicated that they would strongly recommend this learning session to their colleagues. TB Proof Advocacy officers, Phumeza Tisile and Goodman Makanda, who are both DR-TB survivors, developed a Strategic Guide for effective TB Advocacy and facilitated learning sessions for 33 TB champions on:

advocating effectively using your story when engaging with policymakers, researchers, and

programme managers.

leveraging partnerships between CSOs and key stakeholders.

understanding human rights, gender and community responses.

This session was also presented at three other workshops for TB champions working in civil society and research groups. .

Learning points and next steps:

Baseline surveys shared by TB Proof prior to the workshops indicated many advocacy organisations in the network were not using advocacy frameworks to guide or evaluate their work and found the session helpful for future planning. TB Proof will build on this by facilitating online skills development for participating organisations as part of a mentorship programme. COVID-19 was a political priority at national-level and globally. TB Proof highlighted resources from partners, including the Global Fund Mitigation strategies, to share important lessons learnt about leveraging the COVID-19 response to prioritise TB on the national health agenda. This included focussing on the overlap between COVID-19 and TB symptoms, and shared infection prevention and control efforts. We reviewed synergistic COVID-19 and TB campaigns with CSOs during online workshops e.g. TB Proof contributions to the #Masks4All campaign amidst COVID-19. CSOs will be invited to share advocacy opportunities leveraged amidst COVID-19 during the mentorship programme.

TB survivor led champion training through strategic guides for effective TB advocacy.

Speaker: Phumeza Tisile (Cape Town, South Africa)

TB survivor led champion training through strategic guides for effective TB advocacy.

Speaker: Goodman Makanda (Western cape, South Africa)

Track: Track 3: Political environments for community led advocacy and accountability

Type: Community Connect Ondemand

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CCP-UnionConf-2022-01634 TB-affected communities use a community accountability framework to improve Quality of TB Care and Services

Chair: Subrat Mohanty (India)

Chair: Sripriya Pandurangan (India)

REACH, through the USAID-supported Accountability Leadership by Local communities for Inclusive, Enabling Services (ALLIES) Project is piloting a Community Accountability Framework (CAF) initiative based on key principles of integrity, inclusivity, effectiveness and actionability to accelerate progress to end TB. In four States of Chhattisgarh, Jharkhand, Odisha and Tamil Nadu the project is striving to end TB through community initiatives. This is also in alignment with the recent impetus given by the National TB Elimination Programme to adopt a community-led response to TB through training and engagement of TB Champions, formation of TB forums and support groups.

At the core of the ALLIES project is a Community Accountability Framework (CAF), designed to improve the Quality of Care (QoC) and Quality of Services (QoS) for people and communities affected by TB. The CAF model adopts a multi-step 'Identify-Ideate-Implement' approach with three distinct stages – identification of gaps using a tool, ideating potential solutions through conversations with the programme and implementing solutions in a collaborative manner, involving either individual actions and/or health systems strengthening.

The CAF model is currently operational in 137 TB facilities in 15 districts of four states – Chhattisgarh, Odisha, Jharkhand and TamilNadu. The following are some key activities undertaken so far:

1. Development of a CAF curriculum in a consultative manner, with inputs from TB Champions and NTEP representatives
2. Development of a tool to identify gaps in QoC and QoS, to be administered by TB Champions to people with TB
3. Training and capacity-building of 218 TB Champions using the CAF curriculum
4. Engagement of 205 TB Champions to implement the CAF cycle
5. To date, the CAF tool has been administered to more than 25000 people with TB in a 18

month period

6. Consultative meetings have been held with the NTEP to present the CAF findings and ideate on solutions

Filling a Quality Assessment Tool (QAT) every month, the TB Champions seek questions on Timeliness, Quality of Information, Access, Attitude of Service Providers and Attitude of family members and community. The data is collected on Kobo and with the support of District Strategists, gaps are discussed and identified by the TB Champions. Following this data analysis, the TB Champions move into the field to address gaps that could be either individual or health system related. As trained TB Champions they advocate at their TUs as well as with District NTEP officials, panchyati raj members and other stakeholders.

The project has trained TB Champions, their family members, CBOs, health workers and community volunteers to boost the delivery of TB services across the care cascade.

This session is intended for TB advocates and community leaders, programme implementers and anyone looking to strengthen the community response to TB and hear directly from those at the forefront. Those who attend this session are expected to have a greater understanding of the role of ER for TB elimination.

Introduction to the CAF and TB Champions

Speaker: Subrat Mohanty (India)

Taking a Community Accountability Framework into the field – the process

Speaker: Faizan Alam (India)

Improving QoS and QoC for TB care through a consultative process at the Health system level by DPC Mayurbhanj

Speaker: Dinakrushna Barik (India)

Local support groups addressing issues that TB affected communities face

Speaker: Chandra N (India)

A multi stakeholder approach

Speaker: Dhaneswari Yadav (India)

Track: Track 1: Community rights, gender and stigma

Type: Community Connect On-demand

Room: Community Connect On-demand

CCP-UnionConf-2022-01633 Peer-peer engagement: Survivor-led networks supporting TB-affected communities

Chair: Subrat Mohanty (India)

In India, REACH, through the USAID-supported Accountability Leadership by Local communities for Inclusive, Enabling Services (ALLIES) Project, is committed to strengthening TB Survivor-led networks in four states - Chhattisgarh (TB Mukta Chhattisgarh Foundation), Jharkhand (TB Elimination from Jharkhand), Odisha (Kalinga TB Survivors' Network) and Tamil Nadu (Tamil Nadu State level Network). TB Survivor-led Networks are community groups designed to institutionalize the representation of TB-affected communities and advocate on behalf of people with TB.

The growth, contribution and sustained action of these community-led networks are critical for the welfare of TB-affected communities. At present, 1426 TB survivors are members of these four networks.

In the last year, REACH has focused on three key activities with and for the survivor-led networks:

- **Expanding the strength** of the networks by adding new members to the District Chapters and creating a commonly recognised platform for advocacy with different stakeholders.

- Strengthening district chapter members and governing body members at the state level with **organizational and leadership skills to build a resilient and adaptable network**.
- Strengthening the visibility and capacity of the networks by **providing opportunities** for network members through different community structures. This included a series of knowledge-building sessions, communications skilling, counselling and livelihood training etc.

As part of efforts to establish a governance mechanism, each network identified and selected a coordinator whose mandate is to expand the network and strengthen their activities through advocacy. In addition, as part of efforts to make networks financially resilient, workshops on soap making, candle making, Badi (Sun-dried lentil dumplings) preparation, mushroom cultivation, LED bulb assembling, artificial jewellery and handicrafts making from Sabai Grass and Khajuri leaves etc. have been organised. These workshops also introduce potential market linkages for the networks to consider and establish for long-term financial independence.

This session is intended for TB-affected communities, for NTEP staff keen to engage communities and for civil society members. At this session, network members will describe the capacity-building efforts they have been part of, their engagement and plans for growing the networks, and their challenges and opportunities in representing TB-affected communities.

Introduction to TB Survivor Led Network towards TB Elimination and role of TB Champion and NTEP

Speaker: Subrat Mohanty (India)

Introduction to TB Survivor Led Network: background and expansion

Speaker: Laxmi Maharana (India)

Requisite organizational and leadership skills to build a resilient

Speaker: Sheet Kumar (India)

Network democratic functioning and cohesion to keep TB-affected communities together

Speaker: Poongodi G (India)

Sustainability and providing opportunities

Speaker: Kailash Mishra (India)

Track: Track 3: Political environments for community led advocacy and accountability

Type: Community Connect On-demand

Room: Community Connect On-demand

CCP-UnionConf-2022-01525 MAF-TB: joint approaches and meaningful collaboration

Chair: Yuliya Chorna (Ukraine)

Chair: Yuliia Kalancha (Ukraine)

Multisectoral accountability framework to accelerate progress to end tuberculosis by 2030 (MAF-TB) developed by WHO Global TB Programme aims to support effective collaboration within and beyond health sector and accountability of governments and stakeholders at global, regional and country levels to catalyze progress towards the global targets to End TB. To steer MAF-TB processes in Eastern Europe and Central Asia (EECA) region, in collaboration with the WHO Regional Office for Europe, TB Europe Coalition (TBEC), supported MAF-TB baseline assessments in five pilot countries: Belarus, Kazakhstan, Moldova, Tajikistan, and Ukraine. This experience proves that implementation of MAF-TB should be grounded in participatory approaches, needs flexibility for the context-based adaptation of the MAF-TB tools and requires collaboration with multiple partners at the country level.

Introduction to MAF-TB: joint approaches and meaningful collaboration

Speaker: Yuliia Kalancha (Ukraine)

Speaker: Yuliya Chorna (Ukraine)

Operationalization of the MAF-TB in WHO European Region

Speaker: Sayohat Hasanova (Denmark)

Methodological adjustments for MAF-TB baseline assessment

Speaker: Amrita Daftary (York, Canada)

Ukrainian National Council on TB and HIV/AIDS in MAF-TB processes: engaging sectors beyond health

Speaker: Iryna Koroieva (Ukraine)

TBPeople Ukraine: from conducting baseline assessment to organizing multisectoral National dialogue

Speaker: Olya Klymenko (Ukraine)

Track: Track 3: Political environments for community led advocacy and accountability

Type: Community Connect Ondemand

Room: Community Connect On-demand

CCP-UnionConf-2022-01642 Impact of civil society and community work on demand creation and monitoring of TB services - Examples from countries.

Chair: Danielle Ferris (Switzerland)

Chair: Blessina Kumar (India)

Civil society organizations (CSOs) and communities play a critical and broad range of roles to reach national, regional and global targets for tuberculosis elimination. From demand creation to monitoring TB services, CSOs and communities are essential to address inequities in the TB response. For this to be a reality, CSO and community work should receive proper political and financial support. This symposium will share specific experiences of building demand for and monitoring the implementation of TB services. It will increase awareness of the broad range of community interventions—from TB preventive treatment, to TB diagnosis, to innovative care models for childhood TB—will present ways in which CSOs and communities work in collaboration with other relevant stakeholders to maximize impact, building on successful examples from different partners. This session will be an opportunity to call on stakeholders to increase political and financial attention to CSOs in the TB response.

Impact of civil society and community work on demand creation, monitoring of TB services and accountability - Examples from countries

Speaker: Danielle Ferris (Switzerland)

Speaker: Blessina Kumar (India)

Achieving national, regional, and global targets – Reflection from civil society on the role of the Global Fund supporting demand creation and community-led monitoring

Speaker: RD Marte (Thailand)

Building community demand for the uptake of TPT – Examples from IMPAACT4TB

Speaker: Ketho Angami (India)

Addressing inequities faced by children in the TB response – Monitoring national childhood TB policies

Speaker: Papy Ndjibu Tshishikani (Congo (Democratic Republic))

Improving access to and quality of TB diagnostic services through community-led monitoring

Speaker: Edna Tembo (Malawi)

Investing in CSOs to end TB – A review of the Challenge Facility for Civil Society

Speaker: James Malar (Switzerland)

Track: Track 1: Community rights, gender and stigma

Type: Community Connect Ondemand

Room: Community Connect On-demand

CCP-UnionConf-2022-01517 HOW TO PROTECT OURSELVES FROM TB? - ADVOCACY ROADMAP TB PREVENTIVE TREATMENT THROUGH COMMUNITY ENGAGEMENT

Chair: Bertrand Kampoer (Cameroon)

The most effective intervention available to reduce the risk of latent TB infection progressing to active TB disease is TB preventive treatment (TPT). However, globally the uptake of TPT continues to be low due to deep knowledge gaps. One of the reasons for this is a lack of meaningful engagement with affected community members. The medicalized approach to TB has largely alienated the affected community members keeping them away from the right information, that they need to protect themselves from TB.

At the first ever UN High Level Meeting on Tuberculosis, 2018, the member states committed to TB prevention for people at highest risk. The commitments included

1. Rapid scale up of access to testing for TB infection, according to domestic situation, and provision of preventive treatment, with a focus on high-burden countries
2. At least 30 million people, receive preventive treatment by 2022, including: 4 million children <5 years, 20 million other household contacts, 6 million PLHIV, and a vision to reach millions more
3. Development of new vaccines, and provision of other tuberculosis prevention strategies, including infection prevention and control and tailored approaches, and enact measures to prevent tuberculosis transmission in workplaces, schools, transportation systems, incarceration systems, and other congregate settings

The progress towards these very ambitious targets had been very slow to start with and then in 2020 the COVID-19 pandemic hit and reversed some of the gains that we were just starting to see in TPT uptake in countries. Only 2.8 million people were provided TPT in 2020. Globally, only 29% of the 30 million people targeted (2018-2022) were provided TPT in 2018-2020.

This gap can only be bridged by the community members taking the reins through long term interventions that keep the community at the centre. The people most affected by TB, the most vulnerable populations, especially the HIV community members and key population groups need to unite to create a demand for TPT. To further this, the communities need to be capacitated to advocate for TB preventive therapy.

With this background, GCTA, in collaboration with WHO SEARO and WHO AFRO, conducted 2 community workshops. This community connect session will aim at sharing the learnings from the training and the participants will present their action plans to the larger community to find synergies in their work and build collaboration. This session will also highlight the TPT experiences of the community leaders at the country level – India, Malawi and Kenya. The speakers will share the progress and challenges, lesson learned and discuss the next steps

Opening Address

Speaker: Bertrand Kampoer (Cameroon)

Increasing TPT uptake in women living with HIV: Learnings from Malawi

Speaker: Edna Tembo (Malawi)

Community takes the reigns: Reflections from Kenya

Speaker: Stephen Anguva Shikoli (Kenya)

Increasing uptake of TPT in the transgender community

Speaker: M. Rakshitha Rakshitha (India)

Increasing uptake of TPT in the drug user's community

Speaker: Eldred Tellis (India)

Track: Track 3: Political environments for community led advocacy and accountability

Type: Community Connect Ondemand

Room: Community Connect On-demand

CCP-UnionConf-2022-01640 Empowering TB Control Partnership Forum in Indonesia: Multisectoral Accountability Framework

Chair: Thea Hutanamon (Indonesia)

We will share how we empowered tuberculosis (TB) control multisector partnership forum in Indonesia as mandated by Presidential Decree No. 67 2021 to engage communities, stakeholders, and other multisector for TB elimination in Indonesia in 2030 based on WHO Multisectoral Accountability Framework. First we did potential resources mapping through desk review with 7 ministries/institutions and 35 multisector partners implementing TB program, literature review, and best practices identification that was done within four districts implementing TB control multisector partnership then we developed PROTEKSI action plan (TB control integrated partnership program) and be implemented in 8 priority provinces based on high TB burden districts in 2022. We have successfully managed potential resources mapping by synchronizing and incorporating pentahelix multisector collaboration consisting of 5 ministries (Coordinating Ministry of Human Development and Cultural Affairs, Ministry of Health, Ministry of National Development Planning, Ministry of Internal Affairs, Ministry of Villages Development of Disadvantaged Regions and Transmigration), institutions (Cabinet Secretary, Vice President Secretary) or regional government organizations, community leaders and civil society organizations (CSOs), academicians/professional organizations, media and the private sector and business (See Figure 1). We formulated PROTEKSI action plan intending to encourage stakeholder involvement in planning, budgeting, and implementing activities for TB control through the establishment of a partnership forum and aims to increase the role of the community and partners in accelerating TB control focusing on promotive, preventive, complementary curative, rehabilitative based on partnership principle. The targets of PROTEKSI are people fall ill with TB and their families (See Figure 2). The field of work are (1) general affairs which plays role in coordinating partnership forums and (2) four technical areas Advocacy, monitoring and evaluation (commitment improvement, resource mobilization, and monitoring and evaluation); community empowerment (community-based surveillance, case finding, contact investigation, treatment support and TB preventive treatment, health facilities and institutions based surveillance, complementary support like housing, supplementary food, transportation); community education (cough screening, behavior change campaign, TB preventive treatment provision education); psychosocial impacts mitigation and economic empowerment (mental health, spiritual development, economic empowerment and vocational training). The expected output is a well function TB control pentahelix multisector partnership. The outcomes will be increasing health of people fall ill with TB and the acceleration of TB elimination through PROTEKSI action plan and the impacts will be decreasing TB incident rate by 65 per 100,000 population and decreasing TB mortality rate by 6 per 100,000 population in 2030. TB control multisector partnership shall be synchronized and incorporated by optimizing the potential resources from all relevant TB control partners nationwide.

Penta helix collaboration

Speaker: Thea Hutanamon (Indonesia)

Pentahelix TB Control Multisector Partnership Forum and its action plan called PROTEKSI an integrated TB control partnership program.

Speaker: Ferdiana Yunita (Indonesia)

The role of central and regional government, community and stakeholders on TB accelerating program in Indonesia based on Presidential Decree

Speaker: Nani Rohani (Indonesia)

Community empowerment in psychosocial and spiritual support, vocational training and economical empowerment for people fall ill with TB

Speaker: Yeni Purnamasari (Indonesia)

The role of architect in combating TB through healthy housing and TB shelter for people fall ill with TB

Speaker: Ruli Oktavian (Indonesia)

Community based surveillance, health facility based surveillance, treatment support, complementary support for accelerating TB elimination

Speaker: Heny Prabaningrum Akhmad (Indonesia)

TB campaign and education for accelerating TB elimination in 2030

Speaker: Henry Diatmo (Indonesia)

Operational research and sites model piloting a way forward of monitoring and evaluation led by Indonesian TB research network

Speaker: Ivan Surya Pradipta (Bandung, Indonesia)