



Stop TB Partnership

SUMMARY SHEET

AGENDA NR. 1.12 – 9.0	STOP TB PARTNERSHIP THE RESOURCES PART 2 WORK PLAN 2012-2013
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IS THIS SESSION FOR:	INFORMATION <input type="checkbox"/>	DISCUSSION <input checked="" type="checkbox"/>	DECISION <input checked="" type="checkbox"/>
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BACKGROUND (INCLUDING PROBLEM STATEMENT): Each WHO biennium, the Stop TB Partnership Secretariat, including the Global Drug Facility and TB REACH, present their plan of work and budget for the coming two years.

SUMMARY/OUTLINE OF THE SESSION:

The work plan for the biennium 2012/2013 was developed using WHO's guidelines following a bottom-up approach. It has been harmonized to STB work plan, discussed with the WHO/HTM Assistant Director General and approved by him for entry into GSM.

The work plan has a planned cost of US\$ 191 million based on resources that have yet to be mobilized and a budgeted cost of US\$ 178 million reflecting actual income for the 2012-2013 biennium. The expected income of US\$ 177 million represents a 7% decrease over the 2010-2011 period, when the income was US\$ 191 million. A breakdown of the Planned and Budgeted Cost by principal component of the Secretariat is as follows:

Overall Activity and HR Work Plan	All Figures in US\$		
	Planned Cost	Budgeted Cost	Gap
Secretariat & Working Groups	22,296,900	17,017,350	5,279,550
TB REACH	46,872,240	46,872,240	0*
GDF	121,994,440	113,717,860	8,276,580
Total	191,163,580	177,607,450	13,556,130

Approval is sought for the budgeted amounts for activities set out in the work plan for different areas of work. The budgeted amount is fully funded and is based upon income received and expected over the next biennium. Gaps have been identified in the work areas of each of the components to guide resource mobilization efforts over the coming months.

The US\$ 5 million gap between the planned and budgeted costs of the Secretariat is attributable to the following reductions from the proposed planned cost contained in the work plan:

- Special Projects II (gap of US\$ 2,000,000)
- Executive Secretary Office, including research related work and the UN Secretary General Special Envoy (gap of US\$ 704,971)
- Advocacy (gap of US\$ 601,290)
- Working Groups (gap of US\$ 600,000);
- Challenge Facility for Civil Society (gap of US\$ 500,000);
- National, regional and global Partnerships (gap of US\$ 435,360);
- Communications (gap of US\$ 367,930);
- Planning, Budgeting, Management and Donor Relations, IT (gap of US\$ 70,000)

The US\$ 8 million dollar gap for the Global Drug Facility is related to a shortfall in expected income for first line drug stockpile creation and has been caused due to funds previously with GDF for stock



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pile building having to be returned due to non-use in 2010-2011.

*Due to the success of TB REACH and the resultant high demand in the form of increased number of good quality applications, TB REACH can absorb up to an additional US\$ 53 million during the 2012-2013 biennium.

The work plan is built on expected results. The **seven** major objectives around which the Partnership's work is based for the next two years are set forth below:

1. Raise and maintain the profile and awareness of TB among decision makers and influencers to mobilize resources and increase political commitment;
2. Strengthen engagement and accountability of existing and new partners in affected countries to scale up access to quality TB Care, including innovations;
3. Increase access to high quality TB Care, including innovations and civil society engagement, especially for poor, marginalized and vulnerable populations via the TB REACH and CFCS initiatives of the Partnership and with active engagement with the Global Fund;
4. Increase targeted awareness of, and resources for, an internationally agreed TB research agenda to increase the scope, scale and speed of TB research.
5. The Partnership's resources and structures, including the Working Groups, Coordinating Board and Secretariat transparently governed, monitored, evaluated and reported on to provide support to delivery of the Global Plan to Stop TB;
6. Ensure quality assured TB drugs/diagnostics which comply with GDF's Quality Assurance Policy, are delivered to GDF's clients/end user patients, in a timely manner in the right quantity, and at prices obtained following competitive bidding;
7. Work with the regions to assist countries in procurement planning, quantification, forecasting, funding, stock management, supply chain and identify challenges/gaps in these areas for targeted technical assistance.

Work in the above 7 areas will be supported by special projects targeted at developing a Comprehensive Stop TB Partnership Strategy including a Resource Mobilization Strategy, building programme management systems, Childhood TB, development of Stop TB Partnership Brand and Campaign, and an external evaluation. The work plan is supported by 59 planned FTE costing a total of US\$ 25 million (Secretariat US\$ 11 million, TB REACH US\$ 2 million and GDF US\$ 12 million) for the biennium.

MAJOR DISCUSSION POINTS OR DECISION POINTS REQUESTED:

Approval of the biennium work plans budgeted amounts for activities that are fully funded.

Approval of the planned amounts to guide resource mobilization efforts and which will be implemented subject to the availability of funds.

Is this a Special Project? (*i.e. Should be undertaken for strategic reasons and is currently partially or completely unfunded?*)

Includes special projects as per



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detailed schedule
If so, what funding is already available? Details on funding provided in attached detailed schedule
What is the funding gap? As per schedule
Are there HR implications? Yes <input type="checkbox"/> No <input type="checkbox"/> . If so, what?
NEXT STEPS
ACTION REQUIRED: Establish budget lines per the approved work plan budgeted amounts and expenditure tracking
RESPONSIBLE AGENCY/OFFICER: Lucica Ditiu, Executive Secretary
TIMEFRAME: January 2012 to December 2013