Civil Society and The Global TB Caucus: the impact of partnership in the TB response

The Global TB Caucus is a unique global network of parliamentarians engaged in the fight to end tuberculosis (TB). Caucus members act as interlocutors between civil society organisations (CSOs), international donors, private sector organisations and governments at global and regional levels.

The Global TB Caucus was launched in 2014 with 5 national parliamentary groups working on TB, and has grown from 8 to 2500 members in over 150 countries, with 53 national caucuses. Members represent 44 of the 48 countries on the World Health Organization (WHO) list of high TB burden countries, and 18 G20 countries.

In 2020, the Global TB Caucus Secretariat analysed our work with Civil Society Organisations (CSOs) between 2014 and 2020 via interviews with MPs and CSOs, surveys and analysing our historical data. This was to ascertain the nature and frequency of interactions between CSOs and MPs before the Caucus was established, since the Caucus was established and since the onset of the COVID-19 pandemic, to assess the role that CSOs play in supporting Parliamentarians to take action to end TB.

How many times did CSOs meet with an MP during a year?

![Graph showing interactions between CSOs and MPs pre, during, and post COVID-19](image-url)
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**Presence in High TB Burden Countries**

- Of the 48 total High TB Burden countries:
  - 28 National TB Caucuses
  - 33 Focal Points appointed

- Of the 14 countries that are on all 3 High TB Burden lists:
  - 6 National TB Caucuses
  - 10 Focal Points appointed

**Strength of relationships with MPs**

- Of the top 46 countries where MPs have taken the most parliamentary actions:
  - 70% of MPs report close relationships with FPs

- Of the top 17 countries where National TB Caucuses have taken the most parliamentary actions:
  - 94% of MPs report close relationships with FPs

In many High TB Burden countries, the space for civil society is either shrinking or already closed.

- 47% of HB TB countries are considered to have a REPRESSED civic space, and 31% have an OBSTRUCTED civic space, according to CIVICUS Monitor and EIU Democracy Screening.

The Global TB Caucus facilitates the connection between civil society organizations or individuals and parliamentarians, on neutral terms, which otherwise is a challenge for CSOs.
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The Global TB Caucus 2014-2020

01 Background

The Global TB Caucus’ main goal for our work with civil society is to help national organisations develop their advocacy capabilities in order to engage with Members of Parliament (MPs). Once this bridge is built, MPs will be provided with enough evidence to take action through parliamentary processes. Parliamentarians are uniquely positioned to hold governments to account and amplify the voices of those who otherwise might not be heard.

The Caucus is committed to building a sustainable, locally-led response to the disease. We strongly believe that the most effective way to tackle a disease such as TB is through country ownership of its epidemics, by building a strong network of support consisting of regional and global stakeholders.

The Caucus strives in every country where we have MPs to engage a National Focal Point (Focal Point). This Focal Point is usually, but not exclusively, a civil society organisation (CSO), but can also be a National TB Programme (NTP), a parliamentary official, or another type of organisation. Following the principle of sustainable, locally-led response, the Caucus does however prioritise CSOs as Focal Points; particularly national CSOs rather than INGOs.

These Focal Points have been selected directly by the MPs, or by the Caucus Secretariat based on interest, experience and availability; and some have held long-term working relationships with MPs. In some priority countries, we have multiple Focal Points who we encourage to act in collaboration.

Although the Caucus is underfunded for this work with CSOs, it nonetheless remains a priority. The Caucus Secretariat dedicates a substantial amount of time working with Focal Points providing Technical Assistance in parliamentary advocacy. However, most of them lack the resources to carry out this work effectively. Given that strong commitment from civil society organizations and individuals are essential to effective parliamentary response to TB, these limitations threaten the sustainability of the TB response and the ability of the TB sector to benefit from the Caucus’ work.

The support that The Global TB Caucus provides ranges from:

- Introductions and facilitating connections to MPs, e.g. convening meetings between the focal point and MPs to discuss local needs and challenges in the fight against TB
- Creation of advocacy materials, including informational briefings on concepts and data, and messaging
- Intensive training in the form of workshops and seminars, and 1 on 1 or group mentorship on advocacy
- Sharing of global and regional intelligence

The level and frequency of contact with the Focal Point varies dependent on individual and national needs. High burden countries and major donor countries require a more constant engagement, whereas Focal Points with extensive advocacy experience require less engagement. This work is carried out by The Global TB Caucus Secretariat, consisting of 11 staff working full time.

Every six months, as we collect evidence of parliamentary actions we also assess our Focal Points based on the strength of their relationship and interactions with MPs. The purpose of the assessment is to inform the direction and focus of our support and activities versus rating outputs of Focal Points which, due to vast gaps in available resources, might be prejudicial.
In total, at the time of writing, the Caucus has established Focal Points in **56%** (89 out of 159) of member countries.

There are **67 designated Caucus Priority Countries**, which are defined as countries on the WHO longlist 2016-2020 and any G20 and key donor countries. **80%** of these 67 priority countries, **have designated Focal Points**.

### Regional Breakdown: (Percentage of Focal Points per Priority Regions)

- **100%** of the Americas priority countries have focal points
- **94%** of the Anglo African priority countries have focal points
- **80%** of the Francophone priority countries have focal points
- **89%** of the Eastern Europe and Central Asia priority countries have focal points
- **82%** of the Western Europe priority countries have focal points
- **69%** of the Asia Pacific priority countries have focal points
- **50%** of the Lusophone priority countries have focal points

Of great concern is that **only 34 of the 89 Focal Points (38%)** have dedicated funding for TB advocacy, despite a long-standing history of collaboration with MPs on the TB response.
02 CSO and MP engagement pre-Global TB Caucus 2019; and since COVID-19

The Caucus Secretariat continues to mentor Focal Points and work closely with them as a bridge to deepen and strengthen their collaborations with MPs, in order to establish sustainable relationships. In September and October 2020, the Caucus analysed Focal Point engagement to ascertain the nature and frequency of interactions between CSOs and MPs in three time-frames: before the Caucus was established, since the Caucus was established and since the onset of the COVID-19 pandemic.

The results show that a substantial majority of the Focal Points have met more MPs since the establishment of the Global TB Caucus, and have, on average, engaged more with parliamentary processes. However, during the COVID-19 pandemic these interactions between Focal Points and parliamentarians significantly decreased.

*We asked our Focal Points to assess their relationship with MPs. Of the 89 Focal Points, 58 responded and reported.*

<table>
<thead>
<tr>
<th>Before you had heard of the Caucus/the Caucus existed/pre 2014 in your country, how often did you meet with a MP on TB?</th>
<th>How often do you do it on average in the last 12 months before COVID-19, for example in 2019?</th>
<th>How much are you meeting now (since March 2020/COVID-19)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>34</td>
<td>Never</td>
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<tr>
<td>1-4 times a year or less</td>
<td>17</td>
<td>1-4 times a year or less</td>
</tr>
<tr>
<td>Once every other month (5-8 times a year)</td>
<td>5</td>
<td>Once every other month (5-8 times a year)</td>
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<tr>
<td>Around once every month (9-12 times a year)</td>
<td>1</td>
<td>Around once every month (9-12 times a year)</td>
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<tr>
<td>More than once a month (more than 12 times a year)</td>
<td>1</td>
<td>More than once a month (more than 12 times a year)</td>
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<tr>
<th>Before you had heard of the Caucus/the Caucus existed/pre 2014 in your country, how often did you engage with parliamentary processes - hearings, briefings, speeches, debates, questions, budgets?</th>
<th>How often do you you engage with parliamentary processes - hearings, briefings, speeches, debates, questions, budgets in the last 12 months before COVID-19, in 2019?</th>
<th>How much are you engaging you engage with parliamentary processes - hearings, briefings, speeches, debates, questions, budgets? (since March 2020/COVID-19)</th>
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<tbody>
<tr>
<td>Never</td>
<td>32</td>
<td>Never</td>
</tr>
<tr>
<td>1-4 times a year or less</td>
<td>16</td>
<td>1-4 times a year or less</td>
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<tr>
<td>Once every other month (5-8 times a year)</td>
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<tr>
<td>Around once every month (9-12 times a year)</td>
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<td>Around once every month (9-12 times a year)</td>
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<tr>
<td>More than once a month (more than 12 times a year)</td>
<td>2</td>
<td>More than once a month (more than 12 times a year)</td>
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03 Focal point and their relationship with MPs

Of the 89 Focal Points appointed, we were able to estimate the relationship of 82 of these organisations with their MPs or their National TB Caucus.

Regional Breakdown:

- **66.7%** of the Americas priority countries focal points assessed as having a strong relationship with MPs
- **57.1%** of the Anglo African priority countries focal points assessed as having a strong relationship with MPs
- **50%** of the Francophone priority countries focal points assessed as having a strong relationship with MPs
- **50%** of the Eastern Europe and Central Asia priority countries focal points assessed as having a strong relationship with MPs
- **66.7%** of the Western Europe priority countries focal points assessed as having a strong relationship with MPs
- **100%** of the Asia Pacific priority countries focal points assessed as having a strong relationship with MPs
- **50%** of the Luso priority countries focal points assessed as having a strong relationship with MPs

In 20 countries, Focal Points have been appointed but have no or very limited relationship with their MPs or National TB Caucus

In 20 countries, Focal Points have met/engaged with MPs but the relationship is still quite distant

In 18 countries, the Focal Point is driving national level advocacy

In 24 countries, the Focal Point has strong relationships with and consistently with MPs and/or provides direct support to the National TB Caucus
04 Focal point relationships with National TB Caucuses

Focal Point relationships with National Caucuses:

- In 18 countries, the Focal Point is the official national caucus secretariat (32%)
- In 27 countries, the Focal Point is not the official secretariat, but works with the national caucus (56%)
- In 12 countries, the Focal Point has a weak/no relationship with the national caucus, and we essentially host the secretariat ourselves

Regional Breakdown

Regional Breakdown of National TB Caucuses where the Focal Point is either the official national caucus secretariat or the focal point is not the official secretariat, but works with the national caucus:

- **72% Americas** - 8 out of 11 National Caucuses
- **77% Anglophone Africa** - 10 out of the 13 National Caucuses
- **90% Asia Pacific** - 9 out of 10 National Caucuses
- **80% Eastern Europe and Central Asia** - 8 out of 10 National Caucuses
- **80% Western Europe** - 4 out of 5 National Caucuses
- **71% Francophone** - 5 out of 7 National Caucuses
- **100% Lusophone** - 1 National Caucus
The relationship globally between the assessed strength of the CSOs relationship with MPs, and the MPs reporting parliamentary actions evidences the importance of the depth of engagement in both directions. In other words, our assessments point to the need to strengthen the relationship between CSOs and MPs in order for MPs to more effectively engage in the TB response.

Of the top 46 countries, where since the UN HLM MPs have consistently reported taking the highest level parliamentary actions multiple times a year, 70% (32) of them who report close relationships with FPs.

Of the top 17 national caucuses, where since the UN HLM MPs have consistently reported taking the highest level parliamentary actions multiple times a year, 94% (16) of them report close relationships with FPs.

We prioritised countries where MPs who have reported sustained political commitment as a baseline. This way, we are able to ascertain the weight of Focal Point relationships on the success of this sustained commitment.

**The way forward**

In moving forward, the Global TB Caucus will continue to provide our focal points and partner organisations with the technical and coordination support that has helped build and strengthen our global network. The Secretariat of the Global TB Caucus will also actively explore avenues for resource mobilization with the specific end-goal of ensuring civil society organisations are sufficiently and sustainably funded to continue the work that they do with elected representatives.

Since the UN High Level Meeting on TB in 2018, there has been a marked uptick in the prioritisation of the engagement of elected representatives. Still, this has not been backed with adequate funding. With the findings of this survey, the Global TB Caucus hopes to substantiate and provide data that will help address this financing gap.