

Stop Partnership

SECRETARIAT Strategic Plan

CONTENTS

- I. ACHIEVEMENTS AGAINST THE GLOBAL PLAN (2000-2005)
- II. CONTEXT & CHALLENGES
- III. STRATEGY
 - 1. Secretariat's Strategic Vision
 - 2. Secretariat's Mission
 - 3. Secretariat's Objectives
 - 4. Principles and Values
 - 5. Key Indicators
 - 6. Secretariat Activities (A-D)
 - A. Financial Resources
 - B. TB Drug Supply
 - C. Partnership and & External Relations
 - D. Change and Innovation
- IV. RISK FACTORS
- V. RESOURCE REQUIREMENTS
- VI. TIMELINE

I) ACHIEVEMENTS AGAINST THE GLOBAL PLAN (2000-2005)

An external independent evaluation (2003) found that the Global Stop TB Partnership established itself, in a very short period of time, as a successful public private partnership for health. The Secretariat has added value to the global efforts to control TB and scored achievements against the first Global Plan. A broad network of partners has been established that responds to decision making processes that enjoy broad support among key constituencies.

Within the overall framework of the Partnership, the Secretariat's main purpose has been to engage partners in support to the Global Plan strategies, through: expanding and strengthening the secretariat's relations with existing partner organizations; building capacity for developing the Partnerships skills and resources; embedding TB in the political agenda such that the mainstreaming of innovative approaches (e.g. pro-poor) to TB control activities is possible; and monitoring and evaluating the impact of the secretariat in assisting the mechanism of Partnerships and of the Working Groups

The Secretariat's major contributions to implantation of the activities set out in the Global Plan to Stop TB (2000-2005) can be summarized:

- The preparation of the Global Plan to Stop TB (2000-2005) was facilitated by the Secretariat.
- The Global Drug Facility (GDF) was established; GDF has dramatically reduced the cost of TB drugs and provided more than 4.5 million patient treatments worldwide
- Global Partnership membership has grown to more than 400 organizations (2005).
- Guidelines and catalytic support led to the establishment of Regional and National Partnerships - with more to follow.
- A Network on TB & Poverty has been established to raise public awareness on the relationship between tuberculosis and poverty.
- To set the strategic direction and ensure a consensus is developed on priorities for action, two Partner's Forum meetings have been organized.
- Coordinating Board meetings have been held bi-annually to provide leadership and direction, to monitor the implementation of policies, plans and activities of the partnership.
- The Stop TB Partnership Trust Fund was established and housed within WHO as a reliable and low cost funding mechanism for global donations to the Stop TB cause.
- Financial resources have been made available to support the implementation of the priorities of the 7 Working Groups.
- The profile of TB has been raised at global level with dedicated advocacy and media relations/communications activity to embed TB in the political agenda.

- The creation of a pedagogy, tools and technical assistance framework for communication and social mobilization in countries to support DOTS programmes.

The heightened political support and commitment to the delivery of the activities outlined in Global Plan to Stop TB (2000-2005), including funding for working groups, facilitated by the Secretariat has enabled progress against TB worldwide. The rapid establishment of special partnership initiatives such as the Green Light Committee (for second line TB Drugs) and the GDF (for grant making, procurement and technical assistance for supply of first line drugs) is indicative of the Secretariat's flexibility.

II) CHALLENGES & CONTEXT

Despite rapidly establishing a 'formidable record' (Independent Evaluation of the Stop TB Partnership December 2003) of success, the Stop TB Partnership, Working Groups, Partners and the Partnership Secretariat face considerable challenges that must be managed if the ambitious targets of the Global Plan 2006-2015 are to be reached.

The specific challenges facing the Secretariat are clear. Firstly, though the funding available for global TB control has increased in recent years, it will be an ongoing challenge for the Secretariat to help mobilize sufficient resources to reach the targets outlined in this Global Plan to Stop TB (2006-2015). Activities are implemented by a broad range of interested stakeholders and it is only by expanding and strengthening the secretariat's relations with existing partner organizations that the Secretariat will be able to enhance coordination of activities and resources (such as drugs or expertise) critical to achieve the objectives of the partnership. Finally, without TB being successfully embedded in the global political agenda, the uniform and adequate implementation of the strategies outlined in the Global Plan to Stop TB (2006-2015) will not be optimal.

More widely, the Secretariat must face the challenge of an evolving development agenda; currently focussed on the achievement of the Millennium Development Goals and combating increasing poverty in countries. Beyond this - health sector reforms, the burden of HIV/AIDS and the potential impact of the Global Fund to fight AIDS, TB and Malaria are all important concerns that must be addressed in the framework of the Secretariat's strategy to support the Global Plan to Stop TB (2006-2015).

III) STRATEGY for the Global Plan to Stop TB (2006-2015)

III.1) Secretariat's Strategic Vision

The full and active contribution of all partners to TB control and poverty reduction leads to a TB-free world by 2050.

III.2) Secretariat's Mission

To empower partners in sustained action, to create synergies and catalyse innovation, in order to achieve the Partnership's 2015 TB targets linked to the MDGs.

III.3) Secretariat's Objectives

With the goal of successfully implementing the Global Plan to Stop TB (2006-2015), the Secretariat will facilitate and administer the decisions and recommendations of the Partner's Forum and the Coordinating Board. The Secretariat plans to further develop governance and management practices along business models to enable Stop TB to stay dynamic and responsive to the needs of all of our partners.

Our Objectives are to:

1. Promote accountability, flexibility and coordination in the management of partnership resources.
2. Stimulate the mobilization of sufficient resources to enable the implementation of the Global Plan to Stop TB (2006-2015).
3. Ensure the effective functioning, growth, dynamism and catalysing effect of the GDF in global TB control.
4. Facilitate relationships between and with existing partners and strengthen our coalition by reaching out to new or potential partners.
5. Build skills, resources and capacity at regional and national level to enable successful partnerships to be developed.
6. Place TB on the global development agenda; while at the same time mainstreaming pro-poor approaches into TB control.
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).
8. Monitor and evaluate the impact of the Secretariat and partnership in delivery of the Global Plan to Stop TB (2006-2015).

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.

III.4) Principles and Values:

The Secretariat will operate under the following principles:

the Secretariat is:

- a facilitator and broker for partners
- a stimulator of innovation
- a communicator on progress
- an ambassador for Stop TB

the Secretariat is not:

- a programme manager
- a funding agency
- a policy maker

The Secretariat shares common values: Urgency. Equity. Accountability. Shared responsibility. Inclusiveness. Consensus. Sustainability. Dynamism . The Secretariat will work to ensure that these values are a guiding force in all activities.

III.5) Key Indicators:

Objective 1

- Partnership Secretariat meets internationally recognized standards of financial and management practice.

Objective 2

- Secretariat contribution to annual US\$ raised as a proportion of the total need specified in the Global Plan to Stop TB (2006-2015).
- Number of countries, partnerships and partners having and implementing resource mobilization plans.

Objective 3

- Increase in funding available for direct procurement and grants of anti-TB drugs by GDF.
- Increase in the range of products offered by the GDF.

Objective 4

- Number of partners making active, measurable inputs into partnership activity.

Objective 5

- Number of partnerships achieving their objectives after receiving Secretariat technical and financial support to aid their development.

Objective 6

- Number of countries implementing strategic TB communication plans.
- Number of countries mainstreaming pro-poor approaches into TB control activities.
- Number of countries and agencies mainstreaming TB control into development strategies and instruments.
- Number of identified TB champions.

Objective 7

- Number of strategic alliances forged beyond traditional health sector.
- Number of partners prepared for the introduction of new products, innovations and technologies into TB control programmes

Objective 8

- Proportion of Global Plan and Working Group targets and milestones successfully met and documented with Secretariat support.

III.6) AREAS OF SECRETARIAT WORK

In order to achieve the objectives outlined above, the Secretariat will split its work into four core functions and areas of work.

- A. Financial Resources (objectives 1 &2)
- B. Access to TB Drugs (objective 3)
- C. Partnership and & External Relations (objectives 4, 5 &6)
- D. Innovation and Change (objectives 7&8)

A) Financial Resources

An important function of the secretariat is to build the reputation of the partnership so that, with partners, we can help to mobilize and coordinate the resources necessary for the full implementation of the Global Plan to Stop TB.

The Secretariat is housed by the World Health Organization.

TARGET(S) to 2015:

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

A.1) Accountability and Financial Management

The management of resources that the Secretariat has at its disposal will be undertaken in order to build accountability and reputation - a prerequisite to successful resource mobilization in the long term. A Secretariat that can rise to the challenge of brokering a growing pool of resources requires strong management skills. In particular, the growth and development of the Partnership Trust Fund to secure the funding requirement for all core areas of Secretariat activity will be fundamental. Secretariat success will be built on a process of streamlining and standardizing operating procedures to facilitate coherent and consistent matching of available resources to the requirements of working groups, national TB control programmes and partnerships. Emphasis will be placed on establishing solid decision making processes to consolidate the Secretariat's reputation and accountability to all partners. To this end, the Secretariat will use innovative interactive technological approaches to facilitate its coordination and management function.

Milestones:

- 2007: Operational Procedures and Guidelines in place for seeking and accounting for resources.
Memorandum of Understanding agreed with WHO
- 2009: New financial mechanisms and instruments established as appropriate.
- 2011: Core processes and infrastructure streamlined within the Secretariat and across partnership structure including Working Groups.
- 2015: The Partnership Trust Fund reaches cumulative US\$500 million.

A.2) Resource Mobilization

The Secretariat is not a funding agency. However, a dynamic role in resource mobilization is envisioned for the Secretariat.

To ensure that the full implementation of the Global Plan to Stop TB, the Secretariat will aim to 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. A Long Range Resource Action (LRAP) Plan will ensure consistent and effective donor engagement. 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 GDF.

Ensuring the continued ongoing and growing support of our core donors through effectively delivering results and impact will be the mainstay of our approach. To this end, the Secretariat will develop its IT infrastructure to support donor needs and establish platforms for closer collaboration. In addition to nurturing existing donors, the Secretariat will aim, through close collaboration with advocacy efforts, to acquire new supporters.

The Secretariat will facilitate information flow on resource mobilization techniques to and from our partners. The Secretariat will aim to 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). The Secretariat intends to establish a tracking and early warning system to inform partners of upcoming funding opportunities, to maximize the total amount of funding accessible to partners. In addition, the Secretariat intends to become engaged in developing systematic, sustainable and constructive relations with the private-sector.

Milestones:

- 2007: 10% of Global Plan funding requirements available
Funding Opportunities Tracking System established
Resource Mobilization technical assistance brokered
High Priority Action of the Long Range Resource Action (LRAP) Plan implemented

- Realization of 5% of the Secretariat income from new donors (baseline 2005)
- 2009: 25% of Global Plan funding requirements available
 Public/private funding ratio for Secretariat activities of 90/10
 Establish mechanism to systematically provide resource mobilization technical assistance
 Realization of 8% of the Secretariat income from new donors
 Mid-term Review of the Long Range Resource Mobilization Action Plan.
- 2011: 50% of Global Plan funding requirements available
 Public/private funding ratio for Secretariat activities of 85/15
 Realization of 10% of the Secretariat's income from new donors
- 2015 Balance of funding (100%) for Global Plan requirements available
 Partnership Trust Fund reaches cumulative US\$500 million.
 Public/private funding ratio for Secretariat activities of 80/20
 Resource mobilization plan post 2015 prepared.

B) Access to TB Drugs

The drug supply is a critical partnership resource underpinning the assumptions of the Global Plan to Stop TB (2006-2015). Achieving the Millennium Development Goals depends on securing an uninterrupted supply of high quality affordable first-line drugs for TB control.

TARGET(S) to 2015:

- **The GDF provides a cumulative total of 25m patient treatments through both granting and direct procurement service lines.**
- **Support for access to high quality affordable anti-TB drugs is provided in all countries where there is need.**
- **The GDF stimulates the development of viable markets for TB control products, other than 1st line drugs.**

B.1) The Global Drug Facility (GDF)

The GDF is an important part of the Secretariat's strategic vision and critical to achieving the DOTS Expansion working group targets and milestones. The Secretariat envisions the evolution of the GDF to ensure the drug supply and access to high quality affordable anti-TB drugs is provided in all countries where there is need.

In the initial stages, GDF will look to expand the availability of products listed in the GDF catalogue: to include the introduction of diagnostic kits, paediatric TB drugs, substitute loose tablets for patients experiencing the side effects of currently available fixed dose combination TB drug regimens and 2nd line drugs (following a merger with the Green Light Committee - the supply mechanism for 2nd line drugs). Though the focus of GDF within the Secretariat will be the provision of TB treatment, in view of the close

relationship between TB and HIV infection, the GDF will also remain sufficiently flexible so as to be able to support the harmonized supply of TB preventive and ultimately treatment therapies , if required.

Beyond this, the GDF will become more actively involved in the process of supporting the development and diversification of competition in national and global TB drug markets - by facilitating the prequalification process of potential TB drug producers and rapidly scaling up direct procurement services. In relation to the scaling up of direct procurement processes, the development and impact of the GFATM will be a critical determining factor. The longer term aim would be to support the sustainability of drug management at national and regional level through the establishment of a technical assistance service line to broker support from partners for drug management where and when required. The expansion of GDF at Regional level will facilitate the process.

As new technologies and tools for TB control come on-line towards the middle of this strategic plan timeframe, the GDF plans to integrate their delivery into the overall package the Facility has on offer. The timeframe for the development of new drugs, diagnostic tools and even a vaccine indicates that the GDF needs to position itself in order to negotiate concessional pricing of new technologies and sustain the reputation of the partnership and Secretariat for supporting the provision of high quality, low cost TB control interventions.

Milestones:

- 2007: Supply of low cost, high quality TB drugs meets the cumulative biennial target of patient treatments to be delivered globally, as identified by DOTS Expansion Working Group.
Convergence with Green Light Committee completed
Introduction of new products (loose tablets, paediatrics, diagnostics) into GDF catalogue.
GDF able to support harmonized support of TB/HIV preventive therapies
Number of core partners collaborating on technical assistance with GDF increased to 15.
- 2009: Regional expansion of GDF completed.
Provision of Technical Assistance for drug management and procurement capacity available to all GDF partner countries.
Pre-qualification and expansion of supply for products in existing GDF catalogue.
- 2011: Direct procurement accounts for 50% of GDF supply.
GDF systems prepared for the introduction of new drugs and new diagnostics.
- 2015: Cumulative 25 million patient treatments are delivered by GDF.
Plans and service lines for new vaccines fully developed.

C) Partnership and External Relations

The Secretariat believes that for TB control dynamic global, regional and local partnerships can offer huge advantages for stakeholders.

TARGET(S) to 2015:

- **An increased number and proportion of TB stakeholders become active partners in Stop TB.**
- **Skills and resources are available at regional and national level develop successful Stop TB partnerships.**
- **TB is further mainstreamed into global and national development agendas.**
- **Pro-poor approaches are mainstreamed into TB control.**
- **A unique brand for Stop TB is accepted and promoted by all partners**

C.1) Partnership and Governance

The Secretariat aims to target efforts on reaching out systematically to engage with critical partners and stakeholders. The Secretariat wants to be responsive to stakeholders who are empowered and proactive. To maximize the benefit accrued from the proactive, rather than passive involvement, of partners, the Secretariat will actively work to develop strategies and mechanisms to engage and coordinate better with the Working Groups, with non-traditional partners and NGOs and to 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). In addition to providing seed funding to establish national or regional partnerships as appropriate, the Secretariat will monitor and evaluate the effectiveness of partnerships to guide future development.

The governance structure of the Stop TB Partnership is well established and commands broad support. However, with the ambitious targets of the Global Plan to Stop TB (2006-2015) 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 the lifetime of the Global Plan to Stop TB (2006-2015). The purpose of the Partners' Forum is to promote and enable the acceleration of action to Stop TB, through networking and exchange of information, and to take stock of progress against the targets. The Forum meetings will help galvanise and energise partners around TB and the aims of the Global Plan. The Secretariat 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.

Milestones:

- 2007: A strategy for enhanced and sustained outreach/engagement to partners developed/adopted.
 Role of Patient-TB experts clarified and embedded in TB control efforts.
 Mechanism for Working Group Coordination established.
 Monitoring mechanism in place and existing partnerships evaluated.
 Technical support enables the development of 4 fully operational national partnerships in key countries.
 3rd Partners' Forum held
- 2009: National partnerships established and functioning in all epidemiological regions
- 2011: Secretariat seed funding and technical support leads to the establishment of national partnerships in 10 countries with significant TB burdens.
 4th Partners' Forum held
- 2015: National partnerships established in an 12 additional countries with significant TB burdens
 5th Partners' Forum held

C.2) External Relations: Advocacy and Country Communication

The Secretariat aims to ensure that TB control remains a critical priority for governments and the general public world wide. In terms of external relations, the Secretariat 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 support the Advocacy Communication and Social Mobilization Working Group (ACSM-WG) in promoting the Second 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 Secretariat aims to 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 Global Drug Facility, and be an ambassador for a unique Stop TB 'brand'.

Through the ACSM-WG, the Secretariat will develop the capacities of countries to plan and implement effective ACSM activities to support TB control programs. The Secretariat will strengthen regional and national partnerships with technical assistance for ACSM, build coalitions to mainstream TB control into broader health and development processes, and develop models for scaling up patient empowerment activities.

By brokering technical assistance for countries, the Secretariat will facilitate the incorporation of advocacy, communication and social mobilization concepts into effective data-driven action. The Secretariat will support development of communication skills for TB control, and through the ACSM-

WG, contribute to addressing communication-related obstacles to DOTS implementation.

The Partnership Secretariat team currently functions as the secretariat of the ACSM Working Group. During the course of the strategic plan, the working group may migrate the secretariat function to another working group member.

Milestones:

2007: Global materials produced and distributed to stakeholders, that effectively brand the Global Plan, promote sound TB policies and the Stop TB Partnership.

Dynamic and interactive web resources developed to support the Global Plan other WGs and information sharing across the Partnership

A unique Stop TB brand is developed and rolled out.

TB features on the agenda of key global health-related meetings.

Champions for TB are identified for every region.

Common communication pedagogy and tools for TB control in use in all regions.

All HBC countries have functioning national strategic communication plans (IEC, social mobilization, behavioural change etc) for TB.

2009: Secretariat of ACSM-WG migrates to a partner agency.

TB control is mainstreamed into national development plans instruments in all high burden countries.

2011: Celebrity and policy ambassadors/champions are established elements of all existing partnerships.

Patient representatives and spokespeople are established elements of partnerships and TB control efforts globally and in key countries.

Pro-poor approaches are mainstreamed into TB control activities in all high burden countries.

Secretariat brokers technical assistance in communications for all high burden countries; workshops held in all regions.

2015: Stop TB is prepared to mark successful achievement of the Millennium Development Goals and Stop TB targets.

D) 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. The delivery of this objective would aim to keep TB control, the Partnership and the Secretariat dynamic and cutting edge; responding rapidly to social, political or epidemiological change.

TARGET(S) to 2015:

- **TB control reaches beyond traditional disease control and features in wider health and socio-economic development agendas.**

- **The Secretariat is 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 and targets and impact of the Global Plan and Working Group activities is evaluated and documented**

D.1) Catalysing Change and Innovation

Strategically, the Secretariat will aim to ensure that partners remain informed about new policy direction and initiatives. By ensuring an information flow and initiating debate among partners, on coordinated responses beyond TB, the Secretariat plans to ensure TB stakeholders are fully engaged and have an influential voice to catalyse change. In particular, the Secretariat would aim to 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). The Secretariat plans to facilitate the integration of a gender perspective and a human rights based approach in all key Secretariat activity areas, including advocacy and communications, resource mobilization, partnership building and technical assistance. More radically, the Secretariat would aim to identify ever wider circles of influence for the Stop TB Partnership beyond the current health agenda.

The Secretariat believes there is a need to start to enhance the capacity of Stop TB partners in preparation for the introduction of new technologies and new innovations. Innovations could push the boundaries of existing approaches to TB control during the lifetime of the Global Plan to Stop TB (2006-2015). The Secretariat will support the working groups in the promotion of patient friendly new technologies and identify opportunities and resources to enable innovative projects to be nurtured. The brokering of technical support to partners, regions and countries will ensure that TB partners will be able to exploit new opportunities for enhanced TB control as they arise.

Milestones:

- 2007: TB further mainstreamed into health systems strengthening agenda at global level and in important regional debates on development issues. Secretariat establishes interactive information sharing mechanisms to facilitate the promotion of TB beyond existing disease control agendas.
- 2009: A guide on the mainstreaming of human rights-based approaches in TB programming is facilitated by the Secretariat. A network is developed to broker technical assistance to prepare and retool the Secretariat and key partners and countries for the introduction of new technologies.
- 2011: Strategic alliances are achieved to promote human rights, equity and gender awareness in global TB programming and Secretariat activities.
- 2015: Development community welcomes input of TB into achievement of TB control targets related to the MDGs.

Secretariat is prepared, with the necessary skill set, to support the implementation of the Global Plan for Stop TB - post 2015.

D.2) Monitoring and Evaluation

The Secretariat has a fundamental role in monitoring and evaluation of the partnership and the Global Plan to Stop TB (2006-2015). The Partnership Secretariat will report back 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 global targets. The purpose of this monitoring and evaluation activity is to enable the Secretariat to propose tactical revisions, for consideration by the partnership governance structure, that could add value and enable partners to implement innovative solutions to better deliver against the Global Plan targets.

Milestones:

2007: Secretariat facilitates an annual assessment of working group achievements against the Global Plan to Stop TB (2006-2015) targets.

2009: Secretariat completes and disseminates an external evaluation of the contribution of the Stop TB Partnership to the achievement of the Global Plan to Stop TB (2006-2015) targets.

2011: Secretariat facilitates a Mid-term Review and Progress Report of the Global Plan to Stop TB (2006-2015).

2015: A Final report on the Global Plan to Stop TB (2006-2015).

The Secretariat facilitates a Global Plan to Stop TB Beyond 2015

IV) RISK FACTORS

The Secretariat will work to ensure that the impact of the following factors and issues, identified as possible risks to the successful implementation of the strategy outlined in this plan, are mitigated to the largest degree possible.

- A shifting 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 and future impact/reputation of the GFATM affects global funds flow, with particular consequences for 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.
- Staffing levels at Secretariat are unstable and insufficient for tasks expected of it.
- Partners and stakeholders are resistant to the Secretariat adopting and supporting new ideas and working methods.

V) RESOURCE REQUIREMENTS

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 to Stop TB (2006-2015).

The costing of this resource requirement is broken down in the budget table below. In summary, most of this sum - 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 in the attached strategic plan, including seed funding of innovative projects and brokering of support for partners.

SECRETARIAT ACTIVITIES	ESTIMATED TOTAL requirements 2006-2015 US\$
Accountability & 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 Resources Required	519 250 000

