

**The Stop TB Partnership and the World Health Organization are announcing a call for applications for members to serve on the Global GLC Committee (gGLC) in 2011-2013.**

A global strategic committee (the "gGLC") is being established that will be i. a sub-group of the MDR-TB Working Group of the Stop TB Partnership, and ii. an advisory committee to WHO, with a dual role of advising WHO and partners.

Applicants are being sought to serve on the gGLC for the term July 2011 - June 2013. Applicants should note that:

- i. Members are to be appointed onto the gGLC in their individual capacity; and
- ii. Members will be selected to ensure that as many as possible of the relevant technical areas, and the perspectives of a broad range of constituencies and regions are represented on the committee.

Nine members are being sought to represent the following technical areas and constituencies:

**1. Technical areas (focused on drug-resistant TB)**

Programmatic management of DR-TB care  
Clinical care, including paediatric and HIV-infected patients  
Patient support and nursing care and case holding strategies  
Drug management  
Laboratory  
Infection control  
Epidemiology and surveillance, and information systems  
Advocacy

**2. Constituencies**

Civil society  
Technical partners  
Implementing partners  
International non-governmental organizations  
Private sector health care providers  
Academia and research institutions  
Donor/funding agencies  
Countries - NTP or other governmental representatives from a high burden country

Regional GLC Committees (rGLCs), according to the 6 WHO regions, are being established alongside the gGLC. In the period July 2011 to June 2012, three rGLCs will be established. Depending on the lessons learnt with this first group of regions, it is anticipated that the other 3 rGLCs will be established subsequently. A similar process as to that for the gGLC will be conducted for the establishment of the rGLCs. Once the respective rGLCs are established, 1 member per rGLC will be nominated as the representative of the respective rGLC on the gGLC. Hence there will be a maximum of 6 regional representatives on the gGLC (i.e. 1 per rGLC), bringing the total membership of the gGLC up to a maximum of 15 members.

It is expected that members will cover more than one technical area or constituency.

The selection of gGLC members will be based on consideration of expertise and experience, and membership will be balanced by gender, region, technical area and constituency. Selection of members will be tasked to a committee convened by the Stop TB Partnership (STP), the Core Group of the STP's MDR-TB Working Group, and the World Health Organization. Their recommendations will be reached through consensus. As a WHO Advisory Committee, the list of recommended members will be sent to WHO for confirmation.

**Closing date of applications: 16 May 2011**

**Results of applications to be announced on: 7 June 2011**

**To apply for gGLC membership**

Interested individuals are invited to send their applications to the gGLC Secretariat at [glc\\_secretariat@who.int](mailto:glc_secretariat@who.int), attaching:

- a copy of their CV, and
- a cover letter expressing their interest and suitability for gGLC membership.

Applicants should outline relevant DR-TB experience in their covering letter and list out the area(s) of technical expertise and the constituencies that they are applying to represent on the gGLC. If an applicant is applying to represent a constituency, their application will be strengthened by evidence that they have backing from the respective constituency. Applications will be accepted until 16 May 2011.

There will be a maximum of two in-person gGLC meetings per year, with an anticipated meeting duration of 2-days, depending on availability of funds and agenda items.

Ad-hoc meetings via tele/videoconference or in person, may be organized as and when required.

As members of a body that serves as a WHO advisory committee as well as a sub-group of the MDR-TB Working Group, members will not be paid for their committee work. However, because some members are not remunerated by their institutions for the time spent on committee activities or are independent agents, the gGLC Secretariat will explore the possibility of offering gGLC members an honorarium in recognition of the work they undertake for the benefit of Member States and TB affected people. The amount paid as honorarium would however not be calculated on the basis of time spent or volume of work performed, but will represent a recognition for the individual's commitment to the gGLC.

Members will serve for a term of 2 years, renewable for a second consecutive term. Renewal will be dependent on performance evaluation, based on criteria outlined in the standard operating procedures.

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## **New Framework to Support Scale Up to Universal Access to Drug Resistant TB Management**

### **Background**

#### **Mission statement**

To achieve a world free of drug-resistant tuberculosis.

#### **Goal**

To accelerate scale up to achieve universal access to prevention, early diagnosis and effective patient-centred treatment for drug-resistant tuberculosis (DR-TB) by 2015.

To reach this goal the new global framework will provide:

1. Increased level and diverse models of technical support from all partners to assist countries to plan, implement, manage and monitor the required scale-up of DR-TB services.
2. Increased access to high-quality, affordable second-line drugs for the treatment of DR-TB.
3. Strengthened advocacy for the accelerated scale up of the response to DR-TB.
4. Regular and supportive monitoring and evaluation of country performance in accelerating access to DR-TB treatment and care, to inform assessment of global progress, to propose improvements to the global, regional and national approaches, and to pursue advocacy activities tailored to country needs.
5. Regular updating of international policy and guidelines relating to the programmatic management of drug-resistant tuberculosis (PMDT).
6. Provision of advice to funding agencies, on their request, ensuring that the effective management and care of patients with DR-TB is done in accordance with international standards.

To support the implementation of the new global framework, GLC Committees will be established at the global and regional levels.

#### **Terms of reference of the gGLC Committee**

- Provide advice to WHO and Partners on strategic issues related to scaling up DR-TB care;
- Strengthen advocacy for increasing commitment of countries, donors and technical agencies to achieve universal access to patient-centered DR-TB management according to WHO guidelines;
- Monitor and evaluate global and regional scale-up of DR-TB management to optimize regional and country strategies;
- Promote access to high-quality, affordable second-line anti-TB drugs and other commodities;
- Liaise with global partners in support of scale-up of PMDT for harmonization and streamlining of efforts and identification of research needs;
- Ensure collaboration among Global and Regional GLCs to ensure consistency and communication across regions to address technical issues, programmatic challenges, and strategic planning;
- Contribute to regular updating of the evidence base, WHO policy and guidelines relating to PMDT, including the rapid uptake of new tools to improve PMDT; and
- Provide opinions to donors/funding agencies at their request on country PMDT scale-up plans and subsequent technical assistance needs addressing identified gaps.