



High-level meeting in Yaoundé (Cameroon) to advance the fight against tuberculosis: Much remains to be done.

Context

A major regional meeting entitled “Advancing community, rights and gender for an equitable response to tuberculosis in Francophone Africa” took place in Yaoundé, the capital of Cameroon, from June 11-13, 2024. Organized by the Stop TB Partnership (STP) and Dynamique de la Réponse d’Afrique Francophone sur la Tuberculose (DRAF TB – Dynamic Response for Francophone Africa on TB), with technical and financial support from L’Initiative/Expertise France, the meeting brought together key stakeholders in the fight against tuberculosis (TB) from across Francophone Africa.

The Yaoundé meeting took place in a global context marked by persistent inequalities in the fight against TB. There is a fatal gap between commitments to end TB and the realities of TB. The UN Political Declaration on TB 2023 and the Global Plan to Stop TB 2023-2030 call for a community, rights and gender (CRG) approach to address the socio-economic determinants of the disease. In Francophone Africa, where TB rates remain high, it is critical to strengthen strategies for a more equitable response.

Several important issues were raised during the meeting. In this first of a long series of articles devoted to this event, we will limit ourselves to highlighting the most important.

Community, Rights and Gender (CRG) approach

The CRG approach was at the heart of the presentations and discussions. This approach emphasizes the active involvement of communities, the protection of human rights and the integration of gender issues in

the response to tuberculosis. Better still, this approach aims to address the structural, social and socio-economic factors responsible for the disease, and to ensure the engagement of TB survivors and affected communities. While aligned with the international human rights framework, the principles of universal health coverage and the Sustainable Development Goals, it prioritizes interventions that are inclusive, equitable and tailored to the needs of the most vulnerable populations.

Above all, the various presentations showed that STP is a world leader in promoting the CRG approach. Its initiatives include [the Nairobi Strategy on Tuberculosis and Human Rights](#), [the Declaration of Rights for people suffering from tuberculosis](#), and the [OneImpact digital platform for community monitoring](#). STP has also developed qualitative assessment tools to analyze the legal environment, gender responses and data relating to key populations.

Group activities, various panels and responses to questionnaires distributed at the meeting provided fresh evidence that TB stigma exacerbates medical, social and economic difficulties, and is a major obstacle to accessing quality healthcare services. More broadly, stigma and discrimination were identified as the main obstacles in the fight against tuberculosis.

Discussions also focused on the challenges of integrating the CRG approach, including cultural barriers, TB stigma and lack of resources. Viorel Soltan of STP made it clear in his speech that “there are tools, but there is little money”.

However, the various participants agreed that there can be no advocacy without CRG. This is because the CRG makes it possible to guarantee evidence and support what is urgent and a priority. What’s more, the institutional integration of the CRG appeared more than ever to be an excellent way of finding many landmark cases that de facto escape care.

Launch of TB Women in Francophone Africa Movement

The Yaoundé meeting also marked the launch of the TB Women in Francophone Africa movement, which has existed for several years in the English-speaking world. It aims to promote and ensure transformative, gender-sensitive responses in the fight against tuberculosis.

The launch of the francophone branch was marked by a declaration underscoring the importance of gender in the fight against TB, recognizing that gender norms influence the way care is delivered and that men and women have different roles in this fight. The Declaration also highlights TB Femmes’ vision of a just and inclusive society where women are empowered to achieve a TB-free world. It is a powerful reminder that equitable TB care must recognize the differences between men and women and address their specific needs.

In an in-depth interview with Ida Savadogo, coordinator of the TB Femmes Afrique francophone

movement, she emphasized:

“The declaration marking the launch of TB Femmes Afrique francophone is a historic moment for the Francophone Africa Chapter of TB Women. It was important to mark the launch of this chapter with a solemn declaration, followed by the signing of this declaration by the women TB survivors and those affected by TB present at this meeting. The declaration recognized several aspects, including the importance of gender in the fight against TB and the fact that women and men are likely to play different roles in this fight. It also recognized the need to strengthen women’s capacities. It is committed. By signing this declaration, women have committed themselves to the principles of integrity, accountability and transparency, and it promotes solidarity through collaboration and partnerships, while advocating for gender equality, mutual respect and confidentiality, so that no one is left alone in the face of tuberculosis.

Strengthening partnerships and collaboration

A questionnaire distributed at the meeting revealed that the importance of Multisectoral Accountability Framework (MAF) was not sufficiently reflected in TB control programs in French-speaking countries. In almost all countries, MAF is not integrated as a thematic area of intervention in national strategic plans (NSPs). There is no dedicated budget line for CRG in NSPs, and even less, a CRG focal point within national tuberculosis programs (NTPs).

This observation immediately highlighted the crucial importance of community organizations in implementing CRG strategies. Their commitment and local expertise are essential to reach the most vulnerable populations. Numerous speakers reminded us that community monitoring is a key element in ensuring social responsibility and multi-stakeholder commitment. Such monitoring enables the impact of interventions to be measured, and ensures that the voices of communities are heard.

The meeting also highlighted the importance of aligning efforts and synergies between different actors, particularly between programs and communities. Participants agreed that it is crucial to make MAF a central part of the NSP and NTP agenda. The integration of an MAF focal point within NTPs was strongly recommended by community representatives. Program managers, for their part, invited civil society players to continue their work in identifying evidence and passing it on to the NTPs.

Finally, discussions took place on the funding mechanisms available to support CRG initiatives. The Global Fund and Expertise France/L’Initiative reaffirmed their commitment to funding projects integrating these approaches. Strategic partnerships are essential to maximize the impact of interventions and ensure the efficient use of resources.

Challenge Facility for Civil Society (CFCS)

The Yaoundé meeting also gave rise to a common understanding of the [Challenge Facility for Civil Society \(CFCS\)](#).

Initiated by the Stop TB Partnership, the CFCS is a crucial funding mechanism designed to support civil society organizations (CSOs) in their commitment to fighting tuberculosis (TB). The fund aims to build the capacity of CSOs to participate meaningfully in the fight against TB, with a particular focus on community-based approaches, human rights and gender equity (CRG). CFCS's main objectives include building CSO capacity, community engagement, promoting human rights and gender equity, and encouraging innovation and leadership. Through grants, CFCS supports specific projects in countries with a high TB burden, where CSO engagement can have a considerable impact. These grants vary in size and duration depending on the project, and are awarded on the basis of their potential for impact, their alignment with TB control priorities and their ability to mobilize local communities. The expected impact of these grants includes improved TB control services, a stronger CSO voice in public health policy, and enhanced community oversight to ensure accountability and transparency in program implementation. In sum, the CFCS Grant plays a vital role in supporting CSOs in their efforts to eradicate TB, ensuring that responses to the disease are inclusive, equitable and rights-based, thereby increasing the quality and accessibility of services for vulnerable and marginalized populations.

Participants shared poignant testimonials and case studies illustrating the impact of CFCS in TB. As an example, let's read this excerpt from the speech given at the opening of the Yaoundé meeting by Abona Oyong Sidoine Marlyse, former TB patient and member of the association of former and current TB patients, abbreviated as TBpeople, Cameroon.

"TBpeople, in its mission to bring together as many people as possible to eradicate TB once and for all, benefits from the Grant Challenge Facility for Civil Society Round 12. This funding mechanism for civil society organizations enables them to engage in high-level advocacy, overcome barriers related to access to services and monitor the response to TB, to ensure that governments meet the commitments made in the UN TB policy declaration.

Despite progress, we still see undiagnosed and unmanaged cases of tuberculosis, due to numerous obstacles related to health services, care, support measures and human rights violations. This grant gives us the opportunity to leverage innovative tools like those of the CRG approach, which change the dynamics and strengthen our efforts in the fight against this disease."

Numerous other testimonials on the impact of the Challenge Facility for Civil Society grant were shared by representatives from Burkina Faso, Niger, the Democratic Republic of Congo and the Central African Republic. We'll be presenting them in detail in future editions.

Yaoundé was just a stopover

Despite some cause for satisfaction, current trends, particularly in francophone Africa, are worrying. However, without a substantial effort by the CRG, the elimination of tuberculosis by 2030 seems unattainable. The regional meeting in Yaoundé was only one step, but an important one. By focusing on community-based approaches, rights and gender, participants reaffirmed their commitment to promoting an equitable and inclusive response to tuberculosis. The discussions and recommendations from this meeting provide a valuable roadmap for future efforts to eliminate TB as a public health threat and ensure that no one is left behind.

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