

10.5 Stop TB Partnership Secretariat: summary strategic plan, 2006–2015

Introduction

The Secretariat aims to ensure that, by enabling partners to work together, the Partnership has greater positive impact on global TB control than if individual partners worked alone.

Strategic vision

The Secretariat's strategic vision is that the full and active contribution of all partners to TB control and poverty reduction will lead to a TB-free world by 2050. Its mission is to empower partners in sustained action, to create synergies and to catalyse innovation, in order to achieve the Partnership's 2015 TB targets linked to the MDGs.

The Secretariat is a facilitator and broker for partners, a stimulator of innovation, a communicator on progress and an ambassador for Stop TB. It is not a programme manager, a funding agency or a policy-maker. The Secretariat is housed in the World Health Organization.

Objectives

The Secretariat has eight specific objectives for 2006–2015:

Objective 1: Promote accountability, flexibility and coordination in the management of partnership resources.

Objective 2: Stimulate the mobilization of the resources needed to permit the implementation of the Global Plan to Stop TB (2006–2015).

Objective 3: Ensure the effective functioning, growth, dynamism and catalysing effect of the GDF in global TB control.

Objective 4: Facilitate relationships between and with existing partners and strengthen our coalition by reaching out to new or potential partners.

Objective 5: Build skills, resources and capacity at regional and national level to enable successful partnerships to be developed.

Objective 6: Place TB on the global development agenda, while at the same time mainstreaming pro-poor approaches into TB control.

Objective 7: Take TB beyond the existing reach and scope of traditional disease control programmes by catalysing new opportunities and promoting the aims and objectives of the Global Plan to Stop TB (2006–2015).

Objective 8: Monitor and evaluate the impact of the Secretariat and Partnership in delivery of the Global Plan to Stop TB (2006–2015).

Activities

Secretariat activities to secure these objectives fall into four core areas of work.

Financial resources (objectives 1 and 2)

Targets to 2015:

- To strengthen the Secretariat's reputation for accountable, flexible and well-coordinated management of resources.
- To mobilize the resources needed to enable the Partnership to fully implement the Global Plan to Stop TB (2006–2015).

Accountability and financial management

A Secretariat that can rise to the challenge of brokering a growing pool of resources requires strong management skills. In particular, development of the Partnership Trust Fund to secure the funding requirement for all core areas of Secretariat activity will be fundamental. By 2015, the Fund should reach a cumulative US\$500 million. Secretariat success will be built on streamlining and standardizing operating procedures within the Secretariat and across the Partnership structure, including working groups, in order to match available resources to the requirements of working groups, national TB control programmes and partnerships. The Secretariat will use innovative interactive technological approaches to facilitate its coordination and management function.

Resource mobilization

The Secretariat is not a funding agency. However, to ensure full implementation of the Global Plan to Stop TB, the Secretariat will aim to help the Partnership mobilize a growing share of the resources required: by influencing donor policy, using innovative approaches and securing a solid reputation based on the quality of the Secretariat's performance. The milestones for the Partnership are to secure 10% of Global Plan funding requirements by 2007, 25% by 2009, 50% by 2011 and 100% by 2015.

A long-range resource action plan will ensure consistent and effective donor engagement. In addition to nurturing existing donors, the Secretariat will aim to realize 10% of its income from new donors by 2011. It will develop constructive relations with the private sector, securing a public/private funding ratio for Secretariat activities of 80/20 by 2015. The Secretariat will stimulate the mobilization of sufficient financial resources to ensure the implementation of Secretariat functions, provide seed funding for national partnerships, provide catalytic financial support to the working groups, and support the effective evolution of special initiatives such as the GDF.

The Secretariat will grow the pool of available funding for technical assistance, at the same time as brokering technical advice on proposals and resource mobilization to countries and partners, as required – notably in support of interaction with international financial mechanisms (such as GFATM). It will establish a tracking and early warning system to inform partners of funding opportunities.

Access to TB drugs (objective 3)

Targets to 2015:

- The GDF will provide a cumulative total of 25 million patient treatments through both grant and direct procurement service lines.
- Support for access to quality affordable anti-TB drugs will be provided in all countries where there is need.
- The GDF will stimulate the development of viable markets for TB control products, other than first-line anti-TB drugs.

The Global Drug Facility

Drug supply is a critical partnership resource underpinning the assumptions of the Global Plan to Stop TB (2006–2015). An important part of the Secretariat's strategic vision is therefore the evolution of the GDF to ensure access to quality, affordable anti-TB drugs in all countries where there is need. By 2007, the supply of anti-TB drugs through the GDF will meet the biennial target of patient treatments to be delivered globally, as identified by the DOTS Expansion Working Group.

Though the focus of the GDF within the Secretariat will remain the provision of first-line TB treatment, the GDF will expand the range of products available in its catalogue, to introduce diagnostic kits, paediatric anti-TB drugs, single anti-TB drug formulations for patients experiencing side-effects with currently available fixed-dose combination formulations, and second-line anti-TB drugs (following the merger by 2007 with the Green Light Committee – currently the supply mechanism for second line anti-TB drugs). Moreover, in view of the close relationship between TB and HIV infection, the GDF will be prepared for the harmonized supply of TB/HIV preventive therapies by 2007 and possible TB/HIV treatment therapies by 2009.

Beyond this, the GDF will become more actively involved in the process of supporting the development and diversification of competition in national and global anti-TB drug markets. It will facilitate the prequalification process for anti-TB drugs and rapidly scale up its direct procurement service (in which the development and impact of the GFATM will be a major determining factor). The longer-term aim is to support self-sufficiency in drug management at national and regional level through the implementation of the GDF's Sustaining the Gains Strategy and the establishment of a technical assistance service line to broker support from partners for countries in need. The strengthening of the GDF at regional level, to be completed by 2007, will facilitate the process.

As new technologies and tools for TB control come on-line towards the middle of the timeframe for this strategic plan, the GDF plans to incorporate them into the overall package of services it offers. The GDF will need to negotiate concessional pricing for new technologies and tools, as well as promoting quality assurance of the same, thereby sustaining the reputation of the Partnership and Secretariat for supporting the provision of quality, low-cost TB control interventions. By 2011, GDF systems will be prepared for the introduction of new drugs and new diagnostics. By 2015, plans and service lines for new vaccines will be fully developed.

Partnership and external relations (objectives 4, 5 and 6)

Targets to 2015:

- An increased number and proportion of TB stakeholders will become active partners in Stop TB.
- Skills and resources will be available at regional and national levels to develop successful Stop TB partnerships.
- TB will be further mainstreamed into global and national development agendas.

- Pro-poor approaches will be mainstreamed into TB control.
- A unique brand for Stop TB will be accepted and promoted by all partners.

Partnership and governance

The Secretariat believes that dynamic global, regional and local partnerships can offer huge advantages for stakeholders in TB control. To maximize the benefit from proactive rather than passive involvement of partners, the Secretariat will actively engage and coordinate with working groups, non-traditional partners and NGOs, and will strengthen the constituency of patient-TB experts.

The Secretariat will support national and regional partnerships to strengthen TB control at local level. These partnerships will become self-sustaining, independently operating entities answerable to their own constituent partners under the umbrella of the Global Stop TB Partnership and the Global Plan to Stop TB (2006–2015). Drawing on Secretariat seed funding and technical support, 10 national partnerships will be established by 2011 and an additional 12 by 2015. The Secretariat will monitor and evaluate the effectiveness of partnerships to guide future development.

The Stop TB Partnership governance structure is well established and commands broad support. However, given the ambitious targets of the Global Plan, the Secretariat will need to maximize the strategic output of governance mechanisms designed to coordinate the partnership effectively. The Secretariat will organize at least three Partners' Forum meetings during 2006–2015. It will also continue to organize meetings of the Coordinating Board at least twice a year, and of other executive bodies as required, to ensure that the mandate of partners is implemented.

External relations: advocacy and country communication

The Secretariat aims to ensure that TB control remains a critical priority for governments and the general public worldwide. It will catalyse TB advocacy, communication and social mobilization activities at all levels, and promote the Stop TB Partnership as an effective mechanism for innovation and progress. The Secretariat will enhance the influence of the Stop TB movement, to engage eminent champions and to acquire new donors and non-traditional partners worldwide. As such, the Secretariat will promote the working groups and the Global Drug Facility, and be an ambassador for a unique Stop TB "brand".

The Secretariat will support the Advocacy, Communication and Social Mobilization Working Group in promoting the Global Plan as a living document, and strengthen linkages between advocacy, resource mobilization efforts and the mainstreaming of TB into development and political agendas. The Partnership Secretariat team currently acts as the secretariat of the ACSM Working Group, but this function may be transferred to a partner agency by 2009.

Catalysing change and monitoring progress (objectives 7 and 8)

Targets to 2015:

- TB control will reach beyond traditional disease control and will feature in wider health and socioeconomic development agendas.
- The Secretariat will be capable of supporting the retooling of partners, who require assistance, in preparation for the introduction of new products and new technologies.
- Progress against the milestones, targets and impact of the Global Plan and working group activities will be evaluated and documented

Catalysing change and innovation

The Global Plan to Stop TB (2006–2015) must remain relevant for all partners throughout its lifetime. The challenge for the Stop TB Partnership Secretariat is to facilitate for partners a stream of new, added value products and services that enable partners to deliver against the Global Plan targets. Delivery of this objective will keep TB control, the Partnership and the Secretariat dynamic and at the cutting edge, able to respond rapidly to social, political or epidemiological change.

By ensuring a flow of information about new policy direction and initiatives, and by initiating debate among partners on coordinated responses beyond TB, the Secretariat will ensure that TB stakeholders are fully engaged and have an influential voice to catalyse change. The Secretariat also aims to identify ever wider circles of influence for the Stop TB Partnership beyond the current health agenda.

In particular, the Secretariat will catalyse change and debate in favour of enhanced TB control, through engagement with wider health sector strengthening and financing reform agendas, along with other social and economic development issues (such as poverty reduction, equity, gender, education, human rights, etc.). By 2007, TB will be further mainstreamed into the health systems strengthening agenda at global level and in important regional debates on development issues. A gender perspective and a human-rights-based approach will be integrated into all key Secretariat activity areas, including advocacy and communications, resource mobilization, partnership-building and technical assistance. By 2009, the Secretariat will facilitate a guide on the mainstreaming of human-rights-based approaches in TB programming. By 2011, it will secure strategic alliances to promote human rights, equity and gender awareness in global TB programming and Secretariat activities.

The Secretariat will support the working groups in the promotion of patient-friendly new technologies and will identify opportunities and resources to enable innovative projects to be nurtured. By 2009, it will develop a network to broker technical assistance to retool the Secretariat and key partners and countries for the introduction of new technologies. By 2015, the Secretariat will have the skill set necessary to support the implementation of the next Global Plan to Stop TB.

Monitoring and evaluation

The Secretariat has a fundamental role in monitoring and evaluating the Partnership and the Global Plan to Stop TB (2006–2015). The Partnership Secretariat will report to the Partner’s Forum (at least every 3 years) and Coordinating Board (annually) on progress towards the achievement of the Global Plan targets. In coordination and collaboration with the working groups, the Secretariat will monitor and oversee working group inputs and measure progress against the targets of the Global Plan. The Secretariat will provide a progress report at each Partners’ Forum. In addition, in 2011 the Secretariat will facilitate a mid-term review and progress report. In 2015 it will provide a final report on the Global Plan to Stop TB (2006–2015) and facilitate development of a further Global Plan for the next period. The purpose of this monitoring and evaluation activity is to enable the Secretariat to propose tactical revisions that could add value and enable partners to implement innovative solutions to better deliver against the Global Plan targets.

Risk factors

The Secretariat will seek to mitigate to the greatest degree possible the following potential risks to the successful implementation of the strategy outlined in this plan.

- A shift of donor emphasis to other diseases or sectors, as a result of an unfavourable global political context for TB control, leads to insufficient resource mobilization.
- The strategic direction adopted by the GFATM, or its future impact or reputation, affects the flow of global funds, with adverse consequences for the GDF.
- A lack of accountability, passive engagement of partners, or the failure of independent national or regional partnerships undermines the reputation of the global Partnership to Stop TB.
- Secretariat staffing levels are unstable or insufficient for required tasks.
- Partners and stakeholders are resistant to the Secretariat adopting and supporting new ideas and working methods.

Budget requirements for the Partnership Secretariat: 2006–2015

In order to carry out the activities outlined in this strategic plan, it is estimated that the Secretariat will require US\$519 million over the duration of the Global Plan.

Most of this sum – some 87% – will support the activities of the Global Drug Facility, which will require funding of approximately US\$450 million over the 10 years of the plan. The balance of US\$69 million (13%) will be required for Secretariat support for all other activities outlined above, including seed funding of innovative projects and brokering of support for partners. Table 29 provides a breakdown of budget requirements.

TABLE 29: BUDGET REQUIREMENTS FOR THE PARTNERSHIP SECRETARIAT, 2006–2015

SECRETARIAT ACTIVITIES	Estimated total budget requirements 2006–2015 (US\$)
Accountability and financial management	7,000,000
Resource mobilization	8,000,000
The Global Drug Facility – drug procurement	425,000,000
The Global Drug Facility – drug markets and management	25,000,000
Partnership strengthening activities	13,000,000
Governance	5,000,000
Advocacy	10,000,000
Country communication	8,750,000
Working group coordination	5,000,000
Change and innovation	6,500,000
Monitoring and evaluation	6,000,000
TOTAL	519,250,000