

**MULTISECTORAL  
ACCOUNTABILITY FRAMEWORK  
TO ACCELERATE PROGRESS  
TO END TUBERCULOSIS  
BY 2030**



World Health  
Organization



# **MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO ACCELERATE PROGRESS TO END TUBERCULOSIS BY 2030**



**World Health  
Organization**

## MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO ACCELERATE PROGRESS TO END TUBERCULOSIS BY 2030

© World Health Organization 2019

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for noncommercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

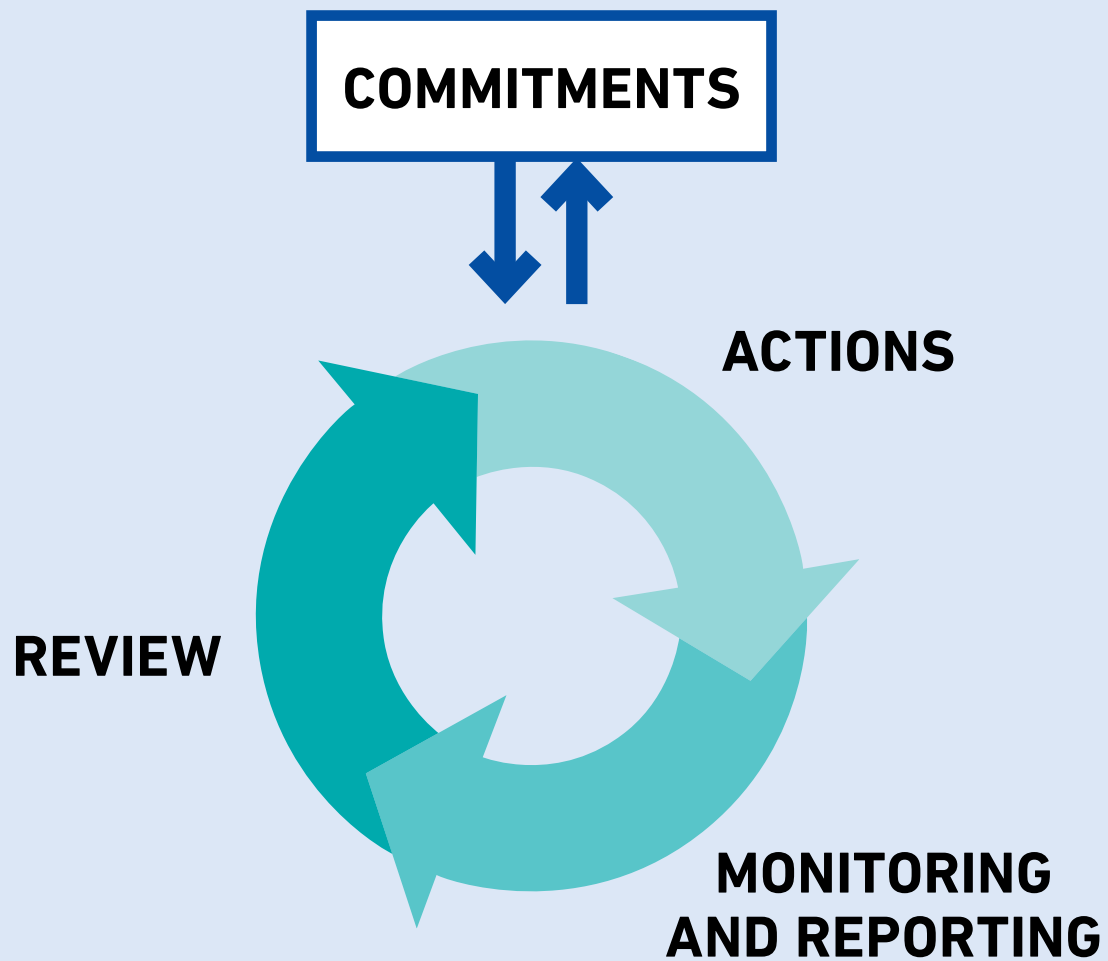
**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

# Contents

A.	Background and rationale	1
B.	Definitions and concepts	3
C.	The Framework	5
1.	Overview of major components, elements and underlying principles	5
2.	National (including local) level – individual countries, with country adaptation	6
3.	Global and regional levels – countries collectively	15
4.	How the global/regional and national parts of the framework are linked	21
D.	Framework adaptation and use	23
	References	25
	Annex 1. The Sustainable Development Goals	27
	Annex 2. The End TB Strategy at a glance	28
	Annex 3. Top 10 indicators (not ranked) for monitoring implementation of the End TB Strategy at global and national levels, with recommended target levels that apply to all countries.	29
	Annex 4. The 14 indicators associated with tuberculosis incidence included in the WHO tuberculosis-Sustainable Development Goal monitoring framework	30



## A. Background and rationale

**The first WHO Global Ministerial Conference on TB**, entitled “Ending TB in the Sustainable Development Era: a multisectoral response”, was held in Moscow in November 2017. The aims were to accelerate the multisectoral response to the tuberculosis epidemic at global, regional and country levels, in recognition of the fact that investments and actions were falling short of those needed to reach the targets and milestones of the WHO End TB Strategy and the target of ending the epidemic by 2030 that is part of the United Nations Sustainable Development Goals; and to inform the first United Nations General Assembly high-level meeting on tuberculosis in September 2018. The conference was attended by 117 national delegations.

The Moscow Declaration to End TB (1), with both commitments by Member States and calls to global agencies and other partners to accelerate efforts towards achieving the Sustainable Development Goal target for tuberculosis and the targets and milestones of the End TB Strategy, was adopted by all participating national delegations. It addressed four key areas for action, one of which was multisectoral accountability.<sup>1</sup>

In the Moscow Declaration, Member States committed to “supporting the development of a multisectoral accountability framework” in advance of the high-level meeting on tuberculosis in 2018, and called on WHO to develop, working in close cooperation with relevant partners, such a framework for consideration by WHO’s governing bodies.<sup>2</sup> The rationale for such a framework is that strengthened accountability for the response to tuberculosis at national and global levels should contribute to faster progress towards the targets and milestones of the End TB Strategy and the Sustainable Development Goal target for tuberculosis.

The Secretariat submitted a report on preparations for the General Assembly high-level meeting on tuberculosis to the Executive Board at its 142nd session in January 2018 (2, 3). Based on that report and the Moscow Declaration, the Board requested the Director-General to develop, working with all relevant partners, a draft multisectoral accountability framework for tuberculosis (hereafter MAF-TB) for consideration by the Seventy-first World Health Assembly in May 2018 and presentation during the high-level meeting in September 2018 (4).

Pursuant to the request in resolution EB142.R3, the Secretariat prepared a background document (5). This covered definitions of accountability and an accountability framework; existing examples of approaches to accountability for other top global health priorities as well as topics beyond health;<sup>3</sup> and an assessment of what elements

<sup>1</sup> The others were: advancing the response within the 2030 Agenda for Sustainable Development; ensuring sufficient and sustainable financing; and pursuing science, research and innovation.

<sup>2</sup> Stakeholders specifically listed in the Moscow Declaration were (in the order they were listed therein): the United Nations Special Envoy on TB; Member States; civil society representatives; United Nations organizations; the World Bank and other multilateral development banks; Unitaaid; the Stop TB Partnership; the Global Fund to Fight AIDS, TB and Malaria; and research institutes.

<sup>3</sup> The examples for health were HIV/AIDS, immunization, malaria, poliomyelitis, tobacco control, and women’s, children’s and adolescents’ health. Other examples examined included climate change and national governance.

of a MAF-TB already exist and what might be missing. This background document was used as the basis for discussions with stakeholders, in particular during a global consultation held on 1 and 2 March 2018 in Geneva. Representatives of stakeholders specifically listed in the Moscow Declaration were invited and the meeting was also attended by WHO staff members from headquarters and all regional offices (6).

Based on the outcomes of the consultation and other discussions in 2018, including an online public consultation, the WHO Secretariat prepared a draft version of a MAF-TB, which was submitted for the consideration of the Seventy-first World Health Assembly.

At the Seventy-first World Health Assembly in May 2018, Member States adopted resolution WHA71.3 (7). This supported the Moscow Declaration and welcomed the draft MAF-TB. It also requested the Director-General to continue to develop, in consultation with Member States, the MAF-TB, “working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration to End TB (2017), and to provide technical support to Member States and partners, as appropriate, including for national adaptation and use of the draft multisectoral accountability framework to accelerate progress to end tuberculosis, taking into account national context, laws, regulations and circumstances, in order to enable the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis, both globally and nationally, leaving no one behind, through an independent, constructive and positive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries”. Member States also requested the Director-General to present the MAF-TB at the General Assembly high-level meeting on tuberculosis in September 2018.

The General Assembly high-level meeting on tuberculosis was held on 26 September 2018, on the theme “United to end tuberculosis: An urgent global response to a global epidemic”. The political declaration from the meeting, A/RES/73.3 (8), requested the Director-General of WHO to continue to develop the MAF-TB in line with World Health Assembly resolution WHA71.3, and to ensure its timely implementation no later than 2019.

The WHO Secretariat finalized the MAF-TB in April 2019, following further consultations and based on feedback received.

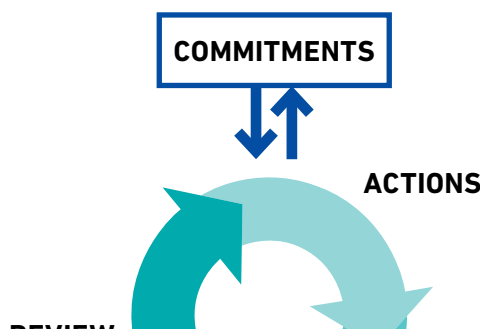
## B. Definitions and concepts

**Accountability means being responsible and answerable** for commitments made or actions taken.<sup>1</sup>

A *framework* provides an overview and structure of essential components and sub-components, and the relationships between them. A framework can be adapted, for example by modifying, adding or deleting items, and by adding detail to subcomponents to customize or give them greater specificity.

An *accountability framework* needs to define who is accountable (for example, individuals, organizations, national governments), what commitments and actions they are accountable for, and how they will be held to account. Mechanisms for monitoring and reporting, as well as review, are critical in holding entities to account. The essential components of an accountability framework (commitments, actions, monitoring and reporting, review), and how they are related, are shown in Fig. 1.<sup>2</sup> These components are underpinned and informed by constitutional, legal and regulatory frameworks as well as political, social, professional, moral and ethical codes of conduct and uncodified traditions and conventions.

**Fig. 1. Essential components of an accountability framework**



预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_25228](https://www.yunbaogao.cn/report/index/report?reportId=5_25228)

