

# **REGIONAL CONSULTATION MEETING ON TB**

**7,8 & 9 August, 2023  
Beirut, Lebanon**

# THE CONTENT

## Regional Consultation Meeting on TB

---

Introduction 01

---

Consultation meeting objectives, inputs and outputs 03

---

Consultation meeting strategy. 05

---

Recommendations for national TB plans to include PWUDs 09

---

Identifying key priorities and recommendations for the region 11

---

Key regional messages and asks for UNHLM 2023 21

---

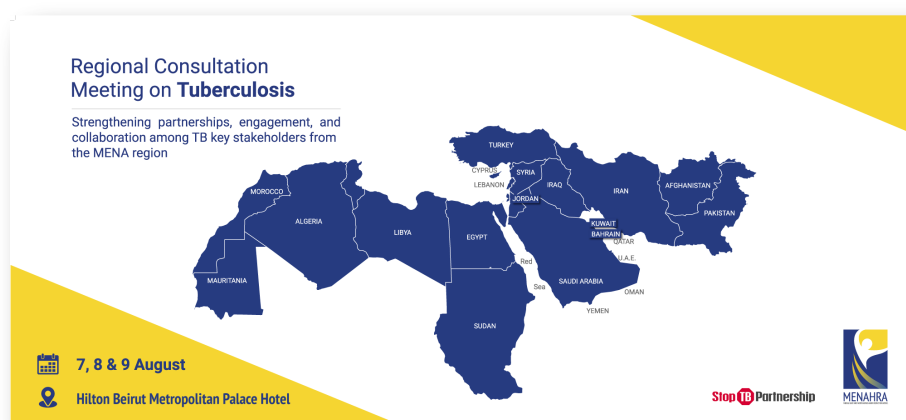
Appendix 1: Agenda 26

---

# 1. INTRODUCTION

Tuberculosis (TB) remains a major public health threat worldwide and in the Middle East and North Africa (MENA) region. Thus, the United Nations High-Level Meeting (UNHLM) on TB in 2018 called for urgent action to end TB by 2030. The review of progress by governments and TB-affected communities and civil society as well as relevant UN agencies and Stop TB Partnership in preparation for the upcoming UNHLM, September 2023, revealed an alarming impact of the COVID-19 pandemic on people affected by tuberculosis, including increases in illness and deaths, and the persistent crisis of drug-resistant tuberculosis. In addition, according to the reflection of the TB-affected communities and civil society, on progress made since 2018, success stories, as well as the shortcomings of efforts in the subsequent years, still tuberculosis (TB), a disease that is preventable and curable, kills 4,400 people a day, including 700 children.

The MENA region faces significant challenges in ending the TB epidemic, including conflict and humanitarian crises, weak health systems, lack of political will, and discrimination against key populations at high risk of TB. Moreover, the COVID-19 pandemic has had a significant impact on TB and HIV services, leading to disruptions in the delivery of essential services and reduced access to care, especially for key populations (KPs) such as people who use drugs (PWUD).



As a regional network on harm reduction covering 20 countries in the MENA region, the Middle East and North Africa Harm Reduction Association (MENAHRRA) wants to seize the opportunity of the UNHLM 2023, to voice the needs, challenges, and asks of the region's countries or at least those most affected with TB. Since the main goal of MENAHRRA is to prolong and improve the quality of life of PWID through harm reduction approach and given that TB affects this community, MENAHRRA convened a regional consultation gathering the key stakeholders on TB.

The regional consultation took place from the 7th until the 9th of August 2023 at the Hilton Metropolitan Hotel, Beirut – Lebanon.

The consultation meeting was attended by representatives invited based on the priority countries in the MENA region highlighted in the MAP of the Stop TB Partnership website. The consultation meeting was attended by 23 participants from Algeria, Egypt, Lebanon, Libya, Pakistan, and Yemen. Initially, Iraq and Sudan were invited, however, could not attend. The attendees represented National Tuberculosis programs (9) and directors of chest centers (2), National AIDS programs (3), International Office on Migration (2), CSOs (4), and involved in TB responses and PWUD (3). Appendix 1

## 2. CONSULTATION MEETING OBJECTIVES, INPUTS AND OUTPUTS

### 2.1

#### Aim and Objectives

The consultation aimed to advocate for the inclusion of harm reduction and TB services for KPs in national response plans via strengthening partnerships and collaboration among the various TB key stakeholders in the region and engaging them to reflect on the current situation, achievements, challenges, opportunities, and plans as well as advocacy efforts.

## The Consultation objectives

- Engage with the TB key stakeholders in the MENA region to reflect on the current situation, challenges, achievements and plans during the upcoming initiatives
- Strengthen partnerships and collaboration among national TB managers, KPs, and CSOs in the MENA region.
- Gather, document, and share participants' experience and knowledge on TB situation among KPs
- Discuss the UNHLM 2023 processes and procedures post-COVID 19 and their implications for TB services and harm reduction programs for KPs in the MENA region.
- Identify challenges and opportunities in the implementation of TB and harm reduction programs for KPs in the region.
- Develop recommendations to advocate for the inclusion of harm reduction and TB services for KPs into national response plans in the region.

### 2.2

#### Inputs

- ✓ TB Assessments conducted by MENAHRA during Round 10
- ✓ TB Roadmaps drafted by MENAHRA during Round 10
- ✓ Resources and guidelines from STOP TB partnership
- ✓ Zero draft of the political declaration of the UNHLM
- ✓ Deadly Divide document
- ✓ Key Asks Document

## 3. CONSULTATION MEETING STRATEGY

The meeting agenda was prepared based on the reviewed key evidence-based documents and ongoing dialogues and conversations with the Stop TB Partnership.

The consultation meeting embraced a dynamic, multi-disciplinary interactive approach by bringing together key stakeholders, including National TB program managers, National AIDS Program managers, representatives from key populations, notably People Who Use Drugs (PWUD), and Civil Society Organizations (CSOs) in the MENA region. Their collective goal was to exchange experiences and engage in results-based management discussions aimed at enhancing the tuberculosis (TB) response. The primary objective was to facilitate PWUDs' access to timely, high-quality TB preventive, diagnostic, and curative services.

Various delivery methods were employed during the meeting, including country-based group work, presentations, plenary discussions, and interactive sessions. Participants utilized several results-based management tools, such as the problem tree, SWOT matrix, and Logframe matrix, to facilitate their group discussions and prioritize actions. Notably, participants representing different countries took on the role of moderators for their respective country's presentation sessions and led one of the plenary discussions.

According to the agenda provided in Appendix 3, on the first day of the consultation meeting, the official opening featured several influential speakers who delivered key messages pivotal to addressing the integration of tuberculosis (TB) services within harm reduction services. They also reaffirmed their commitment to achieving the Sustainable Development Goals (SDGs) indicators for 2030. The speakers included:

- Dr. Salma Gouda from WHO-EMRO
- Dr. Hiam Yaacoub, National Tuberculosis Program manager from the Ministry of Public Health Lebanon
- Dr. Anna Versfeld from the Stop TB Partnership
- Mrs. Jessica Zalami from MENANPUD, who shed light on the challenges faced by People Who Use Drugs (PWUD) in accessing inclusive, non-discriminatory, and needs-oriented TB services.
- Mr. Elie Aaraj, Executive Director of MENAHRA, expressed gratitude to WHO and the Stop TB Partnership, emphasizing the significance of advocating for accessible TB services for PWUD and the inclusion of their needs in the UN High-Level Meeting (UNHLM) 2023 key requests.

After acquainting the participants with the meeting's aim, objectives, and expectations and appointing meeting moderators, Mr. Elie Aaraj proceeded to introduce them to MENAHRA's mission, vision, and strategic programs. He also highlighted MENAHRA's role in the tuberculosis (TB) response within its overall strategy and advocacy efforts. Additionally, Mr. Aaraj addressed the challenges faced by People Who Use Drugs (PWUD) when accessing services.



Following this, Dr. Anna Versfeld provided an overview of the initiatives undertaken by the Stop TB Partnership. She delved into the Community, Rights, and Gender-based approach (CRG), explaining its seven key areas, the support mechanisms in place, and the outcomes of the CRG assessment. Furthermore, she presented the key findings from the Deadly Divide Accountability report and outlined the key requests (Asks) for the United Nations High-Level Meeting (UNHLM) in 2023.

After the informative presentations from MENAHRA, the country delegations took the floor to provide insights into the tuberculosis (TB) situation in their respective countries. These presentations encompassed a discussion of the challenges they are currently grappling with as well as the potential opportunities on the horizon. Notably, it was observed that critical data pertaining to TB among key populations was notably absent in nearly all of the presentations.

Day 2 commenced by reviewing and summarizing the main outputs and key takeaways from the previous day's sessions. Building on the information shared on the first day, each country's representatives were tasked with identifying a specific problem related to tuberculosis (TB) among People Who Use Drugs (PWUDs) and conducting a comprehensive analysis using the problem tree as a valuable analytical tool.

Subsequently, utilizing the Logframe matrix, the participating countries worked on defining the desired changes they aim to achieve in terms of TB response among PWUDs and discussed methods for measuring these desired changes effectively. During these presentations and discussions, it was noteworthy that the moderation responsibilities were undertaken by volunteers from among the attending countries, further enhancing the collaborative and participatory nature of the meeting.

On the third day of the meeting, the delegations from participating countries engaged in a SWOT analysis, systematically evaluating the strengths, weaknesses, opportunities, and threats affecting the attainment of the identified results. This analysis aimed to gain a comprehensive understanding of the factors that could either facilitate or hinder progress in their TB response efforts among People Who Use Drugs (PWUDs). Following this analysis, each country voiced their specific needs and requirements for support to enhance and scale up their respective TB response initiatives. The final session of the day centered on formulating key requests (Asks) for the United Nations High-Level Meeting (UNHLM) in 2023. During this session, each delegation identified the crucial unmet asks that they intended to present at the UNHLM in September. The collective process outlined above resulted in the identification of top priorities and recommendations for further action and advocacy.

## 4. RECOMMENDATIONS FOR NATIONAL TB PLANS TO INCLUDE PWUDS

### 4.1 General priorities and recommendations

- Community Engagement and Empowerment: Reinforce the engagement of CSOs and PWUD community in the TB response and provide needed support to ensure quality.
- Research and data analysis: In-depth understanding of socio-economic, legal, policies and programs barriers related to access of PWUDs to TB. Quality research and assessments such as situation analysis, TB Community Rights and Gender (CRG), stigma assessment, etc. as basis for programs and interventions.
- Integration and policy alignment:
- Review or develop TB, HIV, and drugs national strategic plans to ensure integration of evidence-based and quality interventions and tools as per the latest international guidelines and that the responses are equitable, inclusive, gender-sensitive, rights-based and people-centered.
- Adopt an approach that integrates gender based TB services to PWUD within Primary Health Care services, harm reduction services and approach Gender perspective
- Healthcare capacity Building: Build the capacities of health care workers to in primary health care settings and TB services to provide quality, non-stigmatizing or discriminatory services to PWUDs.

- Human Rights and Informed Consent:
- Address stigma and discrimination in the communities and within services provision via awareness raising and capacity building of service providers as well as elaboration and/or enforcement of related policies.
- Initiate or improve access to PWUD with due respect to their human rights for example through PE and outreach work conducted by the PWUDs communities directly or via CSOs. Ensure informed consent prior to any action with and for PWUD and TB.
- Diagnosis Standardization: Standardization of diagnosis and confirmation test for TB as the discussions among the countries showed disagreement despite international guidance on this issue.
- Resource mobilization and financing: Advocate for domestic public resources for financing and decrease out of pocket health expenditure as despite that the treatment is free of charge, some tests are to be paid.
- Program Coordination:
  - Initiate and sustain coordination between National TB programs, National AIDS programs, and Harm Reduction programs.
- Create national task force to address the issue of TB among PWUD and ensure tangible timely results or integrate within existing mechanisms in the country.

## 4.2

### Priorities to address at the national level

**Egypt, Libya, Pakistan, and Yemen:** Limited access of PWUDs to TB services. Libya focused more on emigrants' accessibility and Yemen on TB and HIV services.

**Algeria:** Lack of information on PWUDs in TB centers.

**Lebanon:** Prevalence of TB among PWUDs unknown.

## 4.3 Results to achieve

The below table shows the different results to achieve by country. These results were identified based on a problem analysis using the problem tree tool. (Appendix 4)

However, given the time limitations, these results to be achieved and related activities besides the indicators need to be reviewed, completed and finalized by the country teams.

| Results to achieve and activities  | Results indicators   |
|--|--|
| <b>Algeria</b>   |  |
| <p><b>Outcome:</b> Data base about PWUD and affected by TB is available</p> <p><b>Outputs:</b></p> <p><b>Op1:</b> Knowledge and skills of service providers to collect data about PWUD and TB affected and to refer these to harm reduction services if needed increased</p> <p><b>Ac1.1.</b> Organize a meeting among TB, Drug use and HIV/AIDS experts to discuss the updating of the TB guidelines</p> <p><b>Ac1.2.</b> Update the TB protocols of the MOPH to include information on PWUD and related services to propose</p> <p><b>Ac1.3.</b> Conduct capacity building for all doctors to apply these guidelines while respecting the ethical considerations</p> <p><b>Op2:</b> Policy to collect data about TB and PWUD developed and implemented</p> | <p>TB statistics and epidemiological reports include data about PWUD and are affected by TB</p> <p>Percentage of doctors who improved their knowledge and skills</p> <p>Policy document disseminated and its application monitored</p> |

| Results to achieve and activities  | Results indicators  |
|--|---|
| <p><b>Egypt</b></p> <p><b>Outcome:</b> Accessibility of PWUD to TB services is increased</p> <p><b>Outputs:</b></p> <p><b>Op1:</b> Level of awareness about TB services among PWUD increased</p> <p><b>Ac1.1.</b> Design, implement, monitor and evaluate an awareness campaign addressing PWUD</p> <p><b>Op2:</b> CSOs capacities to make quality, confidential and private TB services accessible through outreach work to reach PWUD in places where they are</p> <p><b>Ac2.1.</b> Conduct capacity building and provide needed support to CSOs</p> | <p>Treatment costs affordable or free of charge treatment</p> <p>Number of PWUD aware of TB services</p> <p>Percentage of service providers delivering outreach TB services to PWUD</p> |

| Results to achieve and activities   | Results indicators   |
|---|--|
| <p><b>Lebanon</b></p> <p><b>Outcome:</b> Prevalence of TB among PWUD is estimated to contribute to reducing the morbidity and mortality rates related to TB among PWUD</p> <p><b>Outputs:</b></p> <p><b>Op1:</b> Data about TB infection among PWUD is systematically generated</p> <p><b>Ac1.1.</b> establish a surveillance system</p> <p>Ac1.2. Train CSOs and NTB staff on reporting</p> <p><b>Op2:</b> Awareness about TB among PWUD is increased</p> <p><b>Ac2.1.</b> CSOs are engaged</p> <p><b>Ac2.2.</b> IEC materials to deliver targeted messages developed</p> <p><b>Ac2.3.</b> Train the care centers staff all over Lebanon to increase their skills</p> <p><b>Op3:</b> Partnership between NTB and CSO established</p> <p><b>Ac3.1.</b> Develop MOUs between CSOs and NTB</p> <p><b>Ac3.2.</b> Integrate TB services and harm reduction in CSOs</p> <p><b>Ac3.3.</b> Sensitize and train healthcare workers and CSOs</p> <p><b>Ac3.4.</b> Develop a referral system between CSOs and NTB</p> | <p>TB statistics and epidemiological reports include data about PWUD and are affected by TB</p> <p>Percentage of service providers reporting TB infection among PWUD timely and systematically</p> <p>Percentage of PWUD able to list correctly the modes of transmission and prevention of TB bacteria (<i>Mycobacterium tuberculosis</i>)</p> <p>Number of CSO that coordinate their TB services to PWUD with the NTB, respect the implementation of the MOU in line with the national TB strategy</p> |

| Results to achieve and activities   | Results indicators   |
|---|--|
| <p style="text-align: center;"><b>Libya</b></p>   |  |
| <p><b>Outcome:</b> Access of refugees to TB health services is improved</p> <p><b>Outputs:</b></p> <p><b>Op1:</b> The existing national health strategy is implemented</p> <p><b>Ac1.1.</b> Design and implement advocacy campaign to address decision makers and key stakeholders involved in the implementation of the existing national health strategy with a focus on TB</p> <p><b>Op2:</b> Stigma and discrimination against refugees and persons affected by TB reduced within the service delivery</p> <p><b>Ac2.1.</b> Train service providers on stigma and discrimination</p> <p><b>Op3:</b> The knowledge of the refugees regarding the services available is increased</p> <p><b>Ac3.1.</b> Conduct awareness raising campaign to inform the refugees of the free services that ensure confidentiality and privacy</p> <p><b>Op4:</b> The capacities of the CSOs in the field of TB improved</p> <p><b>Ac 4.1.</b> CSOs, revision and improvement of regulations related to TB</p> | <p>Number of PWUD using the TB services</p> <p>PWUD satisfaction about the quality of services delivered</p> <p>Number of PHCCs that offer services for TB</p> <p>Percentage of PWUD who know where to ask for TB services</p> <p>CSOs evaluation of their capacities to deliver TB services to PWUD</p> |



| Results to achieve and activities   | Results indicators  |
|---|---|
| <b>Pakistan</b>   |   |
| <p><b>Outcome:</b> Access to TB services by PWUD improved which will contribute to decreasing TB infections among PWUD</p> <p><b>Outputs:</b></p> <p><b>Op1:</b> Awareness of people regarding TB increased</p> <p><b>Ac1.1</b> Develop outreach work plan at the community level</p> <p><b>Ac1.2.</b> Train outreach workers</p> <p><b>Ac1.3.</b> Develop &amp; conduct awareness raising campaign</p> <p><b>Op2:</b> Social cohesion and support mechanism to access TB treatment services for PWUD improved</p> <p><b>Ac2.1.</b> Train service providers at the health centers to deliver quality, inclusive TB services</p> <p><b>Ac2.2.</b> develop MOUs with health centers</p> | <p>Number of new infections among PWUD in one year</p> <p>Percentage of PWUD receiving timely, comprehensive TB services</p> <p>Percentage of PWUD able to list correctly the modes of transmission and prevention of TB bacteria (<i>Mycobacterium tuberculosis</i>)</p> <p>Satisfaction of PWUD regarding the quality of the TB services provided</p> |

| Results to achieve and activities  | Results indicators  |
|--|---|
| <b>Yemen</b>   |   |
| <p><b>Outcome:</b> Access of PWUD to TB services improved</p> <p><b>Outputs:</b></p> <p><b>Op1:</b> the stigma and discrimination hindering people affected by TB to seek treatment and commit to services is decreased.</p> <p><b>Act1.1.</b> Conduct workshops and training for CSOs and health workers</p> <p><b>Act1.2.</b> Develop and disseminate targeted IEC materials</p> <p><b>Act1.3.</b> Educate healthcare workers on ethical practices (confidentiality, respect, etc.)</p> <p><b>Op2:</b> The capacities of CSOs which are best suited to reaching people and building trust is increased</p> | <p>Percentage of PWUD receiving timely, comprehensive TB services</p> <p>Satisfaction of PWUD regarding the quality of the TB services provided</p> <p>Percentage of TB service providers delivering quality services</p> |

## 4.4 Identified Stakeholders

The list of stakeholders identified by the participants during a brainstorming session included the following:

### Governmental bodies

MOPH, PHCC  
 Ministry of internal affairs: Prisons, Local police stations (Law enforcement), Anti-narcotics  
 Ministry of justice and the Judiciary  
 Ministry of Endowment  
 Ministry of Information

### UN agencies

WHO  
 UNHCR  
 IOM  
 UNODC  
 UNAIDS

### Civil society organizations

NGOs  
 INGOs: MSF

### Mass media and social media

Social media influencers

### Community and representatives /Leaders

TB affected communities  
 PWUD  
 Community members  
 Parliamentarians  
 Religious leaders

**Experts**

Health Experts  
 Physicians (infectious and TB specialties)  
 Pulmonologists  
 Medications laboratories  
 Lawyers

**Donors**

Global Fund for Malaria, TB and AIDS

Countries were encouraged to conduct a more in-depth analysis of pertinent stakeholders, delving into their connections with TB infection and their potential roles in mitigating its impact on People Who Use Drugs (PWUD). This analysis should encompass an evaluation of their capabilities, their ability to effect meaningful change, and the outcomes associated with their involvement. The goal is to identify actionable steps to address the interests of these stakeholders effectively.

## 4.5 SWOT Analysis

The present countries' SWOT analysis varied from country to country; while some of the listed factors were considered as strength points for some countries they were weaknesses for others.

### ➤ Strengths:

Among the strengths identified by the different countries figure the existence of national strategies for TB and HIV; operational governmental and civil society infrastructure for prevention, treatment and care (Laboratories, hospitals, chest centers; etc.) with geographical coverage; centralized governance; collaboration between National TB programs and CSOs and Harm reduction services; existing standards for service delivery; financial and technical support from MOH; TB trained human resources; ability to reach PWUDs; existing solid district health information system and researches besides learning management system; monitoring mechanisms of programs; involvement of community members; and networking ability as well as advocacy skills.

### ➤ **Weaknesses:**

Financial constraints; quality and availability of services in distant areas; lack of database for PWUD; lack of well-trained specialized human resources including sustainability of outreach and community workers; lack of guidance and application of quality standards; besides stigma and discrimination by the service providers. For few countries the inability to reach PWUD, the lack of advocacy skills; the lack of coordination between related programs as well as between public and private sectors; lack of monitoring system; weak research; weak contact tracing; fragile CSOs role were also mentioned.

### ➤ **Opportunities:**

These included the presence of regional and international organizations supporting the cause which can translate into funding, technical support and capacity building and development; political commitment; engagement of CSOs; the ability to reach populations via social media channels and influencers. For few countries the opportunities cited were integration of information system into other organizations and institutions as well as capacity building of additional human resources and community participation.

### ➤ **Threats:**

For some countries threats included migration, political instability and crisis, wars and resulting displaced and refugees' population, economic crisis; legal obstacles such as criminalizing of PWUDs as well as social obstacles such as stigma and discrimination, marginalization and rejection of the PWUD by the societies in almost all the present countries in the meeting as well as PWUD not considered a priority or as a main risk group to TB. For few countries the lack of governmental support and financing and the existence of few donors at the country levels affected the sustainability of the services. In addition, in few countries as well as the lack of engagement and commitment of doctors besides the migration of the latter.

This analysis needs to be made more in-depth. However, it highlights the importance of using strengths points and opportunities to overcome the weaknesses the countries suffer from and mitigate the effect of threats.

## 4.4 Support needed

- Advocate for PWUD inclusion as a Key and vulnerable population for TB and shed light on their case in all relevant documents, discussions, and planning activities.
- Advocate for TB scaling up diagnosis, prevention, and treatment services for PWUD via a multisector approach and integration of such services within the harm reduction services and HIV services and referral of PWUD presenting to TB services to harm reduction services.
- Reinforce and support the quality engagement of CSOs and PWUDs communities to enable them to play a more effective role. Involvement in the decision making processes, response planning, and capacity building are among the strategies to reach effectiveness.
- Provide technical support to countries to establish or integrate data on PWUD within TB programs and vice versa.
- Develop a unified strategy with an integrated approach to improve the access of PWUDs to TB prevention, diagnosis and treatment services and identify common outcomes and indicators for the region.
- Create a mechanism for continuous communication, learning and cooperation.

In conclusion, the priorities and recommendations presented in this section reflect a comprehensive and strategic approach to addressing TB among PWUDs in the MENA region.

## 6. KEY REGIONAL MESSAGES AND ASKS FOR UNHLM 2023

Disparities were noticed in terms of progress in implementation of the key asks. Countries such as Yemen lacks a comprehensive understanding of the situation of PWUD due among other factors to absence of official data and the ongoing humanitarian crisis in the country making it difficult to reach the key populations including PWUD and PLHIV. Other countries such as Pakistan has established services some of which are related to Harm reduction. However, for many of the countries present, data does not exists regarding PWUD and are affected by TB.

Some of the below key asked are confirmed by the TB “In Algeria, lack of information and data on TB prevalence and incidence among KPs, stigma, and lack of collaboration between the National TB Programs and CSOs have hindered KPs access to TB services. In Egypt, there is no collaboration between the program and CSOs that could support people living with HIV (PLHIV), and drug use data is lacking. The NTP extends its services to PLHIV in prisons, but PWUD are not recognized as a high-risk group for TB. In Lebanon, integrating TB services within primary health care and developing a referral system to facilitate tracking and follow-up, increasing human and financial resources, and forming a technical working group to update operational guidelines are necessary. Furthermore, collaboration efforts from different sectors to ensure effective TB control, particularly among KPs is requested. In addition, increasing awareness, promoting access to high-quality TB services, and providing adequate resources and follow-up after treatment are necessary to improve KPs (PWUDs) access to TB-related services.”

Key messages and asks by the present countries included:

- PWUD as a key population at risk of and vulnerable to TB should be highlighted in all the asks of UNHLM 2023.
- Reinforcing the TB response in MENA countries and increasing the access of PWUD to TB prevention, diagnosis and treatment services is a governmental and societal responsibilities.

**KEY ASK  
#1**

- ✓ Reinforce screening and early diagnosis, and treatment especially in countries suffering from crisis and target Internally Displaced Populations and Refugees such is the case of many countries in the MENA region in addition to prison inmates.
- ✓ Need to establish a data base or to integrate relevant questions to collect data on PWUD who are affected by TB within existing systems. However, ethical considerations need to be met. Benefitting from the HIV experience in many of the countries to establish a system that preserve the anonymity, privacy, confidentiality, safety of the people who use drugs was requested.

**KEY ASK  
#2**

- ✓ Reinforce the meaningful engagement of PWUDs, People with TB and civil society in the creation of NSPs and planning of response that should be founded on respect, protection and fulfillment of human rights and attention to gender. (Libya and Yemen)
- ✓ Fund, implement and monitor NSPs that include CRG costed Action Plans, TB community-led monitoring of access to services, quality of services, stigma, and other human-rights-related barriers. (Libya)
- ✓ Eliminate TB and drug use-related stigma. (Yemen)
- ✓ Strengthen national networks of TB survivors, their families, PWUDs and CSOs. (Algeria)
- ✓ Strengthen financial and social protections beyond the health sector for people affected by TB. (Pakistan)



**KEY ASK  
#3**

- ✓ Commit to create a research-enabling environment. Thus, MENA region to be included in all the research projects and activities which will allow better knowledge of the countries capacities to an adequate TB response in general and to PWUD in specific. Furthermore, such contextualized researches will better inform the recommendations and the national plans. In addition, to achieve this objective, capacity building needs to be strengthened.
- ✓ Financial resources to be allocated to the MENA region to allow access to new tools related to TB prevention, diagnosis and treatment. Despite that some of the countries in the region are low burden, however, access to new prevention, diagnosis and treatment tools is a human right and would prevent widespread of the infection and drug resistance, etc. Thus, the participating countries requested to be included in the access to the new vaccine.
- ✓ Strengthen well-resourced national open-data initiatives for TB research to contribute to global data-sharing. (Pakistan)
- ✓ Furthermore, many participating countries requested to establish or improve public-private partnership to end TB. (Algeria, Libya, Yemen)

**KEY ASK  
#4**

- ✓ Advocacy actions targeting decision makers to invest domestic funding to establish or upgrade and deliver quality TB services in order to ensure continuity of such services and sustainability of results achieved. However, insufficient domestic funding leads in some countries to discontinuation of treatment due to inability of government to secure funding to buy drugs. This discontinuity leads to drug resistance. Thus, funding mobilization is needed. In the case of Yemen, a country affected by a humanitarian crisis since almost a decade, the funding for HIV and TB is external and is frequently affected by other crisis in the regional and on the international level as reported by the country delegation. Global earmarked tax funding for TB was requested as a strategy.

**KEY ASK  
#5**

- ✓ The prioritization of TB across systems for health including UHC, PHC, PPPR and AMR was set to be a priority by all present countries. A country like Pakistan is working to fulfill such ask. Other countries stressed the need to invest in integrating TB services as an essential component of PHC and UHC. Countries such as Libya have such commitment in the new TB strategy, however, implementation of the strategy is crucial to realize such objective. For Lebanon, allocation of resources including funds and efforts to TB within the PHCCs is requested. For Yemen, according to the delegation, approximately 45% of the PGCC are affected by the ongoing crisis.
- ✓ Reach PWUD with TB services through the existing civil society organizations programs operating on harm reduction in the country via outreach, peer education approaches among others. Given that drug use is illegal in all the countries present in the consultation, the delivery of the TB services would be more efficient and effective if done through CSOs given the trust relationship already established and the ability to reach such community.

**KEY ASK  
#6**

- ✓ Strengthening of global and regional accountability and commitment of UN agencies to respect their engagements.
- ✓ As for the national accountability:
- ✓ Inclusion of TB-affected communities, PWUD and civil society, supported by national networks, in national governance mechanisms for TB, TB/HIV and PPR, including Country Coordinating Mechanisms where appropriate.
- ✓ Implementation of the National Multi-Stakeholder Accountability Framework. (Libya and Pakistan)
- ✓ Development and publishing of country annual reports on progress towards the commitments in the Political Declaration (Algeria and Libya).



# 7. APPENDIX 1: AGENDA

## **Regional Consultation Meeting on Tuberculosis**

### **MENA Region**

**7 to 9 August 2023**

**Beirut, Lebanon**

### **Agenda**

#### **Introduction**

The Middle East and North Africa Harm Reduction Association (MENAHRRA) is a regional network on harm reduction covering 20 countries in the MENA region. The main goal of MENAHRRA is to prolong and improve the quality of life of People Who Inject Drugs (PWID) through harm reduction approach in the region. Recognizing the crucial role of the civil society in delivering health services to key populations at increased risk, MENAHRRA's key strategy focuses on strengthening the role of the civil society in implementing harm reduction interventions in the MENA region.

Tuberculosis (TB) remains a major public health threat in the Middle East and North Africa region. The region faces significant challenges in ending the TB epidemic, including conflict and humanitarian crises, weak health systems, lack of political will, and discrimination against key populations at high risk of TB. Moreover, the COVID-19 pandemic has had a significant impact on TB and HIV services, leading to disruptions in the delivery of essential services and reduced access to care, especially for key populations (KPs) such as people who use drugs.

The United Nations High-Level Meeting (UNHLM) on TB in 2018 called for urgent action to end TB by 2030. The upcoming UNHLM in 2023 presents an opportunity to accelerate progress towards this goal. To ensure that KPs receive the necessary attention and resources, it is essential to advocate for the inclusion of harm reduction and TB services for KPs in national response plans.

Therefore, this regional consultation meeting brings together national TB and AIDS programs managers, KPs, and civil society organizations (CSOs) in the MENA region to share experiences and knowledge and to advocate for the inclusion of identified priorities in the national response plans and at the UNHLM 2023.

## Consultation output

The output of the consultation meeting is a report identifying key priorities and recommendations for the region, recommendations for national TB plans to include key populations in their response and most importantly key regional messages and asks for UNHLM 2023.

The report will be used to advocate for TB cause among key populations in the region, guide upcoming decisions making and implementations with the aim to ensure sustainable and long-term impact.

## Consultation participants

The consultation meeting will be attended by approximately 30 representatives of the National Tuberculosis Programs, the National AIDS Programs, the civil society organizations and the key populations from eight countries in the MENA regions namely Algeria, Egypt, Iraq, Lebanon, Libya, Pakistan, Sudan, and Yemen .

## Consultation approach

The regional consultation meeting will use innovative methods to ensure that all views are taken into account, since it will bring together national TB and NAP managers, KPs, and CSOs in the MENA region to share experiences and knowledge and to advocate for the inclusion of harm reduction and TB services for KPs in response plans. This will include the use of interactive activities including discussions.

The meeting will be guided by evidences retrieved from key documents such as the “Deadly Divide report” and the “Key Asks” and will provide a platform for stakeholders to share experiences and knowledge. The meeting will also guide the implementation of the seed fund indicated in the project, and deliver reports identifying key priorities and recommendations for the region.

# MEETING SCHEDULE

## Day 1 | Monday 7 August 2023

| Time  | Session  | Speakers, facilitator, moderator(s)  |
|-------|--|--|
| 8:30  | Arrival and registration   | MENAHRA team   |
| 9:00  | Welcoming and opening speeches   | Dr. Salma Gouda, WHO-EMRO<br>Dr. Hiam Yaacoub, National Tuberculosis Program, Ministry of Public Health Lebanon<br>Dr. Anna Versfeld - STOP TB-partnership<br>Mrs. Jessica Zalami, MENANPUD<br>Mr. Elie Aaraj, MENAHRA |
| 9:30  | Acquaintance<br>Meeting aim, objectives and expectations<br>Appointment of meeting moderators      | Mrs. Rana Haddad, MENAHRA Consultant   |
| 10:30 | Break  |  |
| 11:00 | TB response within MENAHRA strategy and advocacy work<br>UNHLM 2023                                | Mr. Elie Aaraj, MENAHRA  |
| 12:00 | Overview on Stop TB Partnership initiatives and key Asks<br>Stop TB Partnership                    | Stop TB Partnership<br>Dr. Anna Versfeld<br>StopTB-Partnership   |
| 13:00 | Lunch break  |  |
| 14:00 | In-depth understanding of TB situation among key populations in the attending countries            | Mrs. Rana Haddad, MENAHRA consultant   |
| 15:00 | Break  |  |
| 15:15 | In-depth understanding of TB situation among key population in the attending countries – Continued | Countries representatives<br>Mrs. Rana Haddad, MENAHRA consultant  |
| 16:00 | Closure of the day   | Mrs. Rana Haddad, MENAHRA consultant   |



## Day 2 | Tuesday 8 August 2023

| Time  | Session                                       | Speakers, facilitator, moderator(s)  |
|-------|---|--------------------------------------|
| 9:00  | Opening                                       | Mrs. Rana Haddad, MENAHRA consultant |
| 9:30  | Gaps as a basis for the way forward           | Mrs. Rana Haddad, MENAHRA consultant |
| 10:30 | Break   |                                      |
| 11:00 | Scaling up countries' response on TB for PWUD | Mrs. Rana Haddad, MENAHRA consultant |
| 13:00 | Lunch break                                   |                                      |
| 14:00 | Planning to scale up the response             | Mrs. Rana Haddad, MENAHRA consultant |
| 15:00 | Break   |                                      |
| 15:15 | Planning to scale up the response – continued | Countries representatives            |

## Day 3 | Wednesday 9 August 2023

| Time  | Session                                    | Speakers, facilitator, moderator(s)                               |
|-------|--|---|
| 9:00  | Opening                                    | Mrs. Rana Haddad, MENAHRA consultant                              |
| 9:30  | Risks analysis as part of planning         | Mrs. Rana Haddad, MENAHRA consultant                              |
| 10:30 | Break                                      |   |
| 11:00 | Support and means to scale up the response | Mrs. Rana Haddad, MENAHRA consultant<br>Countries representatives |
| 13:00 | Lunch break                                |   |
| 14:00 | Key asks for the UNHLM 2023                | Mr. Elie Aaraj, MENAHRA<br>Mrs. Rana Haddad, MENAHRA consultant   |
| 15:00 | Break                                      |   |
| 15:15 | Closure of the meeting                     |   |

