Methodology and development

Background

As a global movement to accelerate social and political action to stop the spread of TB, the Stop TB Partnership provides the platform for international organizations, countries, donors (public and private sectors), governmental and nongovernmental organizations, patient organizations and individuals to contribute to a collective and concerted campaign to Stop TB. Making the most of Stop TB partners' efforts, in terms of effectiveness and efficiency, depends on sound planning. The Partnership's Coordinating Board requested the Stop TB Partnership Secretariat to coordinate the contributions of the Partnership's seven Working Groups to the development of a Global Plan to Stop TB for 2006–2015. This Global Plan builds on the Partnership's first Global Plan (for 2001–2005). It supports the need for long-term planning for action at regional and country level.

The Coordinating Board envisaged a Global Plan setting out the Working Groups' activities for the next decade that will make an impact on the global TB burden. This involves reducing TB incidence – in line with the Millennium Development Goals (MDGs) – and reaching the Partnership's targets for 2015 of halving TB prevalence and deaths compared with 1990 levels. TB control is a marathon and not a sprint, but the Global Plan represents a decisive effort to «break the back» of the global TB epidemic, towards elimination of TB as a global public health problem by 2050 and the realization of the Partnership's vision of a world free of TB. The Global Plan will serve as a powerful tool for advocacy by setting out the resources needed for actions, underpinned by sound epidemiological analysis with robust budget justifications.

The process of developing the Global Plan

In May 2004, development of the Global Plan to Stop TB began with building consensus on the Global Plan's purpose and outline. At its meeting in Beijing in October 2004, the Stop TB Partnership Coordinating Board requested each of the Working Groups to develop its own strategic plan (2006–2015) in contribution to the development and subsequent implementation of the overall Global Plan. The Board stressed the importance of an inclusive process for developing these strategic plans, in order to secure the necessary engagement of key stakeholders and so ensure effective implementation. The Board also agreed that regional and global epidemiological scenarios with accompanying costs should inform the Working Group strategic plans and the overall Global Plan. A Steering Committee approved by the Board guided the process of developing the Global Plan. The WHO Strategic and Technical Advisory Group on TB reviewed and endorsed the Plan development process in June 2005.

Regional and global scenarios for impact and costs of planned activities

These scenarios with the accompanying costs represent an analysis of the expected impact of the planned scale-up of activities oriented towards achieving the targets for 2015. The analysis required close interaction between representatives of the Implementation Working Groups (DOTS Expansion, DOTS-Plus and TB/HIV), WHO Regional Offices and the team assessing the epidemiological impact and costs of interventions.

The scenarios are indicative of what could be achieved, with ambitious but realistic assumptions. Scenarios have been developed globally and for seven of the eight TB epidemiological regions: Africa (AFR – high HIV prevalence) and Africa (AFR – low HIV prevalence), which are presented together; American region (AMR, Latin America only); Eastern European Region (EEUR); Eastern Mediterranean Region (EMR); South-East Asian Region (SEAR); and Western Pacific Region (WPR). The Established Market Economies (EME) and Central Europe are considered together as one epidemiological region because they have similarly high per capita income rates and low tuberculosis incidence rates. Since the main focus of the Global Plan is on those countries with high TB incidence, and the combined estimated incident cases in the EME and Central Europe in 2003 represented only 1.7% of the global total, neither detailed implementation scenarios nor a detailed set of projections have been developed for this regional profile.

The scenarios involved assumptions about the pace of scale-up and the implementation coverage of the activities. Estimates have been made of TB case detection and treatment outcomes over the next 10 years and of TB prevalence, incidence and death rates in relation to the 2015 targets. The scenarios also include estimated costs of country implementation as well as external technical support. Full details of the methodology can be found at: http://www.stoptb.org/GlobalPlan

Although these regional scenarios are not implementation plans, the methodology offers an approach applicable at country level. The next step will be to develop detailed regional and country implementation plans (integrating DOTS Expansion, DOTS-Plus and TB/HIV actions), based on the respective strategic plans.

Working Group strategic plans

The Working Groups developed their strategic plans based on a common template: the strategic vision, objectives, activities, key risk factors, monitoring and evaluation, and budget. A summary of each strategic plan appears in the Global Plan to Stop TB 2006–2015. Each Working Group, guided by its chairperson and coordinated by its secretary, undertook its own process of consultation among the Working Group members.

The activities set out in the strategic plans of the implementation Working Groups are consistent with those in the regional and global scenarios. The activities of these three Working Groups provide the foundation for the efforts of the Advocacy, Communications and Social Mobilization Working Group to strengthen strategic communication and social mobilization for TB control in countries. The strategic plans of the research and development Working Groups indicate how the successive introduction of new tools plays a progressively important part in making progress towards the Partnership's targets for 2015 and the long-term target of eliminating TB as a global public health problem by 2050.

Finalization of the overall Global Plan to Stop TB

At the end of September 2005 the first complete draft of the Global Plan to Stop TB was posted for several weeks for open review on the Stop TB Partnership website. Subsequent finalization of the Global Plan reflected the comments arising from this consultation period, and from discussions following presentation of the draft Global Plan at the Working Group meetings in Versailles and Paris in October 2005. The Coordinating Board endorsed the final Global Plan to Stop TB in November 2005, for launch in January 2006.