This basic framework contains the institutional, operational, and administrative arrangements for the Global Partnership to Stop TB (hereinafter called “the Stop TB Partnership”), as launched in November 1998 by the Director-General of the World Health Organization, called for in the Amsterdam Declaration to stop TB of March 2000, and recommended during the Bellagio meeting of the interim Stop TB Coordinating Board of February 2001.

Section I - DESCRIPTION OF THE STOP TB PARTNERSHIP

1. Purpose and Mission

1.1 The purpose of the Stop TB Partnership is to realize the goal of elimination of TB as a public health problem and, ultimately, to obtain a world free of TB. Its mission is to:

- Ensure that every TB patient has access to effective diagnosis, treatment, and cure
- Stop transmission of TB
- Reduce the inequitable social and economic toll of TB
- Develop and implement new preventive, diagnostic, and therapeutic tools and strategies to stop TB

1.2 In order to achieve that aim, the Stop TB Partnership will:

a) Promote wider and wiser use of existing strategies to interrupt TB transmission, by:
   - increasing access to accurate diagnosis and effective treatments by accelerating expansion of DOTS to achieve the global target for TB control.
   - increasing the availability, affordability, and quality of TB drugs.

b) Adapt existing strategies to address the challenges posed by emerging threats, by:
   - developing an effective strategy to prevent and manage multi-drug resistant TB.
   - developing an effective strategy to reduce the impact of HIV-related TB.
c) Accelerate elimination of TB, by:
- promoting research to develop new and improved diagnostic tests, drugs and vaccines.
- promoting adoption of new and improved tools by ensuring access and affordability.

1.3 Within the framework of the above-mentioned objective and more particularly regarding the access to high-quality TB drugs, the Stop TB Partnership will promote use of the Global TB Drug Facility (GDF), which is a project of the Stop TB Partnership. By securing the timely supply of quality TB drugs, the GDF will complement other activities designed to improve coverage and quality of global TB control. In that perspective, and to avoid overlapping and duplication, the GDF will make use to the maximum extent possible of the institutional mechanisms described in the present document.

2. Participants

The Stop TB Partnership is a network of international organizations, countries, financial donors from the public and private sectors, governmental or non-governmental organizations, other entities and individuals which have expressed their interest in its purpose and mission by notifying the Executive Secretary and are willing to be committed to short- and long-term measures to achieve them. The criteria for acceptance will be developed by the Secretariat and approved by the Board. The members of the Stop TB Partnership are called “the Partners”.

Section II - INSTITUTIONAL FRAMEWORK
The Stop TB Partnership comprises the following components:

a) the Partners’ Forum (hereinafter called “the Forum”);

b) the Coordinating Board (hereinafter called “the Board”);

c) the Working Groups;

d) the Secretariat.

2.1 The Forum is the main assembly of the Stop TB Partnership.

2.1.1 Composition

The Forum consists of representatives of all the Partners. In addition, all who have an interest in the achievement of the objectives of the Stop TB Partnership may participate in an observer capacity upon invitation of the Executive Secretary.

2.1.2 Functions

The Forum shall:

a) identify problems and new challenges, and exchange information thereon;

b) consolidate and increase partners’ commitment to the objectives of the Stop TB Partnership and maintain and reinforce high-level political commitment to the Stop TB Partnership;

c) create and exploit opportunities for advocacy, communications activities, and social mobilization;

d) review overall progress towards implementation of the Stop TB Partnership, review reports presented by the Board, and make recommendations to the Board;

e) consider any other matter related to the Stop TB Partnership referred to it by the Chair of the Board or the Executive Secretary.

2.1.3 Operation

The Forum shall operate as follows:

a) it will meet in regular session, at least once every two years, upon convocation issued by the Executive Secretary;

b) the provisional agenda of the session will be prepared by the Board after consideration of proposals submitted by the Executive Secretary;

c) it will select its President amongst its members for the duration of the session;

d) it will adopt its recommendations by consensus;

e) the report of the session will be prepared by the Secretariat and circulate after clearance with the President;

f) the secretariat of the Forum will be provided by the Executive Secretary.
2.2 The Board represents and acts on behalf of the Stop TB Partnership.

2.2.1 Composition

The composition of the Board reflects both the major groupings and the diversity of the Stop TB Partnership. It shall consist of members selected from amongst the Partners as follows:

a) High-burden country representative (4). Two will be selected from the two highest burden countries, and the two others will be identified by the Board;

b) International Organizations with mandate for health development (3) WHO, World Bank, UNICEF;

c) Regional Representatives chosen, not from amongst the WHO staff, by each of the WHO Regional Offices (6), technically qualified in the field of tuberculosis and having an extensive knowledge of countries in their respective regions;

d) Chairpersons of the Working Groups (6), participating in their individual capacity as representatives of the working groups, and not as representatives of their organizations;

e) Financial donors (public and private) (4) selected by the Board;

f) NGOs/Technical Agencies representatives (3) :one from IUATLD, one from CDC, and one selected by the NGOs who are Partners from amongst themselves following a transparent selection process;

g) Chairperson of the WHO TB STAG (1).

The figures mentioned above are a maximum for each of the components. The selection of members of the Board should be guided by criteria such as commitment to TB action, potential to contribute to the partnership and relevant skill, experience or access to resources.

The term of office of the Board members shall be three years renewable. However, the members selected under a), c), e), and f) shall not normally serve more than two terms consecutively. The initial terms of members shall be chosen so as to provide for staggering of membership.

Each member of the Board will send only one representative. The Board may co-opt or invite persons non-members of the Board, to attend a meeting or part of it for temporary, specific tasks as and when they are needed.

2.2.2 Functions

The Board shall:

a) formulate priorities for action by the partnership in line with health policy and technical advice from WHO and in the light of the recommendations of the Forum;

b) support the Partners according to agreed policy and strategy;

c) approve the work plan and budget of the Secretariat and provide oversight of and guidance on its implementation;

d) mobilize adequate resources for the various activities of the Stop TB Partnership, and identify funding gaps and priorities;

e) co ordinate and promote advocacy and social mobilization in support of the Stop TB Partnership in appropriate fora;

f) review the progress of the implementation of the Stop TB Partnership and maintain a programme of frequent, high-quality information exchange, including reports of its meeting with all Partners and the public at large;

g) review the annual financial statement prepared by the Executive Secretary;
h) represent the Stop TB Partnership in external fora and events;
i) adopt appropriate rules or guidelines proper to ensure the proper running of the Stop TB Partnership;
j) establish such committees as it may deem necessary;
k) consider and approve any amendment to the Basic Framework;
l) consider any other matter related to the Stop TB Partnership as may be referred to it by the Chair of the Board or the Executive Secretary.

2.2.3 Operation

a) the Board shall meet at least twice a year. However, where rapid decisions are needed, electronic conferencing can be used;
b) the provisional agenda of the session will be prepared by the Executive Secretary in consultation with the Chair;
c) the Board will select from amongst its members a Chair whose term will be two years renewable. However, the Chair shall not serve more than two consecutive terms;
d) at each session, the Board shall elect a Vice-Chairman, and as many rapporteurs as needed, from amongst its members;
e) the Executive Secretary will act as the Secretary of the Board;
f) the report of the session, prepared by the Secretary with the assistance of the rapporteurs, shall be circulated as soon as possible;
g) to the maximum extent possible, the decisions of the Board are taken by consensus;
h) the decisions of the Board are not considered as binding upon the organizations and will not override their respective governing bodies.

2.3 The Working Groups

The Working Groups are the primary means for coordinating activities mandated by the Board. Reflecting the present priorities, their number is currently of six.

2.3.1 Composition

The membership of the Working Group is open and inclusive, based on the mandates and interests of the Partners.

2.3.2 Functions

The Working Group will:
a) map out activities in the specific area, including activities by different Partners, policy and research developments, opportunities for further action, and resource needs;
b) plan, implement and monitor coordinated action, building on the mandates, interests and comparative strengths of the different Partners;
c) report to the Board and the Forum on progress, constraints and assistance required;
d) coordinate with other Partners, Working Groups or other committees to ensure synergism of activities, including advocacy, communication, and resource mobilization;
e) recommend to the Board to expand membership as required to support activities, promoting active participation from disease endemic countries;
f) perform any other functions entrusted to it by the Board.

2.3.3 Operation

The Working Group will:

a) meet as the need arises, at least once a year;
b) select a Chair, amongst its members;
c) identify a Partner to act as lead Agency for the Group, which will have the responsibility to provide an informal secretariat for the Group, to organize meetings, to prepare the agenda and relevant documents, in consultation with the Chair, to prepare and distribute the reports of the meetings, to monitor implementations of recommendations of the Group and to manage resources provided for the functioning of the Group;
d) take its recommendations by consensus;
e) recommend to the Chair, if appropriate and for specific topics, to invite external persons to participate in its deliberation in an observer capacity.

2.4 The Secretariat

The Secretariat is the administrative component of the Stop TB Partnership. Its essential purpose is to support it in the fulfilment of its objective.

2.4.1 Composition

a) The Secretariat will be led by the Executive Secretary appointed by the WHO Director-General in consultation with the Board, and shall comprise such staff as the Board may recommend;
b) Part of the staff will be provided by WHO [in accordance with the Memorandum of Understanding (MoU) concluded between the Stop TB Partnership and WHO, referred to at the end of the present document];
c) The recruitment of staff seconded by Partner organizations will be made by the Executive Secretary following the procedure of the host Organization;
d) The condition of service of the staff will be those of the host organization, unless provided otherwise, in order to meet particular needs, [in the MoU].

2.4.2 Functions

The Secretariat will:

a) prepare, for approval by the Board an annual work plan and budget for the Stop TB Partnership, including plans and budget for the Secretariat, and any group established by the Board;
b) coordinate and monitor the progress of activities;
c) collect and collate information and disseminate them within and outside the Stop TB Partnership and its components;
d) develop communication strategies to support its campaign, promoting greater awareness of the social, economic and political aspects of the global TB epidemic;
e) maintain close and regular contact with the Working Groups to facilitate coordination and support their work;
f) provide the administrative support to the Board, the Working Groups and the Forum;
g) contract for procurement, quality control and monitoring/evaluation functions of the Global TB Drug Facility with suitably pre-qualified agencies, in accordance with the policies of the host Organization.

2.4.3 Operation

The Secretariat will be located in WHO headquarters. The condition under which the operation of the Secretariat will be conducted appear in annex 1.

Section III - FINAL PROVISIONS

The Stop TB Partnership, as such, does not possess the juridical personality. This means, in practical terms, that the Stop TB Partnership does not have the capacity to contract, to acquire and dispose of immovable and movable property, and to institute legal proceedings. For this reason it is hosted by an international organization; WHO. That arrangement permits the Stop TB Partnership to benefit from the mechanisms of the host institution.

The Stop TB Partnership will exist as long as needed. The Board, nevertheless, may decide on its dissolution.

Any partner may withdraw from participation by notifying the Executive Secretary of its intention to do so. Such notification will take effect three months after its receipt.

The present Basic Framework, at the request of any member of the Board, may be amended after approval by the Board.
Annex: Guiding Principles Concerning the Management of the Secretariat of the Global Partnership to Stop TB

Preamble

The WHO accepts to be the host institution of the Secretariat of the Stop TB Partnership and to permit it to benefit from the mechanisms of the Organization. On the basis of that principle, and unless provided otherwise, the Secretariat will follow the rules and regulations of the Organization for its administrative, financial, and human resources management, subject, if necessary, to the adaptations which might be required in order to meet the particular need of the Stop TB Partnership. WHO will consider justified requests for any such adaptations provided they are consistent with its Financial and Staff Regulations and Rules, and any other requirements established by its governing bodies. Any such adaptations and exceptions must be expressly approved by an authorized official of the WHO, and will be recorded by WHO in a “Log of Administrative Adaptations for the Stop TB Partnership Secretariat”

1. Logistics

a) WHO will provide adequate office spaces to the Secretariat of the Stop TB Partnership in the Headquarters of the Organization in Geneva;

b) WHO will absorb the cost of office space and other shared services available to WHO departments;

c) The Stop TB Partnership will cover the cost of telephone calls and of purchase of its equipment and office supplies;

d) The Stop TB Partnership will cover the cost of the official travel performed by its Secretariat.

2. Human resources

a) The Secretariat of the Stop TB Partnership will be provided partly by WHO, and partly by staff seconded from partner organizations;

b) The head of the Secretariat, the Executive Secretary, will be appointed by the Director-General of WHO in consultation with the Coordinating Board. The Executive Secretary will report to the Director-General of WHO or other designated Official;

c) The other staff, including consultants, will be appointed or seconded in accordance with the WHO recruitment procedures;

d) The charge of the salaries and allowances of the seconded staff in the Secretariat will be subject to separate arrangements with the Partners concerned;

e) The Secretariat will be subject to Internal Audit review by the WHO Office of Internal Audit and Oversight. Audit reports will be addressed to the Director-General with copies to the Executive Secretary.

These Guiding Principles may be subject to modification at any time by mutual consent, should the need arise.