



Stop TB Partnership

SUMMARY SHEET

AGENDA NR. 1.12 - 15.0	STOP TB PARTNERSHIP: INITIATIVES. PART 2: GLC		
IS THIS SESSION FOR:	INFORMATION <input checked="" type="checkbox"/>	DISCUSSION <input type="checkbox"/>	DECISION <input type="checkbox"/>
<p>BACKGROUND.</p> <p>During 2009, the key stakeholders supporting expansion of MDR-TB services concluded that a revision of the global framework that addresses MDR-TB diagnosis and management was needed, with a new model that would emphasize <i>support</i> to countries rather than control, and <i>advocacy</i> to ensure countries honour the commitments made at the 62nd WHA. After inclusive and iterative discussions, agreement was reached at a meeting of key stakeholders in early 2011 that: future support should focus on building national capacity to implement and manage scale-up of MDR-TB services, via greatly increased technical assistance; the successor to the GLC at the global level would be a “strategic committee at the global level with a dual role of advising WHO and partners”, that is it will be both: (i). an advisory committee to WHO, and (ii). a sub-group of the MDR-TB Working Group of the Stop TB Partnership (STP); the Secretariat would be housed in WHO; and there would be decentralised regional entities in close connection with the WHO Regional Offices and whoever is key in the regions and countries (starting in Year 1 with the Americas [AMR], Europe [EUR] and the Western Pacific [WPR]). The new framework and transition plan were presented and endorsed by the STP Coordinating Board (CB) and the WHO TB Strategic and Technical Advisory Group (STAG) in April and June of 2011 respectively.</p>			
<p>SUMMARY.</p> <p>The transition to the new framework began to be implemented by the WHO and STP immediately after endorsement of the new framework and transition plan by the STP CB, and was in place as from 1 July 2011. The global GLC (“gGLC”) has been established, with its Secretariat housed in WHO Geneva, and its 1st meeting was held on 5-6 Oct 2011. Regional GLCs (“rGLCs”) have been established for the Americas, Europe and the Western Pacific, with their Secretariats being housed in the the respective WHO Regional Offices (RO). All three rGLCs have held at least 1 meeting to date (AMR rGLC: 20 Oct 2011; EUR rGLC: 12 July & 28 Sept 2011; and WPR rGLC: 15-16 Sept 2011). The gGLC at its Oct 2011 meeting unanimously recommended that the rGLCs for the 3 remaining regions (Africa, Eastern Mediterranean and South East-Asia) be established as soon as possible and that their secretariats be based in the respective WHO RO. The Core Group of the STP’s MDR-TB Working Group (WG) supported these recommendations at its meeting on 24 Oct 2011.</p> <p>From 1 July – 31 Dec 2011, 35 monitoring and TA missions to countries were conducted under the new framework. Technical reviews of second line anti-TB drug procurements and mission reports were done by the respective GLC and Secretariats, and technical advice provided on request to The Global Fund (TGF) on 8 countries. Discussions are on-going in relation to the finalisation of a new Memorandum of Understanding (MoU) between TGF and WHO regarding provision of technical and advisory support relating to activities of the gGLC and rGLCs, and their respective secretariats. The services to be provided under the new MoU have been agreed upon and listed out.</p> <p>In light of the current economic climate and restricted availability of external donor funds, added urgency and priority needs to be given to the STP’s advocacy activities at both global and country levels to address the MDR-TB problem. Increased funding to support both the rapid expansion of MDR-TB services and care, and the TA required to support countries achieve this expansion, is needed from domestic and external sources. In addition, the new MoU with TGF</p>			



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needs to be finalised as soon as possible to ensure continued activities and the timely establishment of the rGLCs and their secretariats in the African, Eastern Mediterranean and South East-Asian regions. There are presently issues related to a reduction in the anticipated income under the current MoU with TGF and as yet no income flow under the new MoU due to its non-finalisation. With the likely continuation of the present mechanism of annual fees paid out of individual country grants, a future challenge will be to maintain an adequate and timely fund flow. Added together, these issues with current and future fund flows, place the on-going regionalisation of activities, and establishment and/or maintenance of the regional GLCs and their respective secretariats, potentially at major risk.

Background documents:

- 1.12 - 15.1: Minutes of the 1st gGLC meeting, 6-7 October 2011.
- 1.12 - 15.2: Minutes of the meeting of the Core Group of the STP's MDR-TB Working Group, 24 October 2011.

MAJOR DISCUSSION POINTS OR DECISION POINTS REQUESTED:

- BOARD TO NOTE UPDATE, PARTICULARLY NEED FOR PRIORITIZATION OF ADVOCACY EFFORTS AND ADEQUATE TIMELY FUND FLOW

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

Yes No

If so, what funding is already available?

What is the funding gap?

Are there HR implications? Yes No . If so, what?

NEXT STEPS

ACTION REQUIRED:

Based on the type of message and desired outcome provided by gGLC, rGLC and MDR-TB Working Group. 1. Development of a clear and comprehensive TB Advocacy Strategy, including MDR-TB. 2. Full commitment of current funding agencies to timely and adequate funding of GLC related activities.

RESPONSIBLE AGENCY/OFFICER: 1. MDR-TB WG, Partners, STP Secretariat. 2. Funding agencies, STP Secretariat, WHO

TIMEFRAME: 1. By October 2012; 2. February 2012