

Stop TB Partnership Secretariat

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BASIC FRAMEWORK FOR THE GLOBAL PARTNERSHIP TO STOP TB

This basic framework contains the institutional, operational, and administrative arrangements for the Global Partnership to Stop TB (hereinafter called "the Stop TB Partnership"), as launched in November 1998 by the Director-General of the World Health Organization, called for in the Amsterdam Declaration to Stop TB of March 2000, and recommended during the Bellagio meeting of the interim Stop TB Coordinating Board of February 2001.

Section I. DESCRIPTION OF THE STOP TB PARTNERSHIP

1. Purpose and Mission

1.1 The **purpose of the Stop TB Partnership** is to realize the goal of elimination of TB as a public health problem and, ultimately, to obtain a world free of TB.

1.2 Its **mission** is to:

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

1.3 In order to **achieve that purpose and mission**, the Stop TB Partnership will have the following **objectives**:

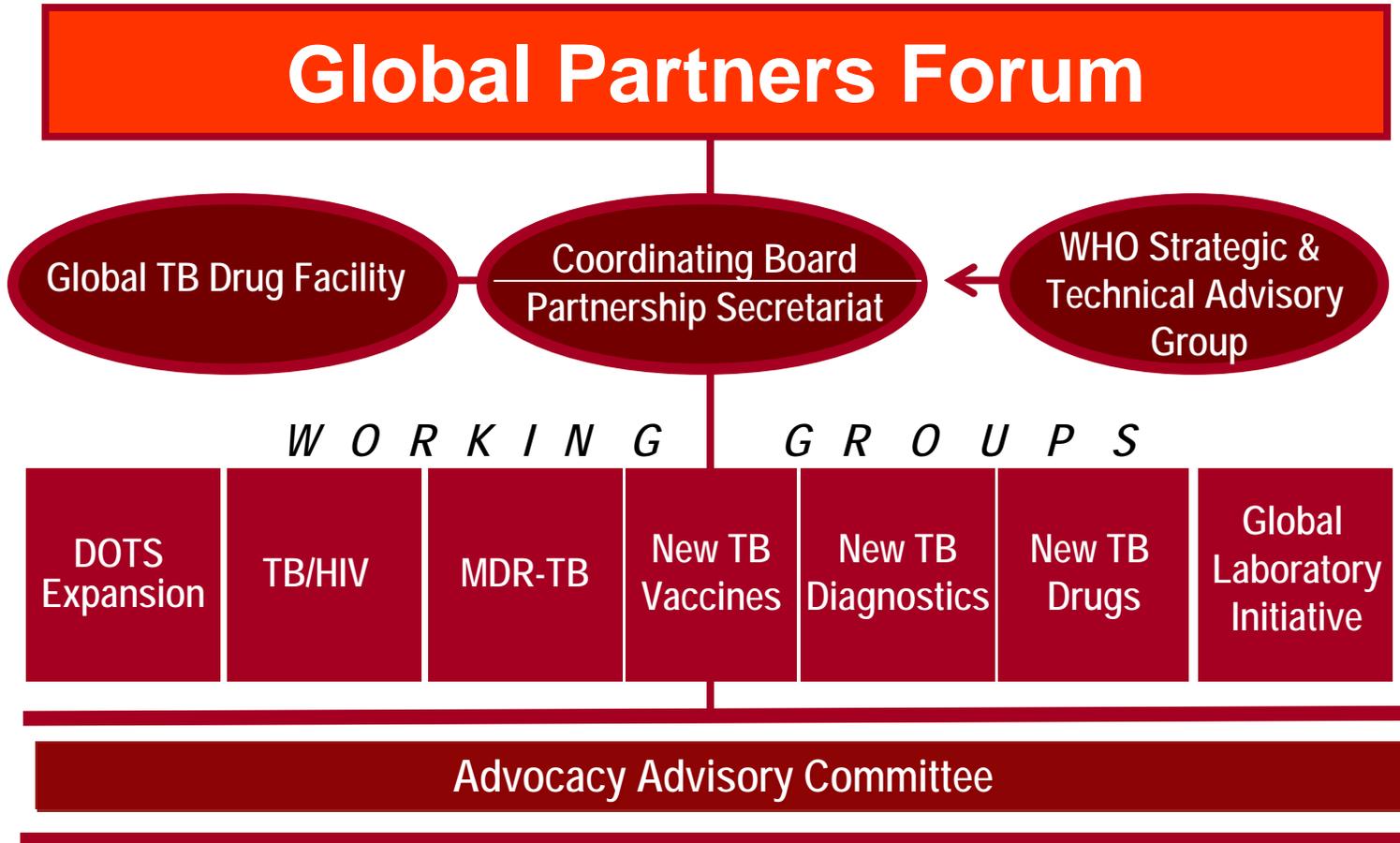
- Promote wider and wiser use of existing strategies to interrupt TB transmission, by:
 - increasing access to accurate diagnosis and effective treatments by accelerating expansion of DOTS to achieve the global target for TB control; and
 - increasing the availability, affordability, and quality of TB drugs.
- Adapt existing strategies to address the challenges posed by emerging threats, by:
 - developing an effective strategy to prevent and manage multi-drug resistant TB; and
 - developing an effective strategy to reduce the impact of HIV -related TB.
- Accelerate elimination of TB, by:
 - promoting research to develop new and improved diagnostic tests, drugs and vaccines; and
 - promoting adoption of new and improved tools by ensuring appropriate use, access and affordability.

1.4 **Within the framework** of the above-mentioned objectives and more particularly regarding access to high-quality TB drugs, the Stop TB Partnership will promote use of the Global TB Drug Facility (GDF), which is a project of the Stop TB Partnership. By securing the timely supply of quality TB drugs and other supplies for TB control, the GDF will complement other activities designed to improve coverage and quality of global TB control. In that perspective, and to avoid overlapping and duplication, the GDF will make use to the maximum extent possible of the institutional mechanisms described in the present document.

2. Participants

The Stop TB Partnership is a network of international organizations, countries, financial donors from the public and private sectors, governmental or non-governmental organizations and other entities which have expressed their interest in its purpose and mission by notifying the Executive Secretary and are willing to be committed to short- and long-term measures to achieve them. A schematic of the main elements of the partnership is shown below. The criteria for acceptance will be developed by the Secretariat and approved by the Board. The members of the Stop TB Partnership are called "the Partners".

Partnership Structure



Section II. INSTITUTIONAL FRAMEWORK

The Stop TB Partnership comprises the following components:

- 1) the **Partners' Forum** (hereinafter called "the Forum");
- 2) the **Coordinating Board** (hereinafter called "the Board");
- 3) the **Working Groups**; and
- 4) the **Secretariat**.

1. **The Forum** is the assembly of the Stop TB Partnership and consists of an inclusive, consultative meeting of representatives of all the Partners. In addition, all who have an interest in helping to achieve the objectives of the Partnership are welcome to participate upon invitation of the Executive Secretary.

1.1 The **Role and Mission of the Forum** are:

- a) to consolidate and increase support for and commitment to the work of the Partnership;
- b) to review and comment on the overall progress of the Partnership; and
- c) to serve as a forum of information exchange on progress, problems and challenges in relation to the work of the Partnership.

1.2 The **Functions of the Forum** are:

- a) to identify problems and new challenges and to exchange information thereon;
- b) to consolidate and reinforce partners' commitment, particularly high-level political commitment, to the objectives of the Partnership;
- c) to create and exploit opportunities for advocacy, information exchange, communications and awareness activities in promotion of the Partnership aims;
- d) to review overall progress towards implementation of the Stop TB Partnership, review reports presented by the Board and to make recommendations to the Board; and
- e) to formalize commitments to partnership targets and associated strategic plans.

2. The Coordinating Board represents and acts on behalf of the Stop TB Partnership.

2.1. The composition of the Coordinating Board shall represent the component constituencies of the Partnership. The Board shall be composed of 32 members in the following manner and shall be reviewed by the Board in the light of any evaluation of the Partnership:

- 4 representatives from high burden countries,
- 3 representatives, one from each of WHO, the World Bank and the GFATM,
- 1 representative of another international organization,
- 6 regional representatives, assuring the inclusion of representatives from non-high burden countries,
- 7 Working Group Chairpersons representing DOTS Expansion, DOTS Plus, TB-HIV, Diagnostics, TB Drug Development, New Vaccines and Advocacy and Communications,
- 4 representatives of financial donors,
- 1 representative of Foundations,
- 3 representatives of NGOs and technical agencies, including IUATLD and CDC as permanent members,
- 1 representation of communities affected by TB,
- the Chair of the WHO STAG, and
- 1 representative of the corporate business sector.

2.2. Selection of Board members: In order to represent effectively the interests of the Partnership, the Board must reflect the various constituencies which make up the Partnership. The criteria for Board members should be commitment to Stop TB, potential to contribute to the success of the Partnership program and relevant skills, experience or access to resources. The process of selection should be open and accountable. In that perspective, the election, selection or nomination of members of the Board will be as follows:

- a) The constituencies of financial donors, foundations, NGOs / technical agencies and the corporate sector will organize and carry out, if necessary with the assistance of the Secretariat, an appropriate process of selection and will inform the Board of the process and criteria used.
- b) In order to promote transparency, the Partnership Secretariat will publish on the Partnership website details of forthcoming vacancies, core responsibilities of Board members, criteria for selection and a profile of currently desired skills and experience. The Secretariat will invite members of the constituency concerned to make nominations to the constituency leadership.
- c) Representatives of high-burden countries, of communities affected by TB and regional representatives will be selected by a consultative process managed by the Board.
- d) Any organization represented on the Board will nominate their individual representative and inform the Board.
- e) The chairpersons of the Working Groups and of the WHO STAG cited in para 10 of these procedures will serve ex officio as Board members.
- f) Board members shall serve for a term of three years and may be re-appointed to a further term.
- g) At a moment of renewal of the Board, the Chair and the Executive Secretary shall ensure that the Board undertakes a review of the diversity of skill available on the Board and the expertise which will be needed in the proximate future. In this task, the Board may be helped by a consultation (organized by the Secretariat via the website) among the partners at large to request suggestions on the profile and skills required for future Board members.
- h) The Board shall so arrange rotation of membership that no more than one third of the total members of the Board are replaced at any one moment of rotation. At least five Board members should rotate per year.
- i) The Board may co-opt other persons or invite other persons to attend Board meetings for specific, temporary purposes as and when the Board judges it necessary.
- j) The Executive Secretary will be responsible to the Board for the effective and timely fulfillment of the above procedures.

2.3. The **functions of the Board** are to:

- a) formulate priorities for action by the partnership in line with health policy and technical advice from WHO and in the light of the recommendations of the Partners Forum;
- b) support the Partners according to agreed strategy;
- c) approve the work plan and budget of the Secretariat, provide leadership and direction and monitor its implementation;
- d) mobilize adequate resources for the various activities of the Stop TB Partnership after identifying funding gaps with respect to approved work plans and assigning priorities to different elements of the work plans;
- e) coordinate and promote advocacy and social mobilization in support of the Stop TB Partnership in appropriate fora;
- f) review the progress of the implementation of the Stop TB Partnership and maintain a program of frequent, high-quality information exchange, including reports of its meetings, with all Partners and the public at large;
- g) to provide oversight and review of the use of the Stop TB Partnership Trust Fund;
- h) review the annual financial statement and progress report prepared by the Executive Secretary;
- i) adopt an appropriate financial policy to underpin financial decisions and accounting for resources entrusted to the Stop TB Secretariat;
- j) coordinate input to Partnership processes and initiatives from the constituencies represented on the Board;
- k) represent the Stop TB Partnership in external fora and events;
- l) adopt appropriate rules or guidelines to ensure the proper running of the Stop TB Partnership;
- m) establish such committees, working groups and task forces as it may deem necessary;
- n) consider and approve any amendment to the Basic Framework; and
- o) consider any other matter related to the Stop TB Partnership as may be referred to it by any of its members, by the Chair of the Board, by the Coordinating Board Executive Committee or by the Executive Secretary.

3. The **Working Groups** are essential components of the Partnership which contribute in a major way to the achievement of the Partnership aims. At present, there are seven such Groups – Diagnostics, Drug Development, TB-HIV, Vaccines, DOTS Expansion, DOTS Plus for multi-drug resistant TB, and Advocacy and Communications.

3.1 The **role and mission** are to:

- implement research, advocacy and/or operational activities in pursuit of the Group's specific area of interest and of the aims of the Partnership; and
- collaborate with other elements of the Partnership so as to create synergy and value added to actions taken in pursuit of the aims of the Partnership.

3.2. The **membership of the Working Groups** is open to institutions and expert individuals involved in the specific area focus of the Group.

3.3 The **functions of the Working Groups** are to:

- a) provide a coordination mechanism for the implementation of policies and actions agreed by the partnership and approved by the Coordinating Board;
- b) act as a consensus building mechanism in support of the development of new technical standards where appropriate;
- c) serve as a mechanism for developing broad global consensus, unifying strategies, objectives and priorities and monitoring global tuberculosis control efforts and research activities.;
- d) identify and highlight gaps and areas of overlap within the Group's area of interest and in global tuberculosis control and research activities and to propose solutions;
- e) develop a strategic agenda, including a research agenda, a work plan and an estimate of resource needs for activities in the area of interest and in the framework of the Partnership;
- f) advocate for the "package" of activities represented within the Partnership and to help to define priorities within the total package;
- g) develop overarching policies that involve multiple sectors and partners;

- h) provide a mechanism whereby a group of partners with similar interests can collaborate on agreed specific tasks or areas within tuberculosis control and/or research;
- i) participate in developing and implementing approaches to communications, resource mobilization and advocacy for the Partnership as a whole; and
- j) report to the Board at each formal Board session on plans and progress towards reaching targets.

4. The Secretariat

4.1. Role and Mission:

The essential role of the Secretariat is to serve and support the Stop TB Partnership in terms of administration, operational implementation and strategic innovation in pursuit of the achievement of Partnership goals and objectives.

4.2. The functions of the Secretariat are to:

- a) 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;
- b) stimulate engagement of all partners and facilitate the effective functioning of existing partnership, especially to support the functioning of regional and national partnerships;
- c) ensure collaborative interactions and cross-fertilization among the seven working groups, and specifically facilitate the creation of an enabling environment for the development of new tools for tuberculosis control.
- d) facilitate the activities of the Working Groups with a focus on the most important areas in tuberculosis control and help ensure that the Working Groups are structured optimally to enable the partnership to meet its goals;
- e) provide strategic guidance and coordination to the Advocacy and Communication for the Stop TB Partnership, focused in four main areas: (i) coordination of the Advocacy and Communications

Working Group; (ii) global advocacy; (iii) national and sub-national communication; and (iv) information products;

- f) manage the Global TB Drug Facility, including application review and monitoring, drug supply, drug management, and general management and support to GDF operations;
- g) together with the Coordinating Board, ensure that financial and in-kind resources are secured and made easily available to the Partnership for priority needs as identified in Partnership-wide work plans;
- h) develop mechanisms to address information needs of Stop TB partners; and
- i) ensure effective and efficient management of the Stop TB Partnership Secretariat.

4.3 **Procedures of the Secretariat** concern the following issues:

- 1) composition,
- 2) location,
- 3) conditions of operation and management, and
- 4) service to the Board.

4.3.1 Regarding **composition**:

- a) the Secretariat shall comprise such staff (including staff of the GDF team) as the Board may recommend and will be led by the Executive Secretary appointed by the WHO Director-General in consultation with the Board;
- b) part of the staff will be provided by WHO subject to agreement between WHO and the Stop TB Partnership Coordinating Board;
- c) the recruitment of staff seconded by Partner organizations will be made by the Executive Secretary following the procedure of the host organization; and
- d) the conditions of service of the staff will be those of the host organization, or may reflect an agreement between the host organization and the Stop TB Coordinating Board in order to meet particular needs.

4.3.2 Regarding **location**: The Secretariat will be located in WHO headquarters.

4.3.3 Regarding **Conditions of Operation and Management**: the conditions under which the operations of the Secretariat will be conducted within the host organization are subject to negotiation between WHO and the Coordinating Board.

4.3.4 Regarding **Service to the Board**: the Secretariat is the executive arm of the Board and shall fulfil its accountability to the Board by:

- a) preparing for approval by the Board a Bi-annual work plan and budget for the Stop TB Partnership, including plans and budget for the Secretariat and any group established by the Board;
- b) implementing the work plan as approved by the Board;
- c) regular consultation with the Coordinating Board Executive Committee;
- d) reporting on actions taken to each meeting of the Board;
- e) preparation and delivery of papers for the Board which give a clear and concise analysis of the problem to be addressed, identification of options for action, recommendations for action (including any resource implications) and which specify action required of the Board;
- f) presentation to each meeting of the Board of a summary list of and progress report on decisions taken earlier by the Board;
- g) presentation to the Board at each meeting of a summary report on the GDF;
- h) to formulate a financial policy to guide decision making and to underpin financial reporting according to accepted international norms and to set up an appropriate system for internal financial control for covering all relevant functions of the Secretariat.
- i) ensuring delivery to each Board member at least ten days before the Board meeting of the papers required for the meeting; and
- j) publishing on the Partnership website all Board and Partnership meeting papers and reports.

Section III - FINAL PROVISIONS

The Stop TB Partnership, as such, does not possess juridical personality. The Stop TB Partnership, therefore, does not have the capacity to contract, to acquire and dispose of immovable and movable property, or to institute legal proceedings. The Partnership is hosted by an international organization, WHO.

The Stop TB Partnership will exist as long as needed. The Board, nevertheless, may decide on its dissolution.

Any partner may withdraw from participation by notifying the Executive Secretary of its intention to do so. Such notification will take effect three months after its receipt.

**Annex:
Guiding Principles Concerning the Management of the Secretariat of the Global Partnership to Stop TB**

(Preamble)

The WHO accepts to be the host institution of the Secretariat of the Stop TB Partnership and to permit it to benefit from the mechanisms of the Organization. On the basis of that principle, and unless provided otherwise, the Secretariat will follow the rules and regulations of the Organization for its administrative, financial, and human resources management, subject, if necessary, to the adaptations which might be required in order to meet the particular need of the Stop TB Partnership. WHO will consider justified requests for any such adaptations provided they are consistent with its Financial and Staff Regulations and Rules, and any other requirements established by its governing bodies. Any such adaptations and exceptions must be expressly approved by an authorized official of the WHO, and will be recorded by WHO in a "Log of Administrative Adaptations for the Stop TB Partnership Secretariat".

1. Logistics

- a) WHO will provide adequate office spaces to the Secretariat of the Stop TB Partnership in the Headquarters of the Organization in Geneva ;
- b) WHO will absorb the cost of office space and other shared services available to WHO departments;
- c) The Stop TB Partnership will cover the cost of telephone calls and of purchase of its equipment and office supplies;
- d) The Stop TB Partnership will cover the cost of the official travel performed by its Secretariat.

2. Human resources

- a) The Secretariat of the Stop TB Partnership will be provided partly by WHO, and partly by staff seconded from partner organizations;
- b) The head of the Secretariat, the Executive Secretary, will be appointed by the Director-General of WHO in consultation with the Coordinating Board. The Executive Secretary will report to the Director-General of WHO or other designated Official;
- c) The other staff, including consultants, will be appointed or seconded in accordance with the WHO recruitment procedures;
- d) The charge of the salaries and allowances of the seconded staff in the Secretariat will be subject to separate arrangements with the Partners concerned ;
- e) The Secretariat will be subject to Internal Audit review by the WHO Office of Internal Audit and Oversight. Audit reports will be addressed to the Director-General with copies to the Executive Secretary.

These Guiding Principles may be subject to modification at any time by mutual consent, should the need arise.