



Stop TB Partnership

hosted by
 **UNOPS**

Unpacking GC8 TB Guidance - From a Community Lens

Background

Indicator	Reality 2025	Target 2025	% Gap to Target
TB incidence reduction	12% ↓ since 2015	50% ↓	38% short
TB deaths reduction	29% ↓ since 2015	75% ↓	46% short
Catastrophic costs	Highly variable, many countries >50%	0%	50–100% short (most high-burden countries)
Diagnostic & treatment coverage	78% of cases treated	≥90%	12% short
TPT coverage (priority groups)	~5.3M reached (~35% of need)	≥90%	~55% short
Social protection coverage	Median <50% in high-burden countries	100%	50%+ short
Funding (care & prevention)	US\$5.9 B	US\$22 B	~73% short
Funding (research)	US\$1.2 B	US\$5 B	76% short

Background .. continued

- Despite TB remaining the leading infectious disease killer globally, it continues to receive the **smallest share of Global Fund financing**.
- TB-affected communities remain underrepresented in many Country Coordinating Mechanisms (CCMs), limiting their influence on funding decisions. **Stop TB Partnership Report to be published April 2026.**
- At the same time, growing financial constraints, competing health priorities, and **increasing reliance on integrated grant structures** (e.g. TB / HIV / Malaria) risk diluting TB investments - especially those that are community driven and essential to reaching underserved populations.
- Contrary to strong evidence of impact on outcomes and efficiency, community systems and demand generation for innovations are often perceived as “non-core,”

Without community leadership, countries will not reach the “missing millions”, scale new tools, or ensure equitable access to services.

Strategic Opportunity

- Prioritize high-impact, cost-effective interventions.
- Strengthen integration with primary health care and pandemic preparedness.
- Scale community-led, digitally enabled, and data driven approaches.

Challenge Facility for Civil Society GC8 Support Package

- Engage effectively in country dialogue request development
- Advocate for prioritization of essential, life saving interventions
- Ensure community-led, people centered approaches are embedded and financed

CFCS 2025 Partners

CFCS 2025 partners were selected from donor-priority countries only and include CFCS Round 12 organizations chosen through an open, competitive call for proposals following independent review.

Country	Organisation
Benin	Association of Former Cured Tuberculosis Patients of Benin
	AFRIC MUTUALITE-ONG
Cambodia	Khmer HIV/AIDS NGO Alliance (KHANA)
Cameroon	For Impacts In Social Health (FIS)
	KENKO Foundation Association
	Joint Acting Process for the Success of Sustainable Objectives (JAPSSO)
	TBpeople Cameroon
Central African Republic	Réseau National des ONG et des Associations de Lutte contre la Tuberculose
Cote d'Ivoire	Alliance Cote d'Ivoire
	Collectif des Organisations de Lutte contre la Tuberculose et les Maladies Respiratoire en Côte d'Ivoire
DR Congo	Club des Amis Damien
	Focus Droits Et Accès
	Health for Prisoners
Ghana	Ghana National TB Voice Network
India	Resource Group for Education and Advocacy for Community Health (REACH)
	TB Alert India
	Survivors Against TB
	Humana People to People India
Indonesia	TB People Indonesia hosted by Rekat Peduli Indonesia Foundation
Moldova	Center for Health Policies and Studies (PAS Center)
Mozambique	Ajuda de Desenvolvimento de Povo para Povo - ADPP
Nigeria	Debriche Health Development Centre (DHDC)
Pakistan	Dopasi Foundation
	Bridge Consultants Foundation
	Active Help Organisation
Ukraine	Charitable Organization "TB People Ukraine"
Vietnam	Centre for Supporting Community Development Initiatives (SCDI)
Region	Organisation
Asia Pacific	ACT AP hosted by APCASO Foundation
Francophone Africa	Dynamique De La Réponse D'Afrique Francophone Sur La TB (DRAF TB)

- 15 countries
- 2 regions
- 29 partners

- Engage effectively in country dialogue request development
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TB Priorities GC8

Align with the 4 pillars of Challenge Facility for Civil Society

1. Lifesaving community TB prevention, early diagnosis, treatment, care, and support
2. Removing barriers, reducing stigma, and ensuring access to all
3. Generating demand and financing for new tools and innovations
4. Strengthening community systems and sustainability of integrated TB services

These are not separate categories; they represent a continuum from innovation → impact → sustainability

1. Lifesaving community TB prevention, early diagnosis, treatment, care and support

Prevention, early diagnosis, and effective treatment deliver the highest return on investment – saving lives, reducing transmission, and lowering long-term system costs.

Priority interventions

1. Community- and facility-based TB screening targeting underserved populations.
2. Contact tracing and active case finding using rapid molecular diagnostics and next-generation tools.
3. TB preventive treatment (TPT) for household contacts, people living with HIV, and other risk populations.
4. Integration of TB screening into primary health care and community platforms
5. Strengthened referral systems, including digital diagnostics, and specimen transport
6. Decentralized, community-supported treatment for all forms of TB (including DR-TB), using shorter regimens
7. Treatment adherence and people-centered support (peer support, treatment literacy, psychosocial and mental health services, digital adherence tools)

Affected Community leadership is critical because it improves early care-seeking and adherence, reduces loss to follow-up (major inefficiency driver), reaches missed and underserved populations, and increases uptake and completion of TPT.

2. Removing barriers, reducing stigma and ensuring access to all

Stigma and other system barriers are among the primary drivers of delayed diagnosis, poor adherence, and ongoing transmission

Priority interventions

1. Community-led monitoring of TB care barriers using digital platforms (e.g. OneImpact).
2. Stigma reduction and interventions to overcome other systemic barriers (e.g. TB Stigma assessment – OneImpact)
3. “Stigma-Free TB Services” models and health worker training.
4. Targeted outreach to underserved populations.
5. Integrated society-economic support where needed (e.g. psychosocial services).

Affected Community engagement is critical because it generates real-time, people-centered data on service gaps; strengthens accountability and service quality; and builds trust in health systems, increasing service uptake.

3. Generating demand and financing for new tools and innovations

The gap between innovation and uptake remains one of the biggest barriers to ending TB.

Priority interventions

1. Community-led demand generation for:
 - a. rapid diagnostics
 - b. shorter treatment regimens
 - c. digital health tools
 - d. TB vaccine readiness.
2. Community engagement in policy dialogue and priority setting.
3. Promotion of social contracting mechanisms.
4. Advocacy for domestic resource mobilization and sustainable financing.
5. Policy and legal reform to institutionalize community roles

Engaging TB affected communities accelerates uptake of innovations, bridges the gap between research and real-world implementation, and converts communities into implementing partners (PRs/SRs/SSRs).

4. Strengthening community systems and sustainability of integrated TB services

Without strong community systems, gains in TB response cannot be sustained or scaled.

Priority interventions

1. Capacity building of TB-affected communities and CSOs.
2. Support for community-based service delivery and advocacy structures.
3. Investment in community digital platforms for:
 - a. People support
 - b. Data collection and real time support
 - c. Service navigation
 - d. AI-assisted guidance tools.
4. Institutionalization of community roles through social contracting and policy reform

Affected community engagement is critical because it ensures last mile service delivery, strengthens accountability and responsiveness, and builds resilient, locally own systems.

Next Steps

1. Release of the CCM Report - **week of 27 April - *Strengthening Global Fund Country Coordinating Mechanisms and National TB Responses for Grant Cycle 8: Trends and Insights from 30 Countries***
2. Finalization of the **Stop TB Partnership Support Package for TB Communities and Civil Society** - **week of 4 May**
3. Commencement of the Stop TB Partnership - TBpeople - Georgetown University Webinar series on **Maximizing Global Fund Proposals** - **week 27 April**
 - a. Global Fund GC8 timelines and CCM governance
 - b. New Tools
 - c. GC8 TB Community content and Priorities
 - d. Procurement
 - e. MDR
 - f. Transition
 - g. Integration

[Community of Practice]
MAXIMIZING GLOBAL FUND PROPOSALS: THE WINDOWS AND WHAT WE WANT FOR TB

Wednesday, 29 April 2026
7pm ICT / 3pm EAT / 2pm SAST / 12pm GMT / 8am ET / 2pm CET

Stop TB Partnership hosted by UNOPS

CENTER for GLOBAL HEALTH POLICY & POLITICS
GEORGETOWN UNIVERSITY

COMBAT DR-TB

TBPEOPLE

Join the Georgetown University Center for Global Health Policy & Politics (GHPP), Stop TB Partnership (STBP), and TBPeople for the first in a series of Community of Practice calls on GC8 advocacy. In this session, we will break down the GC8 timelines, make sense of your allocation letter and give you a real understanding of how CCMs work--and how to influence them. We will also equip you with a set of boilerplate TB asks.

MODERATORS
James Malar, *Country and Community Support for Impact, Stop TB Partnership*
Alice Kayongo, *Senior Associate, Center for Global Health Policy & Politics, Georgetown University*



RSVP: <https://tinyurl.com/TBGC8>



THANK YOU

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