No Vaccines Without Us:
A Global Landscape Analysis of Civil Society Engagement in TB Vaccine Preparedness

No Vaccines Without Us

Tuberculosis (TB) vaccines for adults and adolescents, a key missing piece in the United Nations' 2030 End TB agenda, are on track to emerge from the research and development (R&D) pipeline in a matter of years. Preparedness work required for a new vaccine to "deliver on its potential (reaching those who need it, when they need it)"[11] demands urgent attention and acceleration. Civil society and community-based organizations are raring to engage in preparations for new TB vaccines but need the opportunities and adequate resources to optimally play their part.

New TB vaccines are "critical to achieve annual global and national reductions in TB incidence and mortality that are much faster than those achieved historically."[12] The End TB targets endorsed by governments at two United Nations General Assembly high-level meetings on tuberculosis in 2018 and 2023 will not be met without new TB vaccines. Despite demonstrable scientific progress, the transformative potential of new TB vaccines to accelerate TB elimination is now at risk from three intersecting crises.

First, drastic foreign aid funding cuts implemented by the United States and other Western countries are disrupting health systems, jeopardizing access to services for people with and at risk for TB.[13,14,15] Funding cuts are undermining decades of progress, including the essential work of many community-based organizations (CBOs) and nongovernmental organizations (NGOs), particularly in high-TB-burden countries.[16,17] The WHO considers this an existential threat to the global TB response — saying that abrupt funding cuts will "cripple TB prevention and treatment," "endanger millions of lives," and have "devastating and often fatal consequences for millions worldwide," potentially undoing progress that has saved more than 79 million lives in the past two decades.[18,19]

Second, civic space is shrinking in tandem with funding evaporating. Civil society groups that have been essential to TB service delivery are facing financial constriction from donor cuts and operational restrictions from policy encroachments on civic space — both negatively impacting the health of people worldwide.[20, 21] The United Nations Office of the High Commissioner for Human Rights has warned that civic space is under pressure and declining in every region.[22] To achieve the Sustainable Development Goals, including an end to the TB epidemic, governments must establish positive engagement frameworks with civil society actors that foster dialogue and debate, inform policy making, and shape health practices, behaviors, and social norms.

Third, public trust in vaccines, and in the very integrity of vaccine science, is under profound threat. In the United States — historically the largest funder of TB vaccine research and a major contributor to global immunization programs — attacks on vaccine science and political interference in vaccine policy making risk turbocharging antivaccine movements with ramifications that would be felt around the world.[23]

Investing in and centering community and civil society engagement is an effective public health strategy that continues to bear fruit. It is crucial for protecting vulnerable populations, ensuring equitable access to resources, and fostering community resilience to overcome multiple and compounding crises.[24] This section presents a first-of-its-kind landscape analysis of TB community and civil society groups working across global, regional, and national/local levels in relation to their readiness to engage in new TB vaccine policy making, demand creation, and implementation. It offers key recommendations for how funders can support civil society and mobilize its unique strengths, skills, and connections to ensure the success of new TB vaccines. It concludes with examples of funding structures from the TB, immunization, and human rights fields that could be adapted to respond to identified resource needs for TB vaccines.

Survey Methodology

This landscape analysis addresses a critical gap in understanding of community capacity, interests, and needs by systematically mapping TB community and civil society organizations and their readiness to engage in vaccine preparedness activities. Collectively, we refer to community and civil society organizations as CSOs, though more specific terms —CBOs, NGOs — appear when referring to specific types of survey respondents. The study identifies specific intervention points where CSOs can contribute to vaccine literacy, policy development, demand creation, implementation, planning, and equity promotion. The analysis spans the following geographical levels:

- **Global organizations** that influence international TB policy and resource allocation;
- **Regional platforms and networks** that coordinate across multiple countries and facilitate knowledge exchange;
- **National and local groups** that directly serve affected communities and interface with country-level health systems.

To create the landscape analysis, TAG employed a mixed-methods approach, combining an online survey questionnaire (see online Appendix) with semistructured key informant interviews to capture both the breadth and depth of CSO engagement in TB vaccine preparedness.

Community Consultation

In November 2024, TAG convened a project kickoff meeting and consultation in Bali, Indonesia, where this landscaping project plan was introduced to key community partners: members of the Global TB Community Advisory Board (Global TB CAB) and three regional community advisory boards (rCABs) representing Africa (AFROCAB), Asia-Pacific (APCASO), and Eastern Europe/Central Asia (ECAT). The Global TB CAB acted as an external advisory board by providing high-level input on activities and outputs. rCAB partners worked closely with TAG to produce the country policy portraits and access roadmap sections that appear later in this report. Participants were invited to further input into the survey design, and comments were incorporated along with post-meeting feedback solicited by TAG over subsequent e-mails and on virtual meetings. Community partners also helped TAG identify survey translators and electronically distribute the survey questionnaire.

Online Survey Implementation

We developed an English-language online survey instrument; translated it into French, Russian, and Spanish; and had it reviewed and beta tested by Global TB CAB members. The online survey was open for participation in March and April 2025; an extension through May 2025 was provided and led to an additional 72 completed surveys. CSOs working at the national level, operating regionally across multiple countries, and working at the global level were encouraged to complete the survey by submitting one response per organization. Unaffiliated activists could respond as an "individual." TAG distributed the survey electronically through targeted, purposive outreach to established TB civil society networks, including:

- TB civil society listserv (tb-civil-society@googlegroups.com)
- Stop TB Partnership's Challenge Facility for Civil Society Fund and TB REACH implementing partners
- The Global Fund's Community, Rights and Gender platform
- Gavi's CSO constituency
- Global TB CAB and rCAB partners' networks

Recruitment also leveraged TAG's extensive partner network, supplemented by snowball sampling through regional platforms and direct outreach to organizations serving marginalized communities, including young people, people living with HIV (PLHIV), Indigenous/tribal people, and people who use drugs.

The survey contained both closed and open-ended questions addressing the following domains:

- Organizational characteristics and target populations
- Current TB-related activities and intervention areas, including policy/advocacy
- Awareness and interest in TB vaccine policy and preparedness
- Perceptions of challenges and opportunities to engage in TB vaccines
- Resource and capacity needs
- Existing partnerships and collaboration patterns

TAG received 125 survey responses representing diverse geographic regions, organizational types, and target populations. Thirty responses were from individual advocates. Of 125 completed surveys, 93 responses were in English, 17 in Russian, eight in Spanish, and seven in French. All responses were translated individually by Yandex Translate and compiled and reviewed by TAG staff. Multiple-choice questions were standardized with text from the English-language survey to facilitate analysis.

Key Informant Interviews

TAG conducted nine key informant interviews with community representatives from high-TB-burden settings, CSO leaders with experience in vaccine introduction, vaccine policy advocates and program managers, and representatives from both global and national immunization technical advisory groups. Four respondents were selected from among survey respondents, and five external respondents were contacted for an interview based on their unique expertise. Interview topics included the current space for CSO engagement in vaccine preparedness, barriers and facilitators to meaningful community participation, insights and lessons learned from other TB prevention and vaccine introduction experiences, and recommendations for strengthening CSO involvement. Each interview lasted between 30 and 60 minutes, was audio-recorded, and was automatically transcribed using Otter.ai service. The interviewer cleaned and reviewed interview transcripts for themes.

Data Analysis

Survey data were analyzed in Excel using descriptive statistics to characterize the landscape of organizations, their capacities, and their needs. For a deeper dive into survey data, TAG conducted exploratory analyses to identify relationships, patterns, and trends in TB vaccine readiness and policy familiarity in CSO networks across local, national, regional, and global communities. To assess respondents' readiness to engage TB vaccine work, we developed several composite scores by combining responses to multiple survey items, weighted to capture important aspects of readiness capacities and needs. Qualitative data from open-ended survey questions and interviews were analyzed thematically to identify patterns, including challenges, opportunities, and recommendations.

Limitations

This analysis faced several inherent limitations:

- **Geographic scope:** Despite efforts to ensure global representation, including through extending the deadline and conducting direct outreach to underrepresented regions, some regions and contexts are underrepresented (North and South America, Middle East and North Africa).
- **Language barriers:** The survey was available in English, French, Russian, and Spanish, and interviews were conducted in English, thereby limiting responses to people proficient in these languages.
- **Selection bias:** Our sampling strategy was directed toward organizations already engaged in TB work or connected to existing networks. The survey was electronic and accessible only to people with internet access.
- **Temporal constraints:** The rapidly evolving vaccine development

landscape, combined with unprecedented disruptions to foreign aid and changing civil society dynamics, means findings represent a snapshot in time and the perspective of organizations with capacity to respond during this tumultuous period.

Survey Results

CSO Characteristics

A total of 125 respondents from 42 countries completed the survey. Based on WHO region classifications, most respondents were in the African (41%), Southeast Asian (27%), and European (11%) regions (Figure 1). Eighty percent of responding organizations reported working in TB for more than five years. Half of respondents (47%) identified as national NGOs and around one-third as CBOs (29%). Regional networks and international NGOs (INGOs) each made up 6% of the sample (Figure 2). Ninety-four percent of respondent organizations were legally registered. The median staff size was 11 and ranged from 2 to 432.

Respondents reported working with a wide range of key and vulnerable populations, the most-mentioned groups being "TB survivors/people living with TB/people at risk of TB" (92% of respondents), "people living with HIV" (77%), and "women and girls" (58%).

When asked to indicate their primary area of focus (respondents could select three), the most frequently selected were "community-led monitoring" (55, 44% of respondents), "direct support for people with TB" (50, 40%), which could include things like peer support and adherence counseling, and "community TB service provision" (46, 37%), encompassing activities like contact tracing, access to diagnosis, and treatment provision. Only 36 groups (29%) selected "policy advocacy (any level)" directed toward entities like national TB programs, ministries of health, or the WHO. Even fewer groups (31, 25%) chose "demand creation for TB services and tools."

Figure 1

Region of Operation

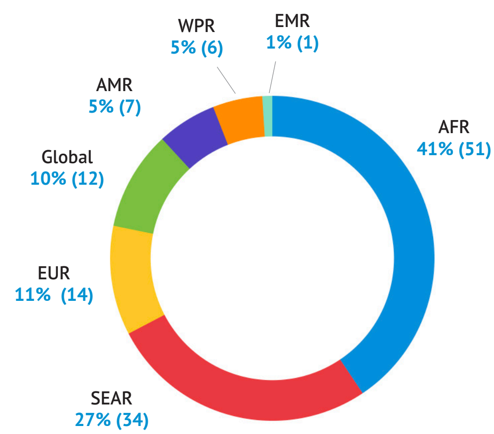


Figure 2

Organizations by Type

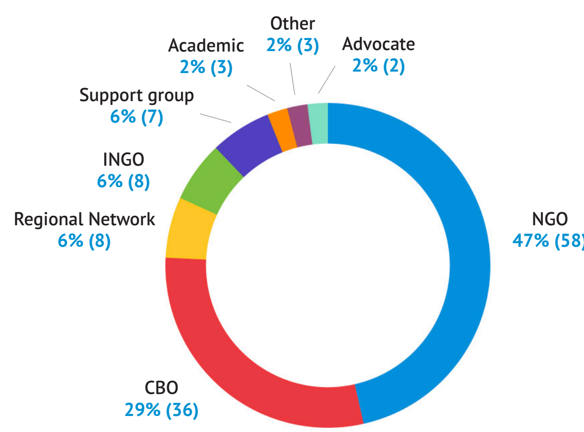


Figure 3

CBO Areas of Work

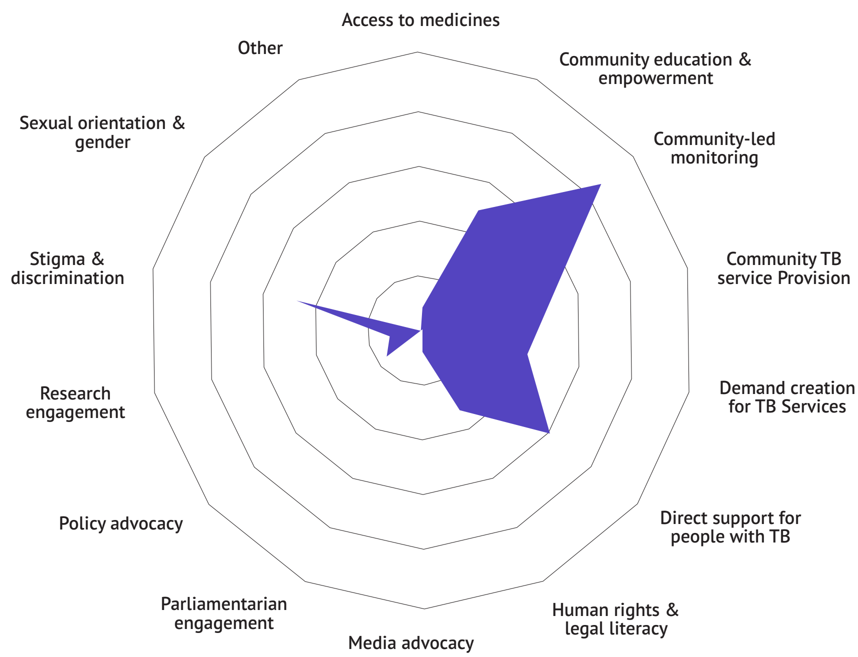
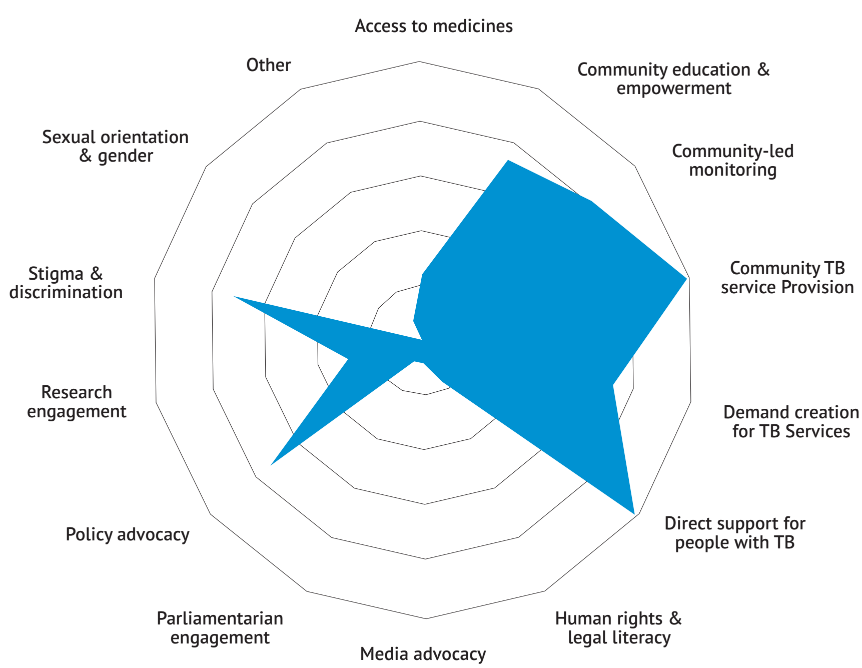


Figure 4

National NGO Areas of Work



For CBOs, the top two focus areas were "community-led monitoring" (21, 58%) and "direct support for people with TB" (15, 42%). The most frequently cited focus areas among national NGOs were "community TB service provision" (25, 43%) and "direct support for people with TB" (25, 43%). Seventy-five percent of INGOs and 63% percent of regional organizations included policy making among their top three focus areas, compared with 31% and 11% of NGOs and CBOs, respectively. Figures 3 and 4 illustrate how the thrust of NGO and CBO activity is weighted toward community-level activities with less emphasis on policy advocacy, parliamentarian cultivation, research engagement, and media work.

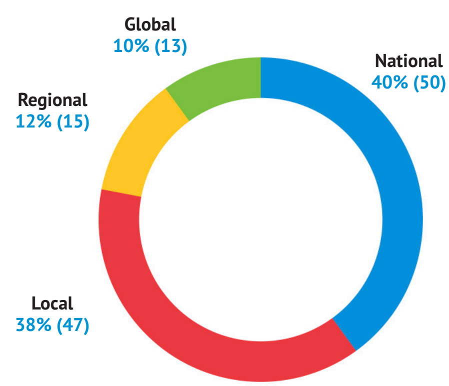
Notably, community-led monitoring (CLM) and direct support for people with TB were priorities across all organization types, including at the global and regional levels. Fifty-five respondents (44%) selected CLM as a focus area, highlighting this as a critical function that CSOs can provide in vaccine introduction. CLM, according to UNAIDS, "is a cyclical process in which people affected by health inequities . . . systematically monitor services, analyze the data they collect, and conduct evidence-driven advocacy to improve service delivery, generate solutions and create an enabling environment for their well-being."[25]

Although only 36 (29%) respondents included policy advocacy among their top three priorities, when asked to identify the types of policy-making or advisory bodies they interact with, nearly all respondents indicated some level of policy engagement. The following policy or advisory bodies were mentioned most often: "Ministry of Health" (81, 65%), "local health departments" (78, 62%), "Stop TB Partnership – national, regional, or global platforms" (76, 61%), and Global Fund Country Coordinating Mechanisms (59, 47%).

When asked to indicate their primary level of work, respondents split evenly between "national" (40%) and "local (referring to community, district, or provincial)" (38%) levels (Figure 5). Twelve percent reported a "regional" focus (i.e., working across countries in the same region) and 10% said their primary level of work was "global."

Figure 5

Primary Level of Work



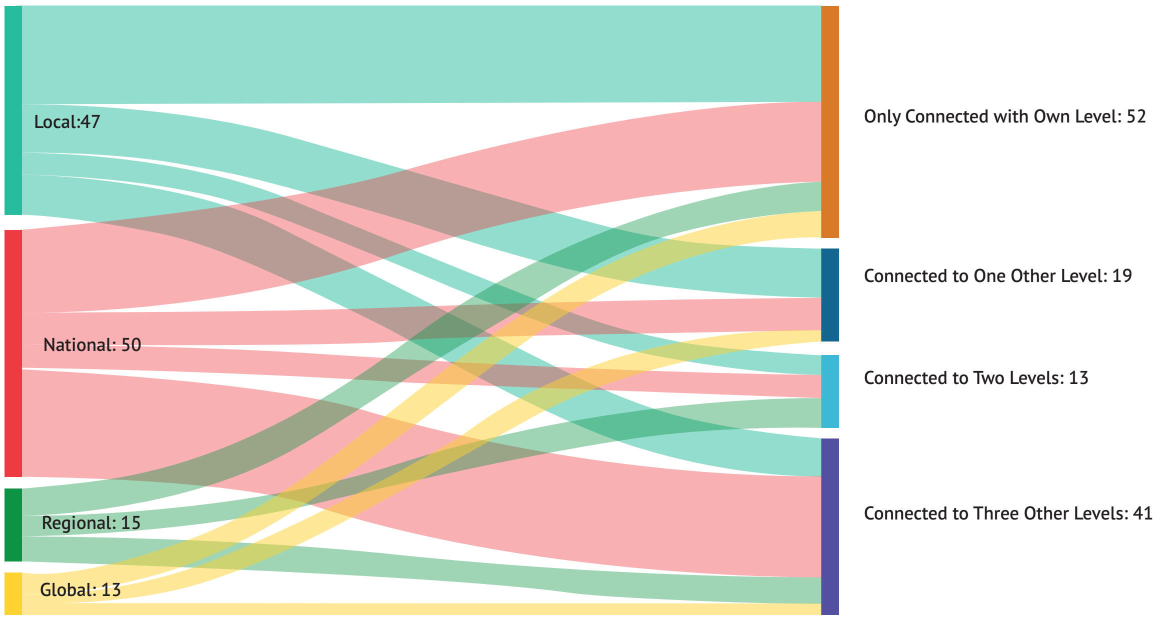
Network Interconnectedness

To assess how respondents were integrated into the larger TB civil society and community ecosystem, we analyzed the degree each organization was networked with organizations working at different levels. Groups were asked to indicate if they worked with organizations at the local, national, regional, and/or global levels.

Findings demonstrated a polarization effect, with near-equal proportions of groups working either only with other organizations at the same level — i.e., local organizations working with local organizations (52, 42% of respondents) — or working across all four

Figure 6

Civil Society Network Connections



levels (41, 33% of respondents). Only 25% of groups surveyed worked with other organizations operating at one (19, 15%) or two (13, 10%) additional levels (Figure 6).

Zooming in, local-based organizations were predominantly (24, 51%) working only with other local groups, with only 19% networked at all four levels. Among global groups, 38% (5) worked only with other globally oriented groups and 46% (6) worked across all levels. Given the important role of civil society at all levels in driving vaccine implementation, demand, and acceptability, there is a clear need for greater networking and collaboration in advance of new TB vaccine rollout. Recommendations drawn from key informant interviews and country policy portraits (presented in other sections of this report) echo this need, stressing the importance of greater integration of groups working at all levels to ensure coordinated advocacy.

National groups demonstrate the potential to serve as network linchpins or bridge organizations connecting groups operating on different levels. The majority (66%) of nationally focused organizations work with groups at one (14%), two (10%) or all (42%) other levels. Resourcing national groups that are well positioned to draw together civil society and community stakeholders across levels may prove an effective means of enhancing collaboration across civil society for enhanced coordination around TB vaccine policy making and advocacy.

TB Prevention Experience

Almost all respondents (110, 88%) had conducted TB prevention-related activities (Figure 7). The top reported TB prevention-related activities were "service provision" (77, 70%), "stigma and discrimination reduction" (69, 63%), "community education, empowerment, and capacitation"

(65, 59%), "demand creation for TB prevention" (64, 58%), and "community-led monitoring" (58, 53%).

Among groups with TB prevention experience, 75% reported having done work related to TB prevention treatment (TPT) and another 14% had not but were interested (Figure 8).

Figure 7

Prior TB Prevention Experience

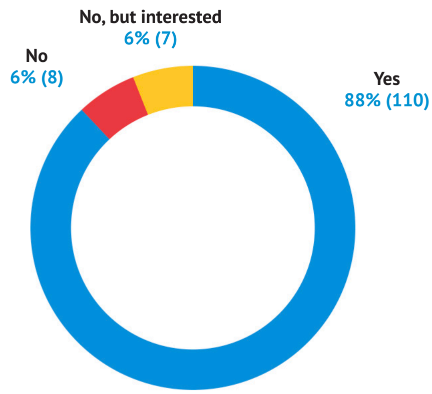
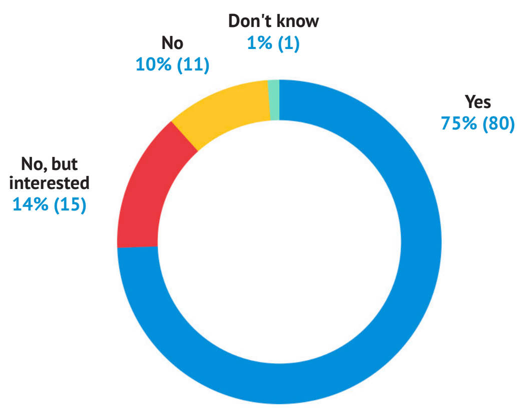


Figure 8

Experience Working on TPT

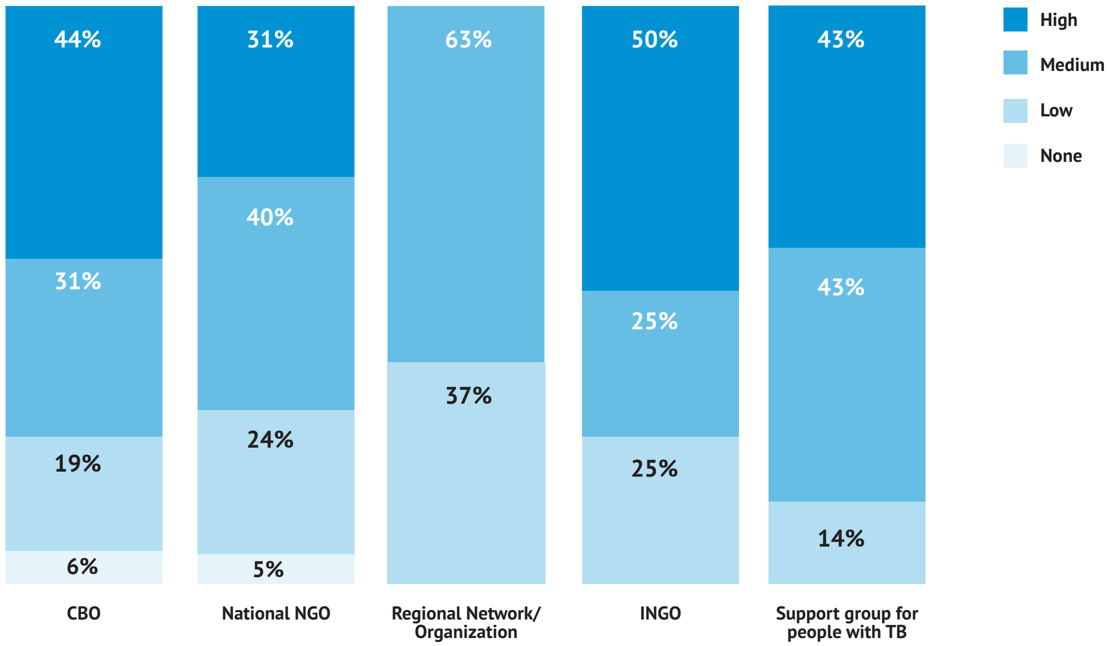


To assess prior CSO experience working on TB prevention, we created a composite score combining responses to three questions: "Does your organization conduct (or has it ever conducted) TB prevention related activities?"; "Has your organization done any work related to TB preventive treatment?"; and "Do you currently engage in activities related to TB vaccine research, readiness, or policy?" Organizations were given a point if they answered "yes" to any of these questions, with possible scores ranging from 0 to 3. We then classed final scores into four categories reflecting different experience levels with prevention work: high, medium, low, and none. Scores are shown in Figure 9.

Across organization types, 50% of INGOs, 44% of CBOs, and 43% of support groups for people with TB had high TB prevention experience scores compared with 31% of national NGOs. Among eight regional networks, 63% scored medium and 37% scored low, with none scoring in the high category. The distribution of scores suggests that there is a solid base of TB prevention experience across organization types, but there is ample room to build on this foundation. TB prevention is a relatively new focal area in global TB elimination efforts, first coming to policy prominence with the advent of the End TB Strategy in 2015 and contemporaneous investments by donors like Unitaid to introduce short-course TPT regimens such as 3HP and 1HP (e.g., the IMPAACT4TB project, which included a funding set-aside for community-based organizations to build demand for 3HP and 1HP and advocate for national policy change).[26] Prior to this, prevention was considered a niche area of work, secondary to TB diagnosis and treatment, with recommendations for TPT limited to PLHIV and child contacts and primarily undertaken in the context of TB/HIV integration.[27]

Figure 9

TB Prevention Experience Scores



Vaccine Experience

Seventy-five organizations (60%) reported no prior engagement in any TB vaccine-related work (Figure 10). Among 42 (34%) organizations indicating some previous engagement on TB vaccines, 20 reported working at the national level and 11 each at the regional and global levels. For those already engaged, the most frequently mentioned areas of work were "advocacy for equitable access" (62%) and "community engagement in TB vaccine research" (51%). Other areas of considerable engagement included "demand creation" and "community engagement for TB vaccine education" (43% for both).

Although existing experience with TB vaccine work is modest, interest in engaging with TB vaccine readiness is high (Figure 11). Eighty-three percent of respondents (104) said they were "very interested" in TB vaccine readiness work and another 14% (17) were "somewhat interested."

Regarding current engagement in any other (non-TB-related) vaccine work, only 32% (40) of respondents reported "yes." Those activities were largely related to "COVID-19" (26, 65%), "Human Papilloma Virus" (18, 45%), "Hepatitis B Virus" (13, 33%), and "malaria" (12, 30%).

Figure 10

Current Engagement on TB Vaccines

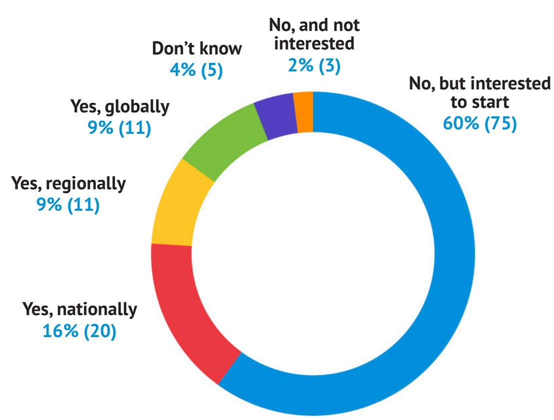
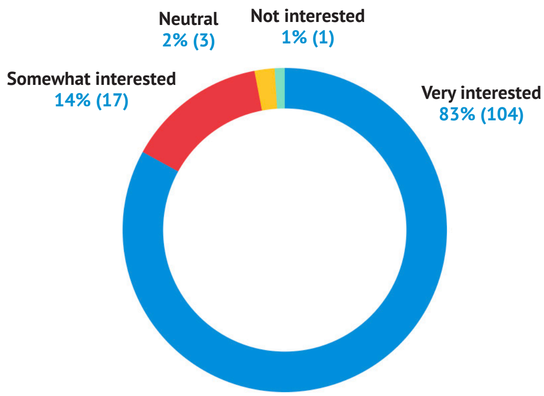


Figure 11

Interest in TB Vaccine Readiness Work



To assess familiarity with vaccine policy making, we created a composite score combining responses to four questions: "Are you familiar with the *WHO Evidence Considerations for Vaccine Policy Development for Tuberculosis Vaccines Intended for Adults and Adolescents (ECVP)?*"; "Are you familiar with the WHO Global Framework for New TB Vaccine Introduction?"; "Rate your understanding of how immunization policy is made in your context"; and "Have you ever engaged with a NITAG, RITAG, or global vaccine advisory body?" For questions assessing familiarity, a score of 0 was assigned to "no familiarity" with a maximum score of 2 for high familiarity. Composite scores could range from 0 to 7; we grouped scores into three categories reflecting different levels of existing knowledge: high (>5), medium (3–5), and low (<3). Scores are shown in Figure 12.

Most respondents had "low" or "medium" vaccine policy familiarity scores (106, 85%). Among CBOs and NGOs, just seven and four, respectively, had "high" familiarity, with about two-thirds of CBOs and almost half of NGOs reporting "low" familiarity. Most regional networks/organizations reported "low" familiarity. The concentration of low and medium scores across organizational types reveals substantial room for learning and highlights technical capacity build-

Figure 12

Vaccine Policy Familiarity Scores

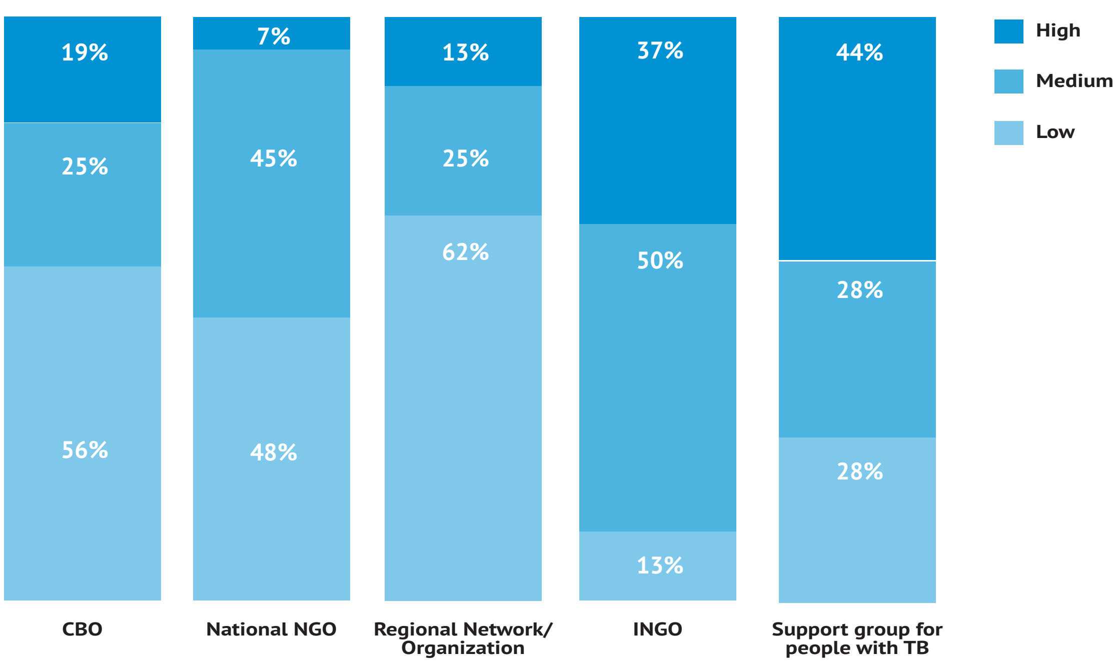
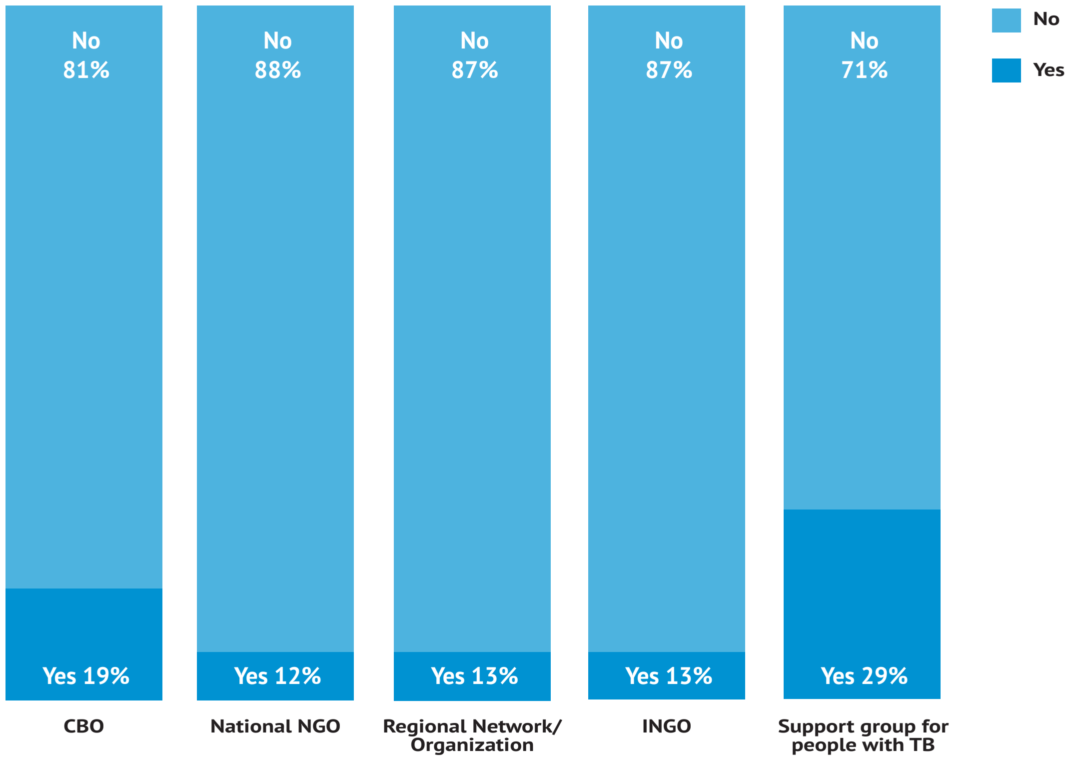


Figure 13

Previous NITAG Engagement



ing on immunization policy making as an important intervention to prepare CSOs to engage in TB vaccine readiness.

One concrete illustration of the relative lack of vaccine policy prowess among TB civil society is the fact that just 17% (21) of survey respondents reported ever having engaged with a national immunization technical advisory group (NITAG), regional immunization technical advisory group (RITAG), or global vaccine advisory body (Figure 13). Whereas all academic/research institutions that completed the survey reported NITAG engagement, only 19% of CBOs and 12% of national NGOs did so. In terms of regional distribution, engagement with NITAGs (or similar vaccine policy-making bodies) was highest in the region of the Americas, where 43% of respondents reported relevant engagement, and lowest in the Southeast Asia region (6% of respondents). Twenty-five percent of global organizations and 20% of organizations in the African region had engaged NITAGs.

The lack of NITAG engagement is perhaps not surprising, given that no new TB vaccines have come before NITAGs for review. This finding dovetails with insights from the key informant interviews and country policy portraits (discussed in section two) that most NITAGs lack formal structures for engaging civil society. It also contrasts with the rich tradition of community engagement in TB policy making in which most national TB programs invite community representatives to participate in guideline groups, technical committees, review panels, and strategic dialogues. This practice has historic roots in the HIV response, reflecting rights-based practice and principles such as "nothing about us without us" and the "greater involvement of people with AIDS." Over time, community engagement in all aspects of TB programming has matured into a well-recognized norm, one based on a model that centers "affected communities" (i.e., those directly impacted by TB) as experts in the TB response.

Involvement of civil society and communities in policy making is also recommended in the WHO End TB Strategy and affirmed in the political declaration of the 2023 United Nations High-Level Meeting on TB.[28] The WHO's *Guidance on Engagement of Communities and Civil Society to End Tuberculosis* states: "Meaningful community and civil society engagement to end TB requires that people affected by TB are equal partners in the TB response, with ministries of health and their NTPs." It goes on to say, "Community engagement for the TB response includes engagement in governance, policy development, decision-making," in addition to implementation and monitoring, and should unfold across all levels.[29]

As new TB vaccines come before NITAGs for review, there will be an expectation among TB CSOs for policy decisions to accommodate and account for community perspectives. This will require adaptation on both sides, but particularly among immunization bodies unaccustomed to inviting civil society into policy-making processes as equal members.

Capacity and Readiness to Engage

Concerning organizational capacity (resources/personnel/expertise) to engage in TB vaccine preparedness, only 20% (24) felt "fully prepared" (Figure 14). Most respondents felt either "somewhat prepared but may need additional support" (51, 44%) or "not currently prepared but interested in building our capacity" (42, 36%).

Respondents highlighted "funding opportunities" (104, 83%) and "technical assistance and training on TB vaccines" (101, 81%) as the top kinds of support needed to strengthen their organization's role in TB vaccine preparedness work. Eighty-two respondents (66%) also selected "networking and partnership opportunities" as an area where additional support would be needed.

In terms of contributing to TB vaccine preparedness, the top three areas in which respondents expressed interest were "capacity building" (57, 46%), "advocacy for equitable access" (48, 38%), and "demand creation" (47, 38%). A high number of respondents also chose "community engagement in TB vaccine research" (46, 37%), and "monitoring and evaluation of TB vaccine rollout" (39, 31%).

Figure 14

Capacity to Engage in TB Vaccine Work

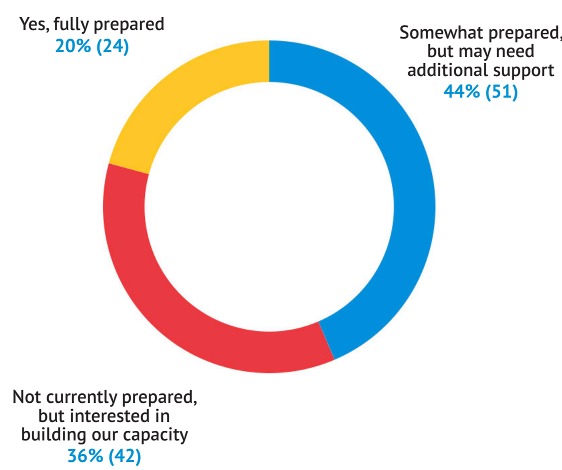
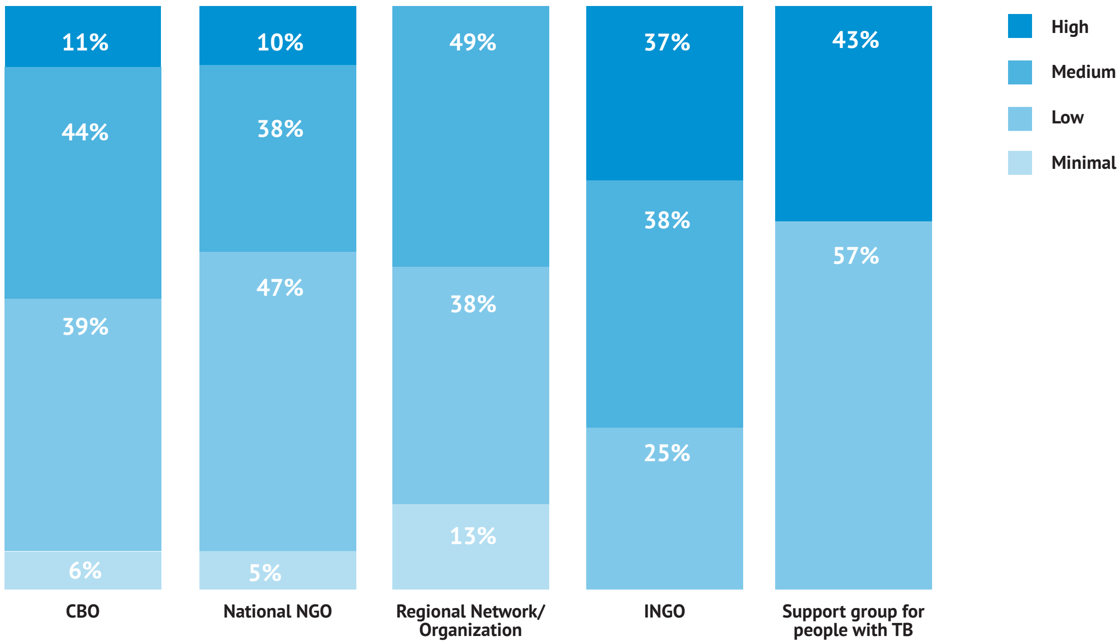


Figure 15

Vaccine Readiness Ranking



To assess organizational readiness to engage in TB vaccine work, we created a composite score combining answers to 12 questions that probed previous experiences (with TB prevention, TPT, and WHO Expanded Program on Immunization [EPI]); familiarity with vaccine policy making; interest in engaging with TB vaccine work; and perceived capacity to engage. For most questions, "yes" answers were assigned a score of 1, with higher weights given to answers indicating prior NITAG engagement and EPI work. The range of possible scores was 0 to 25; we grouped scores into four categories: minimal (<6), low (6–11), medium (12–18), and high (>18). Scores are shown in Figure 15.

Most CBOs ranked low (14, 39%) and medium (16, 44%) in terms of TB vaccine readiness, as did NGOs, where 27 groups (47%) ranked low and 22 (38%) scored medium. In the African region, only 6 of 51 (12%) groups scored high; 22 (39%) had medium scores and 21 (41%) low scores. A similar pattern played out in the Southeast Asian region, where only three (8%) groups scored high compared with 11 (32%) scoring medium and 17 (50%) low. Only in the Americas did most respondents rank high in readiness (although the number of responses from this region was low). We also examined vaccine readiness scores by organizational maturity but did not uncover major differences between organizations with more than five years of experience versus those with two to five years or newer groups with less than two years.

About half (61, 49%) of respondents reported being "somewhat familiar" with the WHO's *Evidence Considerations for Vaccine Policy Development for Tuberculosis Vaccines Intended for Adults and Adolescents* (ECVP). Thirty-three percent were "not familiar" and 18% were "very familiar" with it.

Table 1

Civil Society Contributions to TB Vaccine Preparedness

Rank	Biggest Barriers to TB Vaccine Readiness in Your Context	Areas of TB Vaccine Preparedness Where Community Advocacy Could Make the Largest Difference
1	Limited information about TB vaccine research and the pipeline	Community engagement for TB vaccine education
2	Limited community vaccine literacy	Inclusion of high-risk and marginalized populations in vaccine delivery
3	Insufficient funding for vaccine implementation	Demand creation for vaccine uptake
4	Low political will	Community engagement in TB vaccine research
5	Vaccine hesitancy	Addressing myths and mis-/disinformation about vaccines

Thirteen percent of respondents were very familiar with the WHO's *Global Framework to Prepare for Country Introduction of New TB Vaccines for Adults and Adolescents* (WHO Global Framework) and 47% were "somewhat familiar." Forty percent were "not familiar" with it.

Concerning understanding of how immunization policy is made in respondents' contexts, just 12% (15) of respondents were "very familiar (e.g., have participated in developing immunization policy in your context)," 54% were "somewhat familiar (e.g., have attended lectures, dialogues, or seminars on the topic of immunization policy but have not participated directly)," and 34% were "not familiar."

At the end of the survey, respondents were asked to select the three biggest barriers to TB vaccine readiness in their context and the top three areas of TB vaccine preparedness where community advocacy could make the biggest difference. Table 1 shows the most frequently selected areas.

Open-Ended Survey Responses

Respondents were invited to answer eight open-ended questions on TB vaccine readiness; on current TB prevention and general vaccine experiences and needs; on perceived opportunities; and on the role of donors and vaccine developers in supporting community engagement in this area.

When asked to describe their TB prevention work, respondents largely focused on community engagement and awareness-raising; and organizations consistently highlighted education campaigns, community dialogues, and addressing stigma. Contact tracing and referral systems were also frequently mentioned, with many organizations involved in identifying household contacts of people with TB and linking them to screening and preventive treatment. Many respondents focused on advocacy, both at the community and policy levels, to promote short-course TPT regimens like 3HP and 1HP. Respondents also mentioned capacity-building, such as training community health workers, health care providers, and community members on TPT delivery and awareness.

In describing vaccine-related work, respondents mostly named COVID-19 vaccine promotion. Also consistently emphasized were demand creation, dispelling myths, and addressing vaccine hesitancy. One nonprofit vaccine developer (IAVI) reported a wide range of TB vaccine work that, in addition to core product development activities, included “advocacy for equitable vaccine access” and “community engagement in TB vaccine education and demand creation for TB vaccine uptake.” IAVI also engaged in policy development for TB vaccine introduction and in “supply planning and pricing strategies.” No other groups shared examples of TB vaccine work of similar depth and breadth.

Most respondents’ activities centered on broader vaccine advocacy and access (including work on malaria, HIV, HPV, HBV, and routine immunizations, especially targeting vulnerable populations) and engaging in community-based mobilization and education, serving as intermediaries between health systems and communities to build vaccine confidence and improve uptake. Some organizations reported engaging in policy and technical support, including working with government partners to strengthen vaccine delivery systems.

When asked what they saw to be the greatest opportunities for CSOs in TB vaccine preparedness, the most common themes were “community education” and “demand creation.” Respondents consistently emphasized their role as trusted intermediaries who can combat misinformation and build vaccine acceptance — a dynamic echoed in the country policy portraits discussed later in this report. As one advocate from Zambia highlighted, **“CSOs are trusted actors within communities and are well-positioned to raise awareness, provide accurate information, and address vaccine hesitancy through culturally appropriate and grassroots-driven approaches.”**

The second major opportunity described was advocacy and policy engagement. Respondents emphasized CSO capacity to influence national health agendas, secure funding, and ensure equitable access. An NGO representative to the TB Social Observatory in Latin America noted a full range of ways CSOs can be involved: **“In Bolivia, civil society organizations have a key opportunity in the preparation of the TB vaccine through community monitoring, education and awareness to reduce stigma, and advocacy in the formulation of inclusive policies. In addition, they can strengthen equitable access to vaccination in vulnerable populations, articulate strategic alliances to mobilize resources, and train community promoters to ensure effective implementation.”**

Capacity building and training were also consistently highlighted as opportunities for CSOs in TB vaccine preparedness. Many respondents emphasized monitoring and accountability, with CSOs positioned to track vaccine rollout, collect community feedback through, for example, the use of social accountability tools (e.g., scorecards), and ensure transparency in decision making.

On how funders and researchers should engage CSOs in TB vaccine readiness, the overwhelming consensus was that early, meaningful, and sustained engagement was essential for success. Equal ("not top-down") partnership and being involved from the beginning of a process, not as an afterthought, was of paramount importance to respondents. An INGO in Bangladesh noted, "Funders and vaccine developers should see CSOs as co-designers, not just communicators. Genuine, well-resourced, and early engagement with CSOs will help ensure that TB vaccine rollout is equitable and community driven." Rather than simply being tasked with conveying information, CSOs ought to be included in decision-making processes, policy development, and strategic planning — and not invited into a pre-determined strategy.

Capacity building and sustained funding were seen as critical enablers for meaningful and effective CSO engagement in TB vaccine preparedness. Respondents emphasized the importance of direct financial support to CSOs — in particular, long-term/multiyear, flexible funding (rather than short-term project funding). Stable, predictable funding is needed for CSOs to participate more effectively and "strengthen our community education, social monitoring, and equitable access to vaccination activities," according to one respondent from Bolivia. An advocate from Zambia noted that "supporting CSOs to lead community dialogues, address misinformation, and amplify the voices of TB survivors and vulnerable populations can significantly boost public trust and vaccine uptake. Flexible funding mechanisms are crucial to allow CSOs to respond quickly and effectively to changing community dynamics."

CSOs described themselves as trusted intermediaries who can bridge gaps between vaccine developers, policy makers, and communities, particularly for addressing vaccine hesitancy and reaching vulnerable populations. A Zambian respondent shared that "CSOs bring unique insights into community needs, behaviors, and barriers, which are critical for designing people-centered strategies. Funders and developers should involve CSOs in consultations, advisory boards, and technical working groups to co-create communication plans, rollout strategies, and community engagement frameworks that are context-specific and responsive to real-world challenges."

Another universal theme was access to timely, accurate information and technical guidance. Respondents voiced a need for regular updates on vaccine development, simplified training materials, and communication tools. One respondent, from an NGO in Azerbaijan, highlighted the need for coordinating platforms: "A very important factor is the existence of a coordinating center or platform that could bring together the efforts of all stakeholders, including government agencies, donors, vaccine developers and CSOs. This model will help avoid duplication, establish an exchange of experience, and ensure broader and more equal coverage."

The WHO TB Vaccine Accelerator Council provides such a platform for governments, funders, and other stakeholders to unite around the shared goal of facilitating new TB vaccine development and delivery. Civil society is represented on the Accelerator Council's principals group, and the Council has engaged civil society in specific work streams, for example consulting CSOs in its work to propose financing and access solutions for new TB vaccines. The Accelerator Council's plan to establish a working group on "country readiness, advocacy, and community partnerships" could create a more formalized platform for bringing civil society into conversation with governments, donors, and vaccine developers in a regular way.

Some respondents raised language accessibility and equity as concerns. An advocate from Côte d'Ivoire noted, "The working language should not be in English. It is discriminatory for French and Portuguese speakers." Real-time information sharing, such as "having a database or pipeline report of ongoing or upcoming vaccine studies in respective countries for us to have better linkages and be up to speed on what studies are being carried out," was also identified as a need by a respondent from a TB survivor group in Kenya.

Key Informant Interviews

Key informants brought invaluable insights to complement the survey data. TAG spoke with nine international NGO staff, academics, NITAG members, and advocates working at global, regional, national, and local settings. Interviews centered on questions related to challenges and opportunities for CSO engagement in TB vaccine preparedness and gave plenty of space for additional observations (see online Appendix).

Barriers and Challenges

Resource Constraints

Interviewees elucidated a wide range of challenges facing CSO engagement in TB vaccine preparedness, from systemic to organizational to community level. Resource constraints emerged as the most critical barrier, made worse by halts to foreign aid. Multiple respondents described how funding gaps undermine essential community-level work.

> What are the foundational funding [structures] to make sure that these organizations are always there? Now there will be maybe even a bigger impact on the presence of these organizations, just because of the global funding cuts. *(Vaccine policy specialist, medical humanitarian INGO)*

> We haven't started the community dialogues [on new TB vaccines] because we don't have funding at that level. If civil society and communities don't get funding, then those structures kind of become dysfunctional. *(Gavi CSO Constituency Steering Committee representative, Kenya)*

> Our organization has limited activities and cannot bring services to geographically isolated or displaced areas. We are not supported. We are just doing our volunteer works with our own money. *(CBO leader, Philippines)*

Compounding funding challenges was civil society exclusion from decision-making processes: "Many CSOs don't have a seat at the table where decisions are being made, and so because of that, it's very challenging for them to negotiate for funding as well," according to an NGO director in South Africa.

Knowledge Gaps

At the organizational level, knowledge gaps were consistently mentioned as a fundamental barrier to effective engagement. A critical challenge identified across contexts was the need for technical capacity building and treatment literacy.

> A key challenge is the knowledge gap. The field is rapidly changing, and even those of us who would consider ourselves immunologists, we need to keep reading and attending seminars and attending courses to stay up to date. We do not currently have a very structured training program for civil society in the context of vaccinology. *(Director, NITAG Support Hub, Africa)*

> I must be very candid to say that we require technical knowledge, like on TB vaccine candidates, especially regarding their efficiency and dosage, schedules, and the storage requirements. The organization would benefit from updated training modules, because we don't have much information. *(NGO director, India)*

> TAG has done an excellent job with the [Unitaid funded] ASCENT and IMPAACT4TB projects, around doing capacity buildings for the CSOs to actually have the technical know-how; that's very, very important. Sometimes all this information is missing. *(NGO director, Nigeria)*

Community participation in policy making was also mentioned as a problem due to issues with selection and access.

> Civil society is quite diverse, but we do need to have better education [. . .] of our civil societies. You have a lot of people with good intentions, but not necessarily the knowledge that's needed for what and when to support [a vaccine]. It's quite different to have someone who knows what they're talking about and advocates for that. *(Former Chair, Global NITAG Network)*

> Sometimes there's issues with selecting the right organization for that role [. . .] What is the access of these community groups to the policy making, and what is their visibility within the policy making? *(Vaccine policy specialist, medical humanitarian INGO)*

Coordination Gaps

At the government level, coordination gaps were seen as impeding effective vaccine introduction. A lack of funding was perceived as a serious hamper on country-level coordination and government programs availing of CSO support.

> CSOs can play a key role around leadership and coordination. In Nigeria, [the] National Primary Healthcare Development Agency (NPHDA) is in charge of primary health care centers. When TB vaccines come in, we want to utilize them, right? That will require strong collaboration between the TB Program, located at the Ministry of Health, and the NPHDA [. . .] but we have always seen issues around coordination. For COVID-19, that was the main issue. COVID-19 was with [the] Ministry, and you need health care workers, who are under NPHDA, and you need to work together. So, I feel like even before the vaccines come in, there is a need for established coordination. *(NGO director, Nigeria)*

Many respondents noted opportunities to build on existing structures while addressing critical gaps; for example, a Gavi CSO Constituency Steering Committee representative from Kenya said, "We already have elaborate structures . . . The problem is that, are these structures functioning?" This interviewee went on to describe how the government often relies on civil society to organize working groups or task forces: "The government, for a long time, has been relying on partners to hold these meetings together. So if partners don't come with money, then the meetings don't take place, and we lose contact. If civil society and communities don't get funding, then those structures become dysfunctional."

While several respondents shared successful models of government-CSO collaboration, others revealed the complexity of these relationships. One model was a multisectoral approach through an "accountability framework" that includes regular meetings with relevant ministries, including the Treasury, which allocates funds. Another government-CSO partnership model shared was collaborative monitoring to track progress. This relationship, however, was not always smooth. According to a leader of a South African NGO, "Sometimes civil society is sidelined, and sometimes what ends up happening is, instead of a partnership, civil society often ends up fighting government."

Trust and Hesitancy

At the community level, vaccine hesitancy was described as a major barrier, along with research misconceptions and language and cultural barriers when reaching marginalized communities, such as tribal groups. Interviewees also emphasized the need for culturally and religiously sensitive approaches, without which vaccines were met with resistance.

> The confusions emerged basically from the barrier of language. The language barrier, if we can mitigate [that], then everything would be sorted. *(NGO director, India)*

> Because of the programmatic decision around only targeting nine- to 14 year-olds [for HPV vaccines], communities were asking, 'Why are you targeting only this specific group? Are you trying to reduce our population? Are you trying to stop girls from giving birth in the future?' *(NGO director, Nigeria)*

A number of key informants shared the opinion that pro-vaccine advocates often "get tired and move on," while antivaccine voices "ceaselessly repeat their misinformation and dominate the public sphere." Many respondents emphasized the concept of "immunizing against misinformation" early and proactively, rather than trying to counter it once it has spread.

"There is hesitancy in every new intervention," one CBO respondent from the Philippines explained. She went on to say, "If we could provide the right information so that they could decide on their own to accept or to benefit from the vaccine. We remember that our first President of the Philippines died of TB . . . Because at that time, there is no cure for TB yet, and because of R&D, now our members, TB survivors, are TB free."

TB Vaccine-Specific Challenges

Respondents identified several challenges unique to TB vaccine introduction, including vaccine fatigue. As the Gavi CSO Constituency Steering Committee representative from Kenya noted, "We are living in an era where communities are having vaccine fatigue. As the pathogens increase, the vaccines [are] increasing, and therefore the communities are having fatigues."

This community-level fatigue mirrors what another INGO respondent in Africa described as governments' "conundrum of prioritization" when facing multiple new vaccine options and implementation demands.

Other interviewees revealed economic and perception challenges: "My feeling is that the vaccine is not going to be cheap, and the sense of need of TB vaccines is not well established in the community," said the Global NITAG Network chair.

TB stigma was raised as a fundamental barrier to community programming, one that undermines diagnosis and treatment when culturally sensitive treatment literacy is absent. Stigma is so profound that, as one interviewee from Nigeria explained, even funding and treatment is not enough to encourage service uptake: "Funds are given to people with drug-resistant TB to come to the facility as transportation stipend. [But] we are having patients saying, 'No.' You know, the Nigerian context, with poverty and all that, saying no to the money because they just don't want anything to do with the disease. Can you imagine, if this person does not want to be treated? If money is not going to influence, do you see how bad that is?"

Opportunities and Enablers

Qualitative interviews unearthed CSOs' many unique strengths, which respondents pointed out cannot be replicated by formal health systems. CSOs serve multiple critical functions in vaccine ecosystems. According to a vaccine policy specialist at a medical humanitarian INGO, "I think demand, generation, advocacy, community engagement, are such key parts of what civil society does. We need to make sure that civil society is really seen as an integral part of immunization activities."

Leveraging Trust to Build Demand

Interviewees touched on the critical role of CSOs in both policy development and vaccine implementation, and the need to leverage existing infrastructure rather than build new systems from scratch. Community-based approaches were described as powerful, and the trust factor was universally highlighted — starting with the unique bridging role CSOs play in connecting communities to TB vaccine science. As explained by the NITAG Support Hub director, "Most trial sites will have either a civil society representative or community members representing the communities. That is the link between the scientists and the community." This connection proves essential for building trust and understanding, as he noted: "We've learnt that it's one thing to have the vaccine on the shelf; it's another thing to have that vaccine get to the arms of the people."

Trust was also seen as driving demand for TB services and tools. When an advocate vouches for an intervention, it is more likely to be taken up by the community.

> We can reach the people who are most in need of the information . . . They believe us, because they have experienced how we cared for them. *(CBO leader, Philippines)*

> From experience from TB, we've seen that if you're able to provide adequate information to them to say, okay, yeah, we just don't want you to get infected. You should take this [preventive treatment] — people are

> actually willing to do that, and they trust you. You've developed trusted relationships. *(NGO director, Nigeria)*

> The entire uptake of it really depends largely on the work that civil society organizations will do in pushing for the demand with the communities, ensuring there is proper education from structures that are trusted by communities. *(INGO leader, South Africa)*

Inherent to this potential is the recognition that there is no one-size-fits-all model.

> Not just civil society — engaging the local organizations, trusted organizations, sometimes it's religious leaders that you need to engage, or schools, or whomever is trusted in that community and making sure [. . .] It's never a one-size-fits-all when it comes to this. If we design a program, and I think that's sometimes a bit of barrier that we see on the Gavi side, is that we cannot put the same template on every country, and definitely not [at the] subnational level. *(Global INGO vaccine policy specialist)*

Cultivating CSO-Government Partnerships

One respondent, at an Africa-based INGO, emphasized the importance of "putting government at the center" of private sector integration, social contracting, community work, and donor coordination. She advocated for consolidating and simplifying funding mechanisms while establishing "guardrails" like dedicated funding set-asides for civil society.

A former Global NITAG Network chair noted how the health system could leverage CSO expertise: "It's for the NITAGs to look at this evidence and make a recommendation to the Minister of Health . . . Then the MOH will need partners, and those partners will include civil society."

He went on to describe how legal mandates can both strengthen and constrain civil society inclusion, reflecting on the difficulty of selecting appropriate CSO representatives and how this led, in Guatemala, to the strategy of inviting CSOs based on the specific vaccine under evaluation. The former Global NITAG Network chair elaborated:

> In my mind, [community] should be part of every part of the process, because it's hard for [a NITAG] to get a sense of how the population is actually feeling, how they're going to get the recommendation and vaccine. Also, they are really good allies as you implement, but at the end of the day, it's not easy to have them throughout the whole process.

This interviewee went on to describe how the transition of the country's NITAG from an advisory group constituted under the Ministry of Health to one mandated by law affected its civil society engagement. In this case, lawmakers said they could not legally mandate the inclusion of civil society in the NITAG. But once the law went into effect, the NITAG had the latitude to invite external observers, including from civil society. These participants are not full NITAG members, however, and cannot vote on decisions. In this NITAG coordinator's mind, this is a common problem for NITAGs: "That's an issue not only for us, but I think for most

NITAGs, even really developed NITAGs like in the United States. They don't have an official representative [from civil society]. They invite people to participate and share their input, [but] they don't vote."

Cultural Sensitivity and Community Autonomy

Respondents shared innovative approaches to community engagement that prioritize cultural sensitivity and community autonomy. Reflecting on maintaining support for measles vaccination, the director of an NGO that works with tribal populations in India stressed the importance of working with "community influencers" to calibrate information to different levels of community understanding.

> We have used community media, community radio in their own language, in their own dialect, with the local stories as well as songs. And it is not by us — the community media is being led by the tribal women. They are going to the field; they are telling their own stories. If you give them the space, if you delegate your so-called power to them, you can see rather miraculous change at the ground level. *(NGO director, India)*

Interviewees concurred on civil society's essential role in ensuring community-centered policies through the power of peer education and lived experience.

> There are a lot of roles that civil society can play, especially when it comes to community engagement, ACSM (advocacy, communication, and social mobilization) in general. We need to develop policies in the first place. We need to make sure that the policies are patient centered. We also need to make sure that these policies are community centered. *(NGO director, Nigeria)*

Community health care workers were consistently identified as an untapped resource, especially given the implicit trust imbued in them by their communities. Engaging women was seen as a critical access advantage in many cultural contexts. As the Nigerian NGO director noted, "One key thing that we need to sustain is female field officers, female volunteers, because they can enter everywhere, like all the households . . . The cultural context here is that a woman can enter any household, while men are restricted. If you have patients that don't want to come to the hospital, she'll be able to see them with their eyes. If we have people that are most likely contacts, we should be able to also encourage them to come to the households, while the men will only be able to engage with the men outside, and that is limited."

Respondents emphasized CSOs' critical role in strengthening vaccination touchpoints beyond routine childhood immunization, as countries adopt increasingly complex vaccination schedules with limited absorption capacity. Another observation from a South African NGO leader was that adult vaccination programs delivered only at clinics "might miss a big population of adults."

Reaching Marginalized Populations

A respondent from a medical humanitarian INGO emphasized CSOs' crucial role in getting vaccines to the hardest-to-reach populations: "I think the big barrier, from our perspective, is also the equity perspective, if you look at how vaccination is happening, and I'm afraid that might become more amplified now, with the funding cuts: we go for large numbers, for as little money. But, if you go to the hardest-to-reach communities, the immunization programs don't reach them."

She emphasized CSOs are "where we really need to push," giving an example of disparities in measles vaccine coverage from 2023: "Measles coverage was 17% lower in fragile conflict settings versus stable settings. And that's at the national level. If you zoom in at the subnational level, it's way worse." She also highlighted that "when we look at what CSOs are trying to achieve, it's complementing the government and supplementing the government's activities, and definitely not trying to replace it."

Multiple respondents emphasized CSOs' unique ability to reach marginalized communities that formal health systems often miss:

> We are having almost 40 types of tribal people in West Bengal. There are 705 types of tribal people [across the country] . . . These tribal people are completely different from each other in many respects . . . If we can't rollout in a way that is culturally sensitive, that is gender sensitive, as well as language sensitive, then we need a different setup because they are the last mile of the population. *(NGO director, India)*

Leveraging Community Data

Another respondent from an INGO in Africa noted systemic weaknesses that CSOs often fill: "So many countries don't have strong data systems, and they often rely on NGOs — your JSIs and your VillageReach and others — to really support their information systems [. . .] A lot of innovators and CSOs can play a critical role in ensuring countries have sufficient and strong enough data systems that can really help in decision making, and also to have visibility into what is happening."

In her view, effective government-community coordination depends on platforms that are not disease specific:

> To be able to actually leverage the full power of civil society, that coordination bit is going to be so important. It mustn't be a platform just for TB. It must be a platform that can be leveraged across the board. Because with civil society organizations, that's where you have your community health worker programming, that's where you have people who really know the communities that you're targeting with this TB vaccine. *(INGO leader, Africa)*

Another respondent from a global INGO agreed that central-government-level policy work is a crucial first stop in TB vaccine preparedness work, and providing community data is essential there: "All policy development is being done at the center, and then it's been disseminated at the state level. For the TPT project, we obviously had to engage the national TB program, and they were like, 'Give us all the community interventions, give us data to show that some of these intervention work, because some of these policies are not really driven by data.'"

Table 2

CSO Intervention Opportunities

Vaccine Literacy	Organizations with established community education programs should develop locally appropriate vaccine literacy initiatives that use community media, trusted messengers, and cultural storytelling to "immunize against misinformation" and nurture pro-science vaccine information systems.
Policy Development	Existing relationships with national health systems provide platforms for CSO policy influence, particularly through early engagement with national TB programs. National immunization programs should build relationships with TB CSOs, and NITAGs should create space for CSO participation.
Demand Creation	CSOs should build on demonstrated success in TB prevention activities and community mobilization to lead culturally appropriate demand creation that addresses vaccine hesitancy proactively.
Implementation Planning	CSO networks spanning national, regional, and global levels should coordinate implementation, particularly for reaching hard-to-access populations through existing and trusted community systems.
Equity Promotion	Organizations already serving marginalized populations such as people who use drugs, Indigenous communities, people deprived of liberty, and other key population groups should advocate for equitable access and address implementation barriers that formal health systems overlook.
Implementation Monitoring	CSOs should adapt existing CLM platforms to include TB vaccine indicators, and funders should support advocates to collect data on vaccine uptake and use it as the basis for dialogue with national health systems.

The same respondent went on to note that "policy review takes time — but if from inception we're able to develop policies that are . . . data driven and they work, then we have made significant progress and maybe we are increasing the chances of acceptance and probably achieving the desired objectives." As this reflection shows, civil society can strengthen existing government platforms and processes with community data to support evidence-based policy.

Recommendations for Funders

The evidence is clear that CSOs are not optional partners in TB vaccine introduction, but essential infrastructure. Yet, with 97% of survey respondents expressing interest in vaccine preparedness but just 20% feeling "fully prepared," strategic investments in community engagement infrastructure (capacity, coordination platforms, networking opportunities) are urgent and necessary.

The collective contributions of the diverse TB advocates and implementers who participated in this study offer valuable information to prepare for optimal rollout of adolescent and adult TB vaccines. Their actionable insights, if adequately supported by funders, can help transform the reach and scale of vaccine uptake and help future generations live TB free.

Survey respondents reported three primary barriers: limited information about TB vaccine research, insufficient vaccine literacy, and inadequate funding. These gaps exist alongside demonstrated capacity for community education, advocacy, and direct service provision across diverse contexts and populations.

- **Strong Foundation, Significant Gaps:** Eighty percent of respondents have more than five years of TB experience and 94% are legally registered, yet just 20% feel "fully prepared" for vaccine preparedness work. Most organizations require additional support or capacity building to effectively engage. While a considerable number report some engagement in TB vaccine-related activities already, only one-fourth consider it a primary focus.
- **Universal Interest, Limited Engagement:** There is near-universal interest in vaccine preparedness and a solid foundation of experience working on TB prevention, including TB preventive treatment. This presents a significant engagement opportunity, particularly when considering that surveyed organizations already work with some of the highest-priority populations for new TB vaccines, such as PLHIV (77%) and women and girls (58%).
- **Knowledge and Policy Engagement Barriers:** Only 18% of respondents were "very familiar" with WHO's ECVP, a framework intended to reduce delays in vaccine introduction by facilitating early engagement among stakeholders involved in vaccine development, regulatory approval, and policy making. Only 60% of groups have some familiarity with the WHO's Global Framework, a plan for the rapid introduction and scale-up of TB vaccines. Among the 17% of respondents who had ever engaged with NITAGs or RITAGs, most were academic/research institutions. This policy engagement gap limits CSOs' ability to influence vaccine introduction strategies at critical decision-making moments, despite most organizations already working with ministries of health on TB or other health issues.

Our research shows that there are critical intervention points where strategic investment could spark catalytic change in the vaccine readiness landscape. To take advantage of these opportunities, funders should act on the following recommendations:

1. Transform the Funding Architecture from Fragmented Projects to Sustainable Infrastructure

Current funding models inadequately support the sustained engagement required for vaccine preparedness. With 104 organizations (83%) identifying funding as their top support need, and numerous highly motivated yet systematically underfunded community groups struggling to obtain support, the evidence is clear that piecemeal, project-based funding cannot sustain the comprehensive community engagement required for successful new TB vaccine introduction.

Critical actions for funders:

- Establish dedicated, multiyear funding streams specifically for TB vaccine preparedness activities among CSOs at all levels (global, regional, national, local).
- Establish foundational funding for organizations serving as bridges between vaccine developers and communities. These organizations engage in technical advocacy that connects other segments of civil society to critical information on the pipeline and demystifies global policy-making, regulatory, and procurement processes.
- Implement the Gavi 10% set-aside model for civil society across all TB vaccine funding mechanisms to ensure support for CSOs is mainstreamed in market shaping and delivery investments.
- Create guardrails within funding mechanisms to ensure community engagement resources reach grassroots organizations (and not only larger, well-connected INGOs).
- Develop sustainable financing that extends beyond vaccine introduction to long-term investments in community systems engaged in vaccine delivery, demand creation, community-led monitoring, and vaccine literacy.

Table 3 summarizes several funding models from the TB, immunization, and human rights fields that reflect elements of the above recommendations and can be adapted to support CSO involvement in TB vaccine readiness. These are examples of different CSO funding approaches and are not exhaustive.

2. Build Systematic Capacity Rooted in Cultural Competency and Local Innovation

The second-highest support need identified by organizations (101 respondents, 80%) was technical assistance and training. Organizations need training extending beyond basic vaccine information to broader technical competencies enabling meaningful policy engagement.

Priority interventions for funders:

- Develop structured training programs covering vaccine literacy (e.g., pipeline updates, TB vaccine science, clinical trials), policy analysis, and NITAG engagement skills.
- Create mentorship networks pairing experienced vaccine advocates or policy makers with TB CSOs eager to engage but newer to immunization work.
- Support the development of gender- and culturally sensitive communication strategies that also address religious concerns and community misconceptions.
- Build capacity for evidence-based advocacy that can influence national TB and immunization programs, including CLM.
- Strengthen programs for women community health workers, recognizing their unique access advantages.

Table 3

Different Models, Many Ways to Invest in CSOs

Funding Model	Field	Description	TB Vaccine Application
Challenge Facility for Civil Society	TB	The Challenge Facility for Civil Society (CFCS) is the Stop TB Partnership's flagship program for investing in communities and people affected by TB. Through thematically focused funding calls, CFCS provides grants and technical assistance to support community-led work in TB globally, regionally, nationally, and locally.	Funders underwrite a CFCS funding round dedicated to community interventions for new TB vaccines, administered by the Stop TB Partnership.
Solidaire Network	Human rights/ social justice	Solidaire Network is a community of donor organizations and individual funders that hosts pooled funds that can be mobilized quickly to get critical funding to the frontlines of intersectional social justice movements. Solidaire 1) organizes a movement-aligned base of donors interested in resourcing long-term power-building and 2) accompanies movements as they contest for power by funding experimentation and infrastructure. Solidaire supports diverse organizational structures (e.g., nonprofits, LLCs, collectives).	Funders establish pooled funds to support CSO contributions to new TB vaccine policy making, introduction, delivery, and evaluation. The program would provide easy-to-access funding for project-specific work as well as long-term movement support by funding CSO infrastructure and capacity.
The Mercury Project	Immunization	Hosted by the Social Science Research Council, the Mercury Project brought together teams of social scientists and community practitioners under a common research framework to identify effective interventions to build vaccine demand. Eighteen teams in the United States, Africa, Asia, Latin America, and the Caribbean received funding to evaluate a portfolio of interventions united by a common theory of change.	Funders support a linked initiative of CSO-academic partnerships to undertake evidence-driven, locally relevant, theoretically aligned work to understand and build demand for new TB vaccines in different countries. The program could be administered by an academic partner, preferably in a high-TB-burden country.

Funding Model	Field	Description	TB Vaccine Application
IMPAACT4TB Community Partners	TB	Run by TAG, the IMPAACT4TB Community Partners program was a dedicated fund set aside for CSOs within IMPAACT4TB, a Unitaid investment led by Aurum Institute to catalyze global uptake of short-course TPT. Through the Community Partnership program, TAG awarded >$800,000 in competitive small grants to CSOs to undertake locally relevant policy advocacy, demand creation, and treatment literacy. Grant recipients received ongoing technical coaching in the science and delivery of TPT through TAG's "advocacy capacity strengthening" model.	Donors set aside dedicated CSO funding within larger investments supporting TB vaccine market access and demand creation. CSO funding set-asides could be administered by global or regional CSO partners with experience awarding small grants to peer organizations and with the ability to augment grants with technical capacity building.
Equity-First Vaccination Initiative (EVI)	Immunization	Funded by the Rockefeller Foundation, the EVI supported 100 community organizations in five U.S. cities and connected them with national organizations serving as "capacity building, research and learning partners." The goal was to reduce COVID-19 vaccination racial disparities and to orient public health systems toward more equitable outcomes.	Funders establish a flagship program on TB vaccine equity by funding community-based organizations in concert with academic and civil society resource partners under a common goal and program of work.

3. Address Motivations and Stigma through Early and Proactive Community Preparation

Vaccine introduction faces complex challenges including vaccine fatigue, TB stigma, and misinformation, on top of what one respondent described as the "conundrum of prioritization" in the landscape of multiplying vaccine choices facing governments. Organizations report that behavioral change, not just information provision, represents a fundamental challenge. Successful approaches leverage lived experience, community-led narratives, and trusted relationships to address deep-rooted fears and misconceptions. To achieve "vaccine acceptability and uptake, demand creation led by and rooted in trusted community structures" was seen as essential, especially given pervasive TB stigma.

Strategic approaches for funders:

- Launch comprehensive anti-stigma campaigns that go beyond education to address underlying beliefs and social barriers.
- Develop proactive "immunization against misinformation" strategies that build community resilience before vaccine introduction.

- **Support TB survivor-led advocacy and peer education programs** that center lived experience and promote vaccine literacy ambassadors from among TB survivors and members of clinical trial community advisory boards.
- **Create community-centered policies** ensuring that marginalized populations are prioritized in vaccine drives.
- **Establish early preparation mechanisms** that address coordination gaps between TB programs, immunization systems, and community health services.
- **Host regular community forums** to address questions and concerns and destigmatize information seeking around TB.

Addressing systemic barriers and enhancing coordination between governments and civil society were seen as essential. To realize the potentially transformative collaborations between CSOs, governments, donors, vaccine developers, and other stakeholders who are necessary for effective vaccine rollout, ceding and sharing space and power was described as of paramount importance. Space for civil society should come with tangible, sustainable support for CSOs to develop country-specific policy priorities and advocacy strategies. CSOs want involvement, capacity to facilitate coordination across programs and systems, and ways to contribute to planning across all health system levels.

Given limited civic space in many countries, it is incumbent upon funders to advocate for explicit inclusion of CSO representatives in advisory and decision-making spaces, promoting policies that protect civic space, enable CSO participation in health policy processes, and support the development of national community engagement strategies for vaccine introduction.

Conclusion

A promising TB vaccine pipeline with multiple candidates in late-stage efficacy trials demands urgent action to prepare for the success of these new tools. The path from vaccine development to community uptake runs directly through community and civil society organizations that are, by their own assessment, underresourced, undertrained, and underengaged in preparedness activities, but ideally positioned and galvanized to take a leading role in rollout.

TAG's landscape assessment of 125 TB CSOs across 42 countries reveals a rich constellation of organizations and advocates, most of whom express deep interest in taking up TB vaccine readiness work. A few can start immediately, building on existing activity; most, however, expressed a significant need for political space, improved coordination mechanisms, and adequate resourcing and tailored capacitation to meet the moment.

This global ecosystem of organizations and networks, with its deep community connections and advocacy experience, embodies a commitment to ending the TB pandemic. Yet, systematic CSO engagement remains severely constrained. TAG's scoping study points to the need for immediate, sustained, and strategic partnerships among CSOs, vaccine developers, policy makers, and funders who recognize that ending TB requires not just effective vaccines, but effective community engagement to ensure those vaccines reach the people who need them most. Strategic investment in CSO capacity, coordination platforms, and enabling environments will empower civil society to tap into its potential and effectively contribute to vaccine introduction and scale-up towards a world free of TB.

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