

Terms of Reference

Development of a TB Communities Rights and Gender National Costed Action Plan for Thailand

1. PURPOSE

Tuberculosis (TB) remains a significant public health challenge in Thailand. Communities, especially vulnerable and marginalized key populations face substantial barriers to accessing TB prevention, treatment and care services. To achieve Thailand's TB elimination goals, it is essential to address the gender-related and human rights challenges that contribute to TB vulnerability and poor outcomes. This involves engaging communities and ensuring that their rights and gender -specific concerns are integrated into TB programming and policies. The Global Funded-Stop TB and AIDS through RRTTPR 2024-2026 (STAR 2024-26) program in partnership with the Government of Thailand has recognized the need to develop a Costed Action Plan, that focuses on TB from a Communities, Rights and Gender (CRG) perspective. This plan aims to enhance the effectiveness of TB responses by prioritizing community engagement, gender equality and human rights based approaches.

Therefore, the purpose of this Terms of Reference ("TOR") is to hire a Professional Consultant to conduct a "TB CRG National Costed Action Plan" in Thailand. Additionally, this TOR is a continuation of the initial TOR on "TB CRG Assessment in Thailand," conducted by Raks Thai Foundation in collaboration with SRs, DTB, PR DDC, PR WVFT, and the TB core team established for the assessment purpose as well as TOR on "TB O-9 S&D in Community Settings," conducted by PR-WVFT and key stakeholders.

2. Background

2.1 Background of World Vision Foundation of Thailand

World Vision Foundation of Thailand (WVFT) is a humanitarian, development, advocacy non-profit organization registered locally in Thailand. Since its inception, WVFT has maintained significant presence in communities across the 4 regions of Thailand. Aligning our approaches with national strategies, WVFT implements integrated and multi-sectoral programs, using sustainable approaches and evidence-based models, fostering sustainability and community ownership. Globally, WVI, in partnership with national partners, has been managing HIV/TB grants from the Global Fund since 2002 and in Thailand has implemented Global Fund grants as PR, SR and SSR on all three diseases. Under the GC7 Grants in Thailand, WVFT is one of the PR leading the HRG, CSS and Migrant Programs for the 2024-2026 Implementation Period.

2.2 Background information/context

TB-HIV

Thailand has received \$1.5 million USD in catalytic HRG match funding on the GC7 grants and a condition of the catalytic matched funding is that the country undertakes to develop a TB CRG national costed action plan, within the first year of the grant, to remove human rights-related

barriers to TB services, including a M&E and learning framework and accountability levers. A related condition is the establishment of a mechanism that coordinates implementation and oversight of the plan.

Thailand Operational Plan To End Tuberculosis, Phase 2 (2023 - 2027) includes a 'strategic intervention' to "promote social and human rights measures to prevent stigmatization and discrimination under the strategy of 'to reduce TB mortality'. "Protecting and promoting human rights, ethics and equity" and "building a strong coalition with civil society are communities" are two of the Plan's four key principles. The plan will "promote social and human rights measures to reduce stigma and discrimination in patients with TB" and to "develop training courses and build capacity of personnel and communities in reducing stigma and discrimination using appropriate laws and regulations." The plan also proposes to "focus on serving populations highly vulnerable to infection and poor health outcomes such as migrants." The strategy recognizes that "unaddressed TB in migrants will likely increase transmission among [Thai] citizens." Prisoners are also a priority population.

However, TB-related HRG programming in Thailand is at a relatively early stage of development, particularly compared to HIV. The National Operational Plan's broad level commitments to human rights issues fall short of the more detailed national plan to remove human rights barriers required by the GF. The HRG Rapid Assessment report conducted in 2023 as part of Thailand's Funding Request to the Global Fund found that myriad HRG barriers limit Thailand's goal of ending TB under all nine of the GF's HRG program areas for TB. Key barriers include, but are not limited to:

- Self-stigma among PWTB & TB survivors
- Stigma and discrimination towards PLTB from HWs, CHWs, communities and workplaces
- Access to health services, especially for undocumented migrants
- Gender related barriers, including for migrant women, migrant men, and men's poor health seeking behavior

Gender-related barriers to TB services are not-well documented and the JIMM recommended that DTB should analyse sex disaggregated data to determine whether gender norms such as poor health seeking behaviour by men acts as barrier to them accessing TB services. For migrant women, gender barriers included access barriers for those in domestic work and sex work, SGBV, the cost of care for undocumented female migrant workers, corrupt brokers exploiting women seeking work permits and migrant health insurance, and limited HIV and TB knowledge. JIMM noted that more effort is needed to document gender barriers for migrant women, with a particular focus on female sex workers, domestic workers, and trafficked and non-documented women. A recent Migrant TB and HIV Program Analysis and Recommendations Report for PR-RTF recommended that gender-specific methods must be developed as quickly as possible in order to increase case finding and case holding among migrant men.

Gender issue barriers to access TB and HIV/AIDS services in Thailand

Tuberculosis (TB) is a major cause of illness worldwide and is still a major public health problem in Thailand. In 2024, the World Health Organization (WHO) reported that Thailand is one of the countries with a high burden of TB and TB-HIV¹. Gender is relevant to all aspects of the TB

response. While two thirds of TB cases globally are in men, women generally face additional barriers to care access and greater stigma and psychosocial consequences of TB disease². Furthermore, several studies/ or reports in Thailand found that Migrant workers fear being fired if employers find out they have TB or HIV³, 12% of TB patients reported having been discriminated against by health workers⁴ and, there is stigma and discrimination barriers to accessing TB and HIV services, affecting the population groups involved³. At the same time, the most recent data from the 2022 HIV Stigma Index 2.0 survey in Thailand that indicated that ever having experienced discrimination in a health facility in the past 12 months was reported by 15% of MSM, 23% of sex workers, and 25% of transgender persons and 19% of PWID/PWUD. Common types of discrimination reported by PLHIV were advice to avoid having sex because of one's HIV status: 5%; HCWs avoiding touching patients or taking additional precautions: 4%; harsh words or verbal abuse: 4%; breaches of confidentiality: 2%; and refusal to provide health services because of HIV status: 2%. Additionally, the incidence of discrimination in health services against PLHIV who are also in a KP group was mostly at higher levels⁵. Several studies/or reports have shown gender is one important barriers to access TB and HIV/AIDS services in Thailand. However, gender-based responses to TB services have certain limitations.

2.3 Background of Communities Rights and Gender National Costed Action Plan

Under the GC7 grant, a TB Communities Rights and Gender National Action plan is planned, addressing TB-related S&D while also taking a broader HRG focus which encompasses all nine of the GF's HRG program areas for TB. The plan will take a multi-settings approach including workplaces, education and the community, rather than just being focused on the health sector. The plan is a foundational activity and will provide a basis for scale up of TB HRG programming.

As is articulated in the STP Global Plan to End TB 2023-2030 (the Global Plan), CRG is essential in order to identify, mitigate and overcome barriers in the TB response, to find and treat all people – to overcome barriers and find the missing people with TB. The Global Plan recommends countries to undertake a TB CRG Assessment, develop a TB CRG Costed Action Plan (TB CRG CAP), to integrate this plan into the National Strategic Plan (NSP) and then to full fund and implement that plan. The Stop TB Partnership has developed practical guidance material on developing a TB CRG Costed Action Plan, which will be utilized in the development of the Thailand TB CRG NCAP.

To inform the development of the TB CRG NCAP a National Gender Assessment on HIV and TB is being undertaken in Q1-Q2 2024 to conduct an intersectional analysis of all 7 key and vulnerable populations¹ across the TB cascade. The national joint HIV/TB gender assessment

¹ World Health Organization. Global Tuberculosis Report 2023. Geneva: World Health Organization; 2024.

² UNOPS. Gender and TB Investment Package Community, Rights and Gender. Stop TB Partnership; 2020.

³ World Vision Foundation of Thailand. STAR4 Quarterly reports in Q1-2. 2024.

⁴ Health Science Research Institute and Faculty of Medicine, Chiang Mai University. Results of a survey of the situation of stigma and discrimination due to tuberculosis in the health service unit and in the community. 2022.

⁵ Sub-Committee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation. Rapid Assessment of Human Rights- and Gender-Related Barriers to HIV and TB Services in Thailand; 2023.

will follow recommendations from the Stop TB Costed CRG Plan Guidance material including the STP Gender Assessment Tool and drawing on good practices and examples from other countries who have conducted TB gender assessments of key and vulnerable populations in the region, for example, Cambodia (2017), India (2018).

Based on the validated assessment findings and recommendations, existing national TB operational plan, and HRG interventions, the consultant(s) will draft a NCAP, which will be reviewed by the core team. The NCAP will then be finalized based on core team feedback, and will be presented to the core-team and other relevant stakeholders, including relevant government ministries/agencies (e.g. MSDHS, MOL, DLPW, MOJ) and donors. The CAP will be disseminated through the validation workshop and will be endorsed by the national TB committee. The national TB committee will be consulted on and engaged in the gender assessment and costed action plan from the outset. In order to not duplicate existing mechanisms, national committees and working groups, such as the National Committee on the Integration of TB and HIV, National Committee and Working Group to Strengthen TB Prevention and Control among Migrant Populations, will be leveraged to disseminate and sensitize relevant stakeholders on the assessment findings and action plans.

3. Objective of the TOR

TOR aims to hire a Professional Consultant to conduct a "TB CRG Costed Action Plan" in Thailand. The objectives of the TB CRG National Costed Action Plan include:

- a) To explore human rights, gender, and TB-related barriers faced by Key and Vulnerable Populations (KVP) in accessing TB services, based on previous studies or any available data and information on these issues.
- b) To provide strategic and technical guidance to the TB CRG NCAP action planning process.
- c) To identify CRG interventions included in the TB CRG NCAP.
- d) To develop indicators to evaluate the implementation of the national TB CRG NCAP.
- e) To estimate the costs of each intervention and/or objective for each year of the TB CRG NCAP.
- f) To ensure that CRG interventions featured in the TB CRG NCAP are also integrated and budgeted within the National TB Operational Plan, with the aim of reducing barriers to accessing TB services for key populations, including reducing stigma and discrimination, removing legal and social obstacles, addressing gender inequality, and protecting human rights.
- g) To ensure that the monitoring of TB CRG NCAP interventions is incorporated into the national M&E plan.

⁶This follows the National TB Operational Plan and includes close contacts, prisoners and people in closed settings, medical and public health workers, immunocompromised people (e.g. PLHIV or taking immunosuppressive medication), diabetic patients, the elderly and migrant workers.

4. Expectation

The TB CRG National Costed Action Plan will include:

a) **Comprehensive Budgeting:** A comprehensive and well-defined financial plan that details the expenses involved in implementing CRG initiatives. This includes funding for capacity building, advocacy efforts, community mobilization, efforts to reduce stigma and discrimination, eliminating legal and social barriers, addressing gender inequality, and supporting the protection of human rights.

b) **Targeted Interventions:** Identification of specific CRG barriers in TB service, such as stigma, discrimination, legal challenges, and gender-related issues. The plan should outline actions designed to overcome these obstacles.

c) **Community Engagement:** Active involvement of affected communities and stakeholders in the planning and implementation process, ensuring their voices are heard and their needs are addressed.

d) **Sustainability:** Strategies to ensure the long-term sustainability of CRG efforts in TB control, including securing ongoing funding and integrating CRG principles into national TB programs/or National Action Plan to End Tuberculosis.

e) **Advocacy and Policy Reform:** the consultant should provide advocacy recommendations for long-term TB CRG and its costed action plan.

F) **Design monitoring and evaluation strategy** outlining how the targeted interventions will be tracked to measure progress against set targets.

5. Scope of work

The consultant will be responsible for supporting PR World Vision Foundation of Thailand for TB Communities Rights and Gender National Costed Action Plan and its related activities, in accordance with the following activities:

5.1 TB CRG National Costed Action Plan

a) Consult with three PRs and key SRs to agree on workplan, timeframe, methodology and site selection, as well as specify existing studies or researches.

b) The consultant team will submit all relevant documents to PR- World Vision Foundation of Thailand with proposal with final workplan, methodology, and budget within the first week of the assignment.

c) Since the TB CRG CAP needs to be linked with the national TB CAP, the TB national program, DTB, and PR DDC should collaborate at almost every step of the action plan and budgeting process.

5.2 Establish TB CRG National Costed Action Plan Core Team

The PR World Vision Foundation of Thailand (PR WVFT) will utilize the same TB CRG core team, known as the TB Task Force Team (TBTFT), as outlined in the Terms of Reference (TOR) for TB O-9, previously conducted by PR WVFT for the TB stigma and discrimination (S&D) assessment.

The core team for the TB CRG National Costed Action Plan will engage key multi-sectoral stakeholders, including experts in health economics, finance, and budgeting; representatives from PR WVFT, PR Raks Thai, PR DDC, the Division of Tuberculosis/National TB Programme (DTB/NTP), and the Division of AIDS and STIs/National AIDS Programme (DAS/NAP); as well as representatives of affected communities, such as people with TB (PWTB), TB survivors, and people living with HIV (PLHIV). Development partners and technical experts including UNAIDS, WHO, and UNODC selected sub-recipients (SRs) from government sectors, human rights defenders, civil society organizations, CRG experts, and healthcare practitioners (e.g., hospital administrators, nurses, and doctors) will also be involved.

The TB CRG Costed Action Plan core team will be established to oversee the entire process, including the development of tools and protocols, validation of findings, creation of the costed action plan, and its integration into national TB operational plans.

5.3 Desk/literature review

Desk/literature review on TB CRG Costed Action Plan include:

a) Alignment with National Policies

- Ensure that the current TB costed action plan explicitly mentions CRG and aligns with Thailand's National TB Strategic Plan and Health Policy Framework.
- National TB Operational Plan Phase 2
- National Multisectoral and Costed Action Plan to Eliminate All Forms of HIV-related Stigma and Discrimination: 2022-2026
- Verify the National TB CAP and identify ways to incorporate the related CRG CAP while maintaining consistency in objectives and priorities.

b) Inclusion of Key and Vulnerable Populations (KVP)

- Review the action plan to confirm it adequately addresses human rights, gender, and TB-related barriers faced by KVP in accessing services.
- Incorporate specific strategies to effectively reach hard-to-reach and marginalized populations.

c) Comprehensive Costing

- Evaluate the costing methodology to ensure it covers all necessary interventions, including diagnostics, treatment, community engagement, and advocacy efforts.
- Validate that costs for capacity building, monitoring, evaluation, and sustainability measures are thoroughly included.

d) Stakeholder Collaboration

- Recommend consistent engagement with the TB national program, SR DTP, PR DDC, and other relevant stakeholders during the development and review of the plan.
- Promote collaboration with experts in health economics, finance, and budgeting to ensure financial and operational feasibility.

e) Resource Mobilization

- Assess whether the plan identifies potential funding sources, both domestic and international, to support its implementation.
- Ensure that the action plan incorporates the related CRG CAP and includes strategies for long-term resource mobilization and financial sustainability.

5.4 Data collection

Data collection will include:

a) Data collection on systematic reviews and/or secondary data from the National TB gender assessment, National TB Operational Plan Phase 2, NTP, and NAP; the recent rapid assessment on HRG conducted as part of the new funding request for GC7; and the recent data collection and development of TB S&D tools and surveys, among others.

b) Qualitative data collection on focus group discussions with Key Informant Interviews such as policymakers, administrators, implementers in the field of public health, as well as relevant stakeholders. Additionally, qualitative data analysis will be done using thematic analysis, focusing on key barriers and enablers for addressing CRG in TB.

5.5 Data analysis and report writing

c) Validate, analyze and summarize on systematic reviews and/or secondary data from the National TB gender assessment, National TB Operational Plan Phase 2, NTP, NAP, the recent rapid assessment on HRG conducted as part of the new funding request for GC7; recent data collection and development of TB S&D tools and surveys, and other relevant recent studies.

d) Writing the TB CRG CAP report, including specific recommendations on strategic and technical guidance, interventions, costing, indicators and monitoring of TB CRG CAP interventions necessary to reduce barriers to accessing TB services in the GF grant and NTB programs.

5.6 Ethical Considerations

The consultant will need to adhere to the following:

Informed Consent – All participants in interviews and focus group discussions (FGDs) will be fully informed about the purpose of the study, their rights, and the voluntary nature of their participation. Written and verbal consent will be obtained prior to participation.

Confidentiality – The privacy of individuals and organizations providing input will be protected by ensuring anonymity in all reporting and documentation. Personal data will be handled in compliance with applicable data protection laws.

Sensitivity to Key Vulnerable Populations – The research will be conducted in a manner that is sensitive to the needs and rights of vulnerable populations.

5.7 Final presentation and report

a) An inception report containing a detailed workplan for the consultancy duration as well as outlining the methodology for the assignment.

b) A draft report of the NCAP for the validation workshop including proposed activities , timelines, budgets and monitoring and evaluation strategy.

c) A final NCAP incorporating feedback from stakeholder validation workshops.

6. Duration

The period expected for this TOR is maximum 180 work days during June-December 2025

7. Duty station

Location and official travel involved:

At least one of the consultant (s) will need to be based in Thailand, to facilitate orientation and facilitation meetings in-person with the ‘core-team’.

The consultant has the flexibility to choose their work location, with meetings to be held in Bangkok and/or at the World Vision Foundation of Thailand, as agreed upon in the plan. Additionally, the consultant will be required to travel to World Vision Foundation of Thailand offices, as well as other PRs, SRs, SSRs, and relevant stakeholders’ locations. In collaboration with the World Vision Foundation of Thailand, the consultant must engage through various forms of communication, including emails, phone calls, face-to-face meetings, site visits, and other necessary methods.

8. Deliverables

The Consultant(s) will be expected to have experience in developing TB CRG National Costed Action Plans, or will be required to closely familiarize themselves with the Stop TB Partnership Costed Action Plan Investment Package Guidance and deliverables expected for this TOR are as follow:

| Activity | Timeline | Duration | Deliverables |
|--|----------|----------|--|
| Meeting with World Vision Foundation of Thailand team to agree on the work plan and budget. | Week 1 | 2 day | 1. Outlining the methodology, desk review, data collection, work plan, and budget within the first week of the assignment. |
| Preparation - Desk/literature review on CRG for the national TB response – this will include reviewing findings and recommendations from the National TB gender assessment, TB O-9 S&D in Community Settings, National TB Operational Plan; the recent rapid assessment on HRG conducted as part of the new funding request for GC7; recent data collection and development of TB S&D tools and surveys, among others. | Week 2-3 | 14 days | 2. Existing document lists |
| Draft the CRG-NCAP - Develop draft 1 of the NCAP based on the TB CRG Action Plan development guidance from Stop TB Partnership. - Develop performance indicators to evaluate the implementation of the national TB CRG-CAP. | Week 4-5 | 14 days | 3. Draft TB CRG CAP report. |
| Conceptualization /briefing workshop - Present the draft plan to the TB Task Force Team - TB Task Force Team review and provide feedback on the draft. - Consultant incorporates feedback into the draft. | Week 6 | 7 days | 4. Revision TB CRG CAP report. |
| Budgeting approach and costing - Commence costing process for activities and interventions. - Develop a standardized unit cost template to inform the costing and budgeting. | Week 7-9 | 21 days | 5. Standardized unit costing and budgeting report. |

| Activity | Timeline | Duration | Deliverables |
|--|------------|----------|--|
| Validation and dissemination - Host validation workshop with the TB Task Force Team. - Finalize NCAP based on feedback through the validation workshop. | Week 10-11 | 14 days | 6. Revision TB CRG CAP report based on feedback from the core group. |
| Final presentation and report - Finalize the report and submit to World Vision Foundation of Thailand. | Week 12 | 7 days | 7. 1. Inception report during implementation based on the agreement with PR-WVFT 7. 2 Tools for costing and action plan development. 7.3 Presentation workshop to stakeholders, along with draft report. 7.4 Completion package of final report, including findings, TB CRG costed action plan integrating into TB national strategic plan, and recommendations for long-term development strategies and policy advocacy. |

Note:

1. The consultant shall prepare a report on the findings, including recommendations from the TB Task Force Team and relevant stakeholders.
2. The consultant shall prepare a report for the TB Task Force Team in both Thai and English, and organize at least six meetings with the TB Task Force Team and relevant stakeholders.

9. Payment and Consultant Fees

Consultant fees

Total amount proposed for this TOR is maximum THB XXXX. Funding from STAR2024-26 BL.XXX

Payment instalments will be paid to the consultant every month based on timesheets, deliverables and invoices. Payment will be made within 15 days of satisfactory deliverables.

The payment period will be:

| Time of Payment | Payment amount | Conditions and Deliverable products |
|--|---|--|
| 1st payment (40% of the total budget) | Payment amount will be based on deliverables submitted by the consultant and approved by World Vision Foundation of Thailand. | - Contract signed by World Vision Foundation of Thailand and the Consultant and all required document completed. - Submission of the deliverable 8 (1) with outlining the methodology, desk review, data collection, work plan, and budget. - 1 st payment invoice. |
| 2nd payment (40% of the total budget) | Payment amount will be based on deliverables submitted by the consultant and reviewed by World Vision Foundation of Thailand. | Submission of the deliverable 8 (2-5), and all documents related to implementation plan. - 2 nd payment invoice. |
| 3st payment (20% of the total budget) | Payment amount will be based on deliverables submitted by the consultant and reviewed by World Vision Foundation of Thailand. | Submission of the deliverable 8 (6-7), final report, and all documents related to implementation plan. - 3 rd payment invoice. |

10. Rights and Properties

The World Vision Foundation of Thailand retains ownership of all documents, materials, and products created under this TOR. Any distribution of these documents, materials, or products, which are the property of the World Vision Foundation of Thailand, requires written consent from an authorized representative of the World Vision Foundation of Thailand.

11. Qualifications and Required Documents

Key competencies, technical background, and experience of the consultant(s):

- a) Proven knowledge and experience in communities rights and gender for TB.
- b) Proven knowledge and experience in budgeting and costing national programs, preferable experience of developing NCAP for HIV/TB.
- c) Proven knowledge and experience in research and analysis, including the ability to analyze and synthesize both quantitative and qualitative data.
- d) Knowledge and experience in TB related monitoring with key and vulnerable populations.

e) Proven experience in writing and editing reports, with a strong track record of producing similar publications for dissemination.

f) Substantial knowledge of global health policy, health funding, gender budgeting and universal health coverage.

g) A good understanding of the primary audience of the NCAP and preferred experience of working with the NTP/DTB in Thailand.

h) Excellent writing, research, and analytical skills.

Education: A minimum of a Master's degree in a relevant field such as: Public Health, Health Economics, Social Sciences (e.g., Sociology, Anthropology), Development Studies, and Public Policy. A doctoral degree in one of the above fields is desirable but not mandatory, especially if complemented by significant work experience.

Technical Expertise:

- Strong understanding of TB programs, particularly in relation to Key and Vulnerable Populations (KVP).
- Expertise in health economics, including cost-effectiveness analysis and budgeting for health interventions.
- Knowledge of human rights, gender issues, and community, right.

Experience: A strong understanding of the TB/HIV programming and policy landscape in Thailand, along with a minimum of ten years of programmatic and research experience in this field, is essential.

Required documents:

a) Organization and/or personal profile, including the consultant's name, official address, and legal registration documents (if any).

b) Curriculum Vitae (CV) of the consultant and its key staff (if any).

c) A document describing samples of previous work and/or experiences that align with the deliverables and scope outlined in the scope of work.

d) A proposal, which includes outlining the methodology, detailed work-plan and budget, as well as other supporting documents (if any) for the consultancy service after the selection.

How to apply:

Proposal Submission Guideline/Required Documents

- a) Filled out Consultancy Proposal Form (inclusive of technical and financial proposal)
- b) CV(s) of the proposed consultant(s)
- c) For organizations: Copies of registration certificate

12. Key Contact Person

All required documents must be email to World Vision Foundation of Thailand contact persons as follow:

Primary Contact (Overall Assignment)

Name: Ms. Patcharee Srisumran
Title: Program Director
Email: patcharee_srisumran@wvi.org
Phone: +66870516141

Secondary Contact

Name: Dr. Sarut Moonsarn
Title: HRG & CSS Program Manager
Email: sarut_moonsarn@wvi.org
Phone: +66922690674

And

Name: Ms. Sumonmarn Singha
Title: M&E and Advocacy Specialist
Email: sumonmarn_singha@wvi.org
Phone: +66808951849

Place for document submission

Submission of all documents is by e-mail or currier to:

Name: Dr. Sarut Moonsarn
Title: HRG & CSS Program Manager
Email: sarut_moonsarn@wvi.org
Phone: +66922690674

13. APPENDIX

Appendix 1: Proposal of the Stop TB and AIDS through RRTTPR 2024-26 Program

Appendix 2: Technical Brief Gender Equality 25 January 2023, which is available in the Global Fund website

Appendix 3: TB CRG Costed Action Plan Investment Package: A practical guidance in the Stop TB Partnership website

Appendix 4: National Costed Action Plan to Eliminate all Forms of HIV,2021

Appendix 5: Thailand Operational Plan To End Tuberculosis, Phase 2 (2023 - 2027)