



towards a TB free future

Stop TB Coordinating Board Meeting

The Hague, The Netherlands*
10-12 October 2003

DRAFT

GLOBAL PARTNERSHIP TO STOP TB STOP TB SECRETARIAT 2004-2005 WORKPLAN AND BUDGET EXECUTIVE SUMMARY

In support of the vision and mission¹ of the Global Partnership to Stop TB, the Stop TB Partnership Secretariat ("Secretariat") is coordinating and carrying out activities as an operational support to the Stop TB Coordinating Board. The primary role of the Secretariat is to support partnership activities by mobilizing and coordinating partners and working groups, and disseminating information. The Global TB Drug Facility is also managed by the Stop TB Secretariat. The Secretariat is a small group of staff housed in WHO and is headed by an Executive Secretary. Staff are mostly contracted through WHO, while some staff are seconded by partners.

The Secretariat's functions are divided in three areas of work: (1) Support and Innovations, (2) Global TB Drug Facility, and; (3) General Management and Administration.

The specific objectives for each area of work are as follows:

(1) Support and Innovations

1.1 Governance: To realise the smooth management of the partnership's components by ensuring transparent and effective governance of the respective decision making bodies, through creating and sustaining an enabling environment for and to provide support to mainstream equity issues;

1.2 Coordination and Growth: To stimulate engagement of all partners and facilitate the effective functioning of existing partnership, especially to support the functioning of regional and national partnerships;

1.3 Working Groups: To ensure collaborative interactions and cross-fertilization among the six working groups, and specifically facilitate the creation of an enabling environment for the development of new tools for tuberculosis control. In general to ensure that the work groups are focused on the most important areas in tuberculosis control and are structured optimally to enable the partnership to meet its goals;

1.4 Advocacy and Communication: To provide strategic guidance and coordination to the Advocacy and Communication for the Stop TB Partnership, focused in four main areas: (a) Management of the Task Force; (b) global advocacy; (c) national and sub-national communication; (d) information products.

(2) Global TB Drug Facility

2.1 Application Review and Monitoring (ARM): (a) To determine the needs for first and second line drugs and diagnostics; (b) To assist countries in meeting the GLC requirements for implementing DOTS plus; (c) To determine which countries will receive GDF and GLC drugs and prepare them for receiving drugs and diagnostics; (d) To ensure compliance with GDF /GLC terms and conditions; (e) Assist the countries to ensure the DOTS programmes sustainability.

2.2 Supply (SUP): (a) To facilitate DOTS expansion by providing quality assured and affordable anti-TB drugs in a timely manner: (1) First line - 7.8 million first-line patient treatments; (2) Second line - 1.4 million dollars worth of patient treatments; (b) Ensure that all GDF supported countries/GLC approved projects have access to high quality diagnostics and laboratory equipment; (c) At least 50% of TB patients globally treated with products of known good quality;

¹ Vision: *Towards a TB-free world*

The mission of the Global Partnership to Stop TB is to:

- ensure every TB patient access to effective diagnostic, treatment and cure;
- stop the worldwide transmission of TB;
- reduce the inequitable social and economical toll of TB, and;
- develop and implement new preventive, diagnostic, and therapeutic tools and strategies to eliminate TB.



2.3 Drug Management: (a) To ensure that all GDF supported countries and GLC approved projects have adequate technical and drug management assistance to ensure rational use of drugs; (b) To promote use of FDCs;

2.4 General Management and Support: (a) To build and implement a comprehensive advocacy strategy for the GDF; (b) To ensure that GDF and GLC has adequate financial resources to achieve all the products and activities in the 2004/2005 workplan; (c) To ensure that GDF and GLC operations are supported by a comprehensive unified internal management and information system.

(3) Secretariat Management and Administration

3.1 Resource mobilization and financial management: Financial and in-kind resources are secured and made easily available to the Partnership for priority needs as identified in Partnership-wide workplans;

3.2 Information management: To develop mechanisms to address information needs of Stop TB partners;

3.3 General management: To manage the Stop TB Partnership secretariat.

Highlights of Products and Activities for each area of work

1. Support and Innovations

1.1 Governance

The Stop TB Coordinating Board continues to represent and act on behalf of the Global Partnership to Stop TB. The Coordinating Board members meet twice year and as necessary have teleconferences to discuss the progress of the activities and address issues and problems encountered by the Partnership. The day-to-day work of the Secretariat is guided by the Coordinating Board Working Committee through monthly teleconferences. The 3rd Stop TB Partners' Forum in 2006, offers an important opportunity of information exchanges and decisions on the future direction for the Stop TB Partnership at the time that the global Stop TB targets are evaluated (*for planning purposes the 3rd Partners Forum '06 is already reflected in this Workplan/Budget*).

The Secretariat is supporting relations with all the Stop TB partners, and plans reflect staff-time to liaise with current Partners, potential partners and global initiatives (e.g. GFATM). In addition, specific policy areas will be supported. One of the ongoing policy areas is the link between TB and poverty. The Network for Action on TB and Poverty will produce innovative approaches for reaching out to the poor and will stimulate operational and social research to increase our understanding how barriers for the poor can be identified and subsequently reduced.

The First Global Plan to Stop TB represented a landmark consensus strategy document that is unique in the world of public health partnerships. However, its limitation was the vertical nature of the workplans contained therein. Strategic overlap and complementary between and among Working Groups, the governance structures of the Partnership, and important outside actors were absent. The Second Global Plan to Stop TB, 2006-2010 should reflect the maturation of the Partnership, specifically its ability to strategically combine the activities of its components and outside forces for greater efficiency and broader reach. The Global Plan development process itself should serve as a mechanism to identify and create these synergies, particularly among the Working Groups and with key external entities, through support from the Coordinating Board and its Secretariat. This process should therefore be considered a core Partnership activity in the period up to the 2006 Global Plan launch.

1.2 Coordination and Growth

The Partners Directory will provide accurate and updated overview of the activities that Stop TB partners undertake or are planning. This directory can be easily accessed via the internet and is an important tool for partners to establish meaningful relationships with one another in support of TB control.

In all (WHO) regions TB dedicated partnerships bring country experiences together in a region specific perspective and will provide a platform for advocacy and coordinated action in support of country activities.

All 22 High Burden countries (HBCs) and 10 other countries will have functioning national partnerships that brings all national and international stakeholders together in support of the TB control

activities. The synergy resulting from these partnerships will enrich the fight against tuberculosis, as previous country experiences have demonstrated (Indonesia, Tanzania).

1.3 Working Groups

In the start-up phase of the partnership, the Working Groups have largely acted as self-contained entities, executing their workplans in association with their membership and/or constituency. This workplan introduces the evolution of this phase to one in which there is strategic synergy between and among the working groups, and a greater value-added offered to them from the Partnership as a whole. This evolution is to be achieved through a more focused and concentrated effort of the Secretariat, in the form of dedicated staff, and through the on-going support of Professor Phil Hopewell who has ignited this process. In particular, it is envisioned that the Working Groups will organise their strategic orientation by building on relevant background documents such as the outcomes of the Second Ad Hoc Committee on the Tuberculosis Epidemic and its working papers as the basis of the Second Global Plan to Stop TB, 2006-2010. This Second Global Plan is intended to make explicit the strategic linkages between and among the working groups, as well as to make clear how the Partnership contributes to their distinct aims and objectives, such as creating enabling environments for the development of new tools. Building consensus on the Global Plan as a mechanism for more effective functioning of the Working Groups and maintaining their focus on the most important areas of tuberculosis control are therefore key objectives of this workplan section.

1.4 Advocacy and Communications

The Secretariat will lead the Stop TB Advocacy and Communications Task Force via a new 15-member Core Group set up to strengthen planning, implementation, coordination and reporting of activities. The 2004-2005 workplan focuses on three overriding objectives: (1) to increase resources for global TB control via a more intensive and sustained regime of media activities (press conferences, briefings, targeting of leading journalists, centered on the campaign theme "Keeping the Pledge") and via focused parliamentary outreach efforts, (2) to accelerate case detection at country level by providing technical assistance for NTPs to leverage GFATM, TBCTA and other existing funding resources to support programme communications and social mobilization activities; and (3) to activate HIV/AIDS groups in a joint advocacy strategy to promote understanding of the linkages between the two diseases and support TB/HIV interventions at country level.

2. Global TB Drug Facility (GDF)

2.1 Application Review and Monitoring (ARM)

The main objectives of the GDF ARM products and activities are to determine the global needs for first and second line drugs and diagnostic materials and to run the applications/review and monitoring processes of the GDF and the GLC. These processes have been created to assist countries to successfully apply for drugs and diagnostics, to prepare countries to receive GDF/GLC products and to monitor use of products to ensure that terms and conditions of support are being adhered to and that use is rational.

GDF support is provided, in principle, for a three-year period, subject to availability of resources, and satisfactory compliance with GDF conditions of support, including annual independent monitoring. Following from this period countries have three options – they can re-apply for a further three-year grant from GDF (subject to resources) they can continue to access GDF products and services through direct procurement or they can move elsewhere. GDF needs to develop as a matter of urgency a phase-out strategy for countries, which will reach the end of their 3 year support by GDF in 2004/2005.

2.2 Supply

The main objectives of the GDF *Supply* products/activities for the 2004-2005 workplan are to (i) facilitate DOTS expansion through the timely supply of 7.8 million first-line patient treatments; (ii) ensure the effective treatment of multi-drug resistant TB through the supply of 1.4 million US dollars worth of second-line patient treatments through GLC; (iii) improve the quality of 1st & 2nd line anti-TB drugs supplied globally; (iv) implement a procurement and distribution strategy for TB diagnostics and laboratory equipment for TB and MDR-TB treatment.

These objectives will require the contracting and co-ordination of a variety of agents across the spectrum of procurement and supply chain management including agents for procurement, manufacture, quality control, pre-qualification, insurance and freight.

2.3 Drug Management

The main objective of the Drug Management activities planned for 2004 is to ensure that all GDF supported countries have adequate technical and drug management assistance to ensure the rational use of drugs, specifically of the GDF supplied anti-TB drugs. GDF, in close co-operation with the DOTS Expansion Working Group and the Green Light Committee, plans to develop a TB Drug Critical Flow instrument to promote improved 1st and 2nd line TB drug management. GDF will further promote the systematic incorporation of Drug Management Schedules into the DOTS Expansion Plans of its supported countries. It will also continue to promote the use of FDC preparations together with DOTS Expansion Working Group and EDM/WHO.

In the field of improving quality in national and international TB drug manufacturing GDF intends to catalyse the participation of National Drug Manufacturers in high-burden countries in its ongoing pre-qualification project.

2.4 General Management and Support

The objective of these products and activities are to ensure that GDF operations are supported by a comprehensive unified internal management and information system, backed up by a comprehensive advocacy strategy and that there are sufficient funds to operate the GDF secretariat and to provide grants of drugs (1st and 2nd line) to countries. As the GDF moves from a "start up" model to a more mature entity and following from the recent merger of the GDF and GLC secretariats, as well as in interest from other parties to set up GDF-like activities, the importance of standardising GDF work becomes important, hence the move towards improving information management in the GDF/GLC secretariat.

3. General Management and Administration

In this workplan, the general management and administration has been strengthened to include the resource mobilization and financial management areas as well as the information and technology support. These areas are important in support to the activities and major decisions that will have to be made or presented to the Coordinating Board and Partners.

3.1 Resource Mobilization and Financial Management

As a start-up, the Partnership has had brilliant success at getting world class mechanisms in place on a shoestring. However, the McKinsey GDF review as well as initial feedback from the STB Partnership review both indicate that more systematic, business-like management and reporting systems are needed in the Secretariat. The Global Plan update process has revealed a lack of clarity on Partnership resources and their flows. The current GDF funding crisis has uncovered a serious dearth of financial support for the Partnership's core functions. Administrative issues surrounding the pooled partnership financial mechanisms are the focus of a Coordinating Board Task Force. Therefore there is a clear need for an experienced senior Partnership Resource Administrator to monitor Partnership financial flows, to project financial needs, and to execute a cohesive strategy for resource mobilisation to ensure that needs are met. This does not preclude Coordinating Board responsibility for the resource mobilisation task, but rather ensures that the Board has sufficient support at the Secretariat level to ensure success.

3.2 Information Management

New tools will be developed to strengthen an up-to-date information disseminated to Partners. It is also envisaged to have an enhanced communications with Partners.

3.3. General Administration

Support for the basic needs of the Secretariat operations being housed in the host organization, and to comply with the established office policies and procedures as deemed necessary.