



Independent observer
of the Global Fund

Interview with **Bertrand Kampoer**

Dynamique de la Réponse d'Afrique
Francophone sur la TB (DRAF TB)



Tuberculosis: Ending the Fatal Gap - Interview with Bertrand Kampoer

On the occasion of the regional meeting entitled “Advancing community, rights and gender for an equitable response to tuberculosis in Francophone Africa”, held in Yaoundé, Cameroon, from June 11 to 13, 2024, Bertrand Kampoer, representative of the [Dynamique de la Réponse d'Afrique Francophone sur la TB](#) (DRAF-TB) and co-organizer of the event, granted us an in-depth interview.

1. Introduce yourself and tell us a little about DRAF TB (mission, objectives, link with STOP TB)?

My name is Bertrand Kampoer, a Cameroonian national living in Yaoundé. I hold a Master's degree in Public Health from the Faculty of Medicine at the University of Lorraine. I am an expert in public health, with a particular focus on health and community systems strengthening, gender and human rights. Since 2015, I have carried out several technical assistance missions in West and Central Africa as part of strengthening community engagement on tuberculosis, Global Fund grant development, various evaluations and research. From 2018 to 2023, I was a member of the World Health Organization (WHO) TB Task Force and helped translate WHO TB policies into practice, integrating the views of TB-affected communities and their networks at global, regional and national levels.

For us, the results of the response against TB in Central and West Africa (Francophone Africa – French-speaking Africa) remain worrying. According to the [Cotonou Declaration on Tuberculosis](#), the West and Central Africa (WCA) region fails to detect more than 50% of TB cases, three quarters of cases affecting children go undetected, has an estimated mortality rate among TB/HIV co-infected patients that is 50% higher than in the rest of Africa, and only 20% of patients with drug-resistant TB are detected and treated.

Aware of the critical stakes, civil society leaders from the region, meeting on the sidelines of the CRG (Community, Rights, and Gender) Anglophone Africa Platform meeting on April 24, 2018 in Accra, Ghana,

pledged to increase coverage and access to TB services, with a particular focus on vulnerable and stigmatized groups. To this end, DRAF-TB has been set up as a regional coalition of TB-affected communities.

DRAF-TB is a regional network of national civil society organizations involved in the fight against tuberculosis, HIV/TB co-infection, community issues, gender and human rights, in the French-speaking countries of West and Central Africa. DRAF-TB is a legal entity under Cameroonian law.

DRAF-TB aims to:

- Build a sustainable Francophone African community response to tuberculosis;
- Advocate for increased domestic resources for tuberculosis response and universal health coverage;
- Fostering a patient-centred, gender-sensitive and human rights-based response to tuberculosis;
- Set up a framework for the exchange of experience between those involved in the response to tuberculosis at national and regional level;
- Develop high-level expertise in tuberculosis, universal health coverage, gender and human rights;
- Develop strategic partnerships at national, regional and international levels for the sustainable financing of the community response to

Our vision is of a French-speaking West and Central Africa free of tuberculosis. In the meantime, we aspire to make diagnosis, treatment and care accessible and affordable to all who need them, without human rights or gender barriers.

DRAF-TB's core mission is to ensure access to patient- and community-centered prevention, screening, care and support services, especially for key and vulnerable populations, by actively engaging them to better participate in the response.

2. What was the significance of the meeting “Advancing community, rights and gender for an equitable response to tuberculosis in Francophone Africa” that you co-organized?

Our region is characterized by: (i) incredible rates of lost to follow-up; (ii) delays in approaching the 2025 milestones of the WHO strategy to end TB; (iii) sub-optimal consideration of barriers to accessing services; (iv) under-explored potential of community response; and (v) the need for better coordination and collaboration between national TB control programs (NTPs) and affected communities including TB patients and survivors.

The regional meeting helped to: (i) build a common understanding of community, rights and gender in the TB response, as indicated in the 2023 UN Political Declaration on TB and the Global Plan to End TB 2023-

2030; (ii) discuss and identify opportunities to improve community follow-up of social accountability and multi-stakeholder engagement after and for UN high-level management engagement and advocacy; (iii) Align and ensure synergies, strategic partnerships and support across community, rights and gender approaches and interventions in the 15 Francophone African countries, with the support of the [Challenge Facility for Civil Society \(CFCS\)](#); (iv) Ensure the provision of coordination and communication support on Multisectoral Accountability Framework for tuberculosis (MAF-TB) and advocacy at regional level; (v) Launch TB Femmes (TB Women), the Francophone Africa chapter to promote and ensure transformative and gender-sensitive responses in the Francophone Africa region; and (vi) Build a common understanding of the Stop TB Partnership Facility grant and support mechanism for civil society for global community building and optimization of CRG approaches and interventions in TB control.

This meeting led to the development of 15 country action plans that will enable:

- Implementation of the roadmap linked to the adoption of the CRG approach tools (assessment of the legal environment for the response to tuberculosis, estimation of the size of key populations, assessment of stigmatization, etc.);
- Institutionalizing Community-Directed Monitoring with the [OneImpact tool](#);
- Working with parliamentarians to advocate domestic funding for tuberculosis response;
- Finalization of the consultation framework between national programs and civil society.

Strategies and approaches

3. What are the main challenges facing DRAF TB in the fight against tuberculosis in French-speaking Africa?

Our challenges essentially concern 5 components:

1. Regional advocacy: in particular the Follow-up to Political Declarations at UN High-Level Meetings on Tuberculosis (UNHLM). There is a lack of: (i) National and sub-regional campaigns for accountability of decision-makers; (ii) Engagement of survivors in national responses; (iii) Wider mobilization of parliamentarians, celebrities, journalists, opinion leaders and civil society organizations in national responses.
2. Capacity-building for member organizations; in particular: (i) analyses of governance and operational capacity needs and development of organizational improvement and development plans; (ii) diagnosis and development of community involvement plans in national coordination processes and bodies, planning, implementation and strategic monitoring; and (iii) support for member organizations in person-centered, gender-sensitive and human rights-based approaches.
3. Mobilization of resources for the benefit of member organizations; in particular: (i) Support for requests for technical assistance by and for member organizations; and (ii) Support for member organizations in submitting calls for projects.
4. Coordination of national and regional TB response initiatives.
5. Multi-faceted partnerships inside and outside the region.

4. How does DRAF TB integrate community, rights and gender-based approaches (CRG) into its TB

control programs?

DRAF TB works primarily around the Political Declarations of the 2018 and 2023 UN High Level Meetings on TB as well as the guidelines of the [STOP TB Partnership](#) 2023-2030 global plan to end TB.

In particular, advocate for:

- Bridging the gap in TB prevention, diagnosis, treatment and care by reaching all people with TB;
- Make the TB response equitable, gender-sensitive, rights-based and stigma-free, putting TB-affected communities and civil society at the center by 2025;
- Accelerate the development, deployment and access to essential new tools for eliminating tuberculosis;
- Invest the necessary funds to eliminate tuberculosis;
- Prioritize tuberculosis in pandemic prevention, preparedness and response (PPPR), antimicrobial resistance (AMR) and universal health coverage (UHC);
- Commit to multi-sector action, decisive leadership and accountability.

DRAF TB encourages its focal points at national level to work with national TB programs to implement the tools of the CRG (community, rights and gender) approach.

5. Can you give us any concrete examples of DRAF TB projects or initiatives that have had a significant impact on the fight against tuberculosis?

DRAFT TB has implemented several initiatives, including:

- Empowering communities and TB survivors to follow up on the Political Declaration of the UN High Level Meeting on TB in 12 Francophone African countries.
- Evaluation of the effectiveness of community-based home dispensing of anti-TB drugs to TB patients in 4 Francophone African countries in the context of Covid-19.
- Capacity Building for TB Control in West and Central Africa (RECAP TB WCA).
- Evaluation in Francophone Africa of MAF-TB.
- OneImpact regional dashboard to enhance UNHLM 2022 accountability efforts.

Overall, we have undertaken the following:

- 15 national networks of TB-affected communities in Benin, Burkina Faso, Burundi, Cameroon, Chad, Central African Republic, Ivory Coast, Congo, Democratic Republic of Congo, Gabon, Guinea-Conakry, Mauritania, Niger, Senegal and Togo.
- 4 TB survivor networks in place in Cameroon, Ivory Coast, Guinea-Conakry and Gabon.
- 5 accompanied CRG assessments in Cameroon, Benin, Niger, Ivory Coast; Gabon
- 1 assessment of accompanied stigmatization in the DRC
- Operational research to assess the effectiveness of community-based home dispensing of anti-tuberculosis drugs to TB patients on treatment in 4 French-speaking African countries in the context of Covid-19.

- A roadmap for implementing the CRG approach in 16 French-speaking countries in West and Central Africa.

6. What monitoring and evaluation mechanisms does DRAF TB use to measure the effectiveness of its actions or programs?

DRAF TB has set up a unique tool for tracking and monitoring our key actions, namely the “Regional Dashboard”. This tool, which can be consulted via this [link](#) (currently being restructured), enables DRAF TB to:

- Monitor the activities of our national focal points;
- The epidemiological situation in the 16 countries covered;
- Monitor the implementation of national progress in relation to the Political Declaration of the United Nations High-Level Meetings on TB;
- Mobilize demand to implement CRG tools;
- Strengthen the framework for exchange and amplify the voice of communities on key issues of community response in Francophone Africa.

Collaboration and partnerships

7. What are DRAF TB’s main collaborations with governments, NGOs and other international organizations?

To date, we have developed several partnerships with national, regional and global entities. These include :

1. At national level: Our country focal points work closely with national tuberculosis programs (NTPs).
2. At regional level: We work closely with the West and Central African Network of TB Program Managers (WARN-CARN TB). We also share information with the WHO Regional Office for Africa. We also work with the Francophone Caucus of Parliamentarians on strategic advocacy issues such as domestic funding for the TB response.
3. Worldwide: We receive support from partners such as the Stop TB Partnership and the Global Fund to Fight HIV/AIDS, TB and Malaria as part of the Strategic Community Engagement Initiative. DRAF TB works closely with the International Union Against Tuberculosis in training and project implementation.

8. How does DRAF TB work with local communities to improve tuberculosis prevention, diagnosis and treatment?

DRAF TB does not undertake implementation. Instead, we encourage our country focal points to work alongside national TB programs to fill the gaps in TB prevention, diagnosis, treatment and care by reaching all people with TB:

These include :

- Ensure that WHO-recommended rapid diagnostics (WRD) are used as the initial test for tuberculosis;
- Ensure that all people affected by tuberculosis, including tuberculosis infection and disease, drug-resistant tuberculosis (DR-TB), and their contacts have affordable access to the latest and best prevention and treatment regimens;
- Develop and achieve ambitious tuberculosis prevention targets through contact tracing and tuberculosis preventive treatment (TPT) coverage, as well as by tackling the social determinants of tuberculosis and urgently obtaining and validating a new tuberculosis vaccine;
- Provide quality, people-centered, community-based TB care focused on key and vulnerable populations (KVPs) to improve TB outcomes, including child-friendly services to improve pediatric TB outcomes, through workforce training, better listening and resources to identify and overcome social and economic barriers to access;
- Ensure that TB services are integrated with HIV health services, primary care and/or occupational health services, using co-implanted models, to improve TB detection and treatment in co-morbid conditions such as HIV, silicosis, malnutrition and diabetes;
- Leverage the private sector's capacity to improve access to TB services, particularly in countries with large private-sector service providers.

9. What strategic partnerships did you hope to strengthen or establish at the Yaoundé meeting?

Our priority was to strengthen our working relationship with the national tuberculosis program. To this end, joint roadmaps between the NTPs and civil society were validated for the implementation of all the tools of the CRG approach.

Above all, we launched the Yaoundé Appeal. This is a plea to the main donors: L'Initiative, the Global Fund and USAID to increase the geographical coverage of donor contributions to the STOP TB grant mechanism – [Challenge Facility for Civil Society](#) (CFCS). The countries covered in Francophone Africa are Benin, Burkina Faso, Burundi, Cameroon, Chad, Central African Republic, Ivory Coast, Congo, Democratic Republic of Congo, Gabon, Guinea-Conakry, Mali; Mauritania, Niger, Senegal, Togo and Rwanda. We also encouraged donors to work closely with DRAF TB in the provision of Technical Assistance aimed at building the capacity of civil society and TB-affected communities to engage with community, rights and gender issues.

It should be recalled that Stop TB provides grants to communities, civil society and grassroots organizations for technically sound and innovative interventions through the CFCS. CFCS helps community and civil society actors engage in community and high-level advocacy, overcome barriers to accessing services and monitor the response to TB so that governments are accountable for the commitments they have made in the UN Political Declaration on TB. The objective of the CFCS is to build influential and recognized networks of civil society and communities affected by tuberculosis. These networks must be able to represent, support and be accountable, while collaborating and actively participating in national and global responses to TB.

Challenges and solutions

10. How does DRAF TB tackle the problems of stigma and discrimination associated with tuberculosis in communities?

Once again, DRAF TB is not an implementer. We do, however, encourage our country focal points to work alongside national TB programs to address issues of stigma and discrimination.

These include:

1. Ensure that stigma assessments and budgeted action plans can be implemented.
2. Ensure the meaningful participation of TB-affected communities and civil society as expert contributors to the development of National Strategic Plans, the planning of TB program reviews, the development of country proposals for international grants, and the empowerment and leadership of women and girls.
3. Update laws, policies and programs to promote and protect the rights of people affected by tuberculosis, address inequalities and eliminate stigma and discriminatory practices, processes and language.

11. How has the COVID-19 pandemic impacted TB control efforts, and how has DRAF TB adapted to these challenges?

Rather, COVID-19 has been an opportunity for us among others. We conducted an Operational Research Project to mitigate the impact of COVID-19 on the continuity of care for TB patients in West and Central Africa. This project assessed the effectiveness of community-based dispensing of anti-tuberculosis drugs to TB patients on treatment in 4 Francophone African countries in the context of Covid-19. This project: (i) evaluated the effectiveness of community-based dispensing in terms of reducing the percentage of patients lost to follow-up and improving the percentage of therapeutic success for the cohort of TB patients receiving community-based home dispensing, compared with the percentages observed at the control site; and (ii) assessed the feasibility, acceptability and satisfaction of community-based dispensing of anti-tuberculosis drugs to TB patients on treatment among TB patients, community volunteers and health workers. This research scored over 90% for the three main variables (acceptability, feasibility and satisfaction).

Outlook and impact

12. What are DRAF TB's short- and long-term objectives in the fight against tuberculosis? Are you planning any specific awareness campaigns or advocacy initiatives as a follow-up to this meeting? What are your next actions?

Our medium- and long-term priorities are still to work primarily around the Political Declarations of the 2018 and 2023 UN High-Level Meetings on TB, as well as the guidelines of the 2023-2030 global stop plan to end TB.

In the short term, we will be encouraging our national focal points to work with national TB programs to

implement the tools of the CRG (community, rights and gender) approach.

13. How do you hope the Yaoundé meeting will influence tuberculosis control policies and practices in French-speaking Africa?

In the short term, we hope that the Yaoundé region will be able to:

- Strengthen collaboration between NTPs and communities affected by TB;
- Mobilize national resources to fight tuberculosis and integrate them into health systems in order to leverage existing investments and reduce dependence on external funding;
- Eliminate the catastrophic costs faced by households affected by tuberculosis, through multi-sectoral investment, coordination and the application of legal frameworks;
- Innovative financing to broaden the pool of investors and increase the efficiency of tuberculosis spending;
- Ensure that tuberculosis is recognized and included in investments in pandemic prevention, preparedness and response, antimicrobial resistance and universal health coverage.

14. What message would you like to convey to communities, partners and political decision-makers about the importance of tuberculosis control and the CRG approach?

We're simply issuing a call to action to demand greater social justice and drive a transformative response to tuberculosis, a preventable and treatable disease that still kills 4,400 people a day, including 700 children. We want to ensure that those of us who are most impacted – the communities affected by TB and civil society – speak out so that our realities and priorities are understood and our lives saved.

Is there a question you would have liked to ask, but which was not asked during this interview? If so, please feel free to respond.

I'd like to end by acknowledging the decisive support and guidance of Stop TB Partnership, which has enabled us to realize our dreams and achieve the goals we're working towards in the Region.

Thank you.

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