

## I. Introduction

**R**io de Janeiro, Brazil (23-25 March 2009). With 1,200 participants from nearly 70 countries, including the 22 high burden countries, the Stop TB Partnership 3<sup>rd</sup> Partners Forum was the largest gathering of Partners to date.

Prior to this, two Partners Forums had been held: in Washington DC, USA in 2001 and in New Delhi, India in 2004. Although the Forum is not a decision making body, it provides critical inputs on the strategic direction of the Partnership as a whole (**Box 1**). In line with the above, the first Global Plan Progress Report (2009), showing progress made and challenges encountered in implementation of the Global Plan (2006-2015), was released prior to the Forum for Partners to review and comment on.

Following a decision taken by the Coordinating Board at its 15<sup>th</sup> Meeting in October 2008, an "action oriented output document" was to be produced through the Forum. Based upon this request, the Rio Recommendation process was formulated by the Forum Steering Committee and the Partnership Secretariat and endorsed by the Coordinating Board at its 16<sup>th</sup> meeting two days prior to the Forum's opening. At that time, the Coordinating Board mandated the Partnership Secretariat to produce a Rio Report, inclusive of recommendations, for consideration by the Board at its Fall 2009 meeting.<sup>1</sup>

At the Forum, Partners were requested to submit recommendations that were SMART (specific, measurable, achievable, results-oriented and time-bound) and directed towards bodies of the Partnership, such as the Working Groups, the Secretariat or the Coordinating Board. Each Forum session had the opportunity

to prepare recommendations to guide the Partnership's future development with an aim to accelerate progress towards delivery of the Global Plan.

Following the Forum's closing session, all recommendations were posted on an online wiki at [stoptbpartners.org](http://stoptbpartners.org) to allow Partners who had been unable to attend the Forum, as well as those who had, to interactively comment and amend recommendations for a period of one month.

### **Box 1.**

According to the Partnership's Basic Framework, the Forum's role is threefold:

- Consolidate and increase support for and commitment to the work of the Stop TB Partnership.
- Review and comment on the overall progress of the Stop TB Partnership.
- Serve as a forum of information exchange on progress, problems and challenges in relation to the work of the Stop TB Partnership.

Following the close of comments in May, the Secretariat compiled all recommendations and submitted them to the Executive Committee of the Coordinating Board for review, which requested the Secretariat to synthesize the 85 recommendations produced through the Rio process to eliminate overlap and provide clear guidance on next steps with an aim to prioritize decision-making

Annexed to this document is the complete list of the 85 Rio Recommendations produced by Partners at the 3<sup>rd</sup> Partners Forum.

<sup>1</sup> Stop TB Partnership Coordinating Board, 15<sup>th</sup> Meeting,, Rio de Janeiro, 21 March 2009, 3<sup>rd</sup> Partners Forum Briefing (1.09-3.0)

## **II. Approach**

Based upon the request of the Executive Committee, the Partnership Secretariat has grouped and synthesized the recommendations as laid out in **Table 1** for three reasons:

1. To eliminate or minimize duplication
2. To explore complementarities in mutually reinforcing recommendations
3. To assist in prioritizing next steps for Partnership bodies to carry recommendations forward

As seen from Table 1, nearly half of all recommendations submitted by Partners focused on socially marginalized groups and greater community access and involvement.

**Table 1**

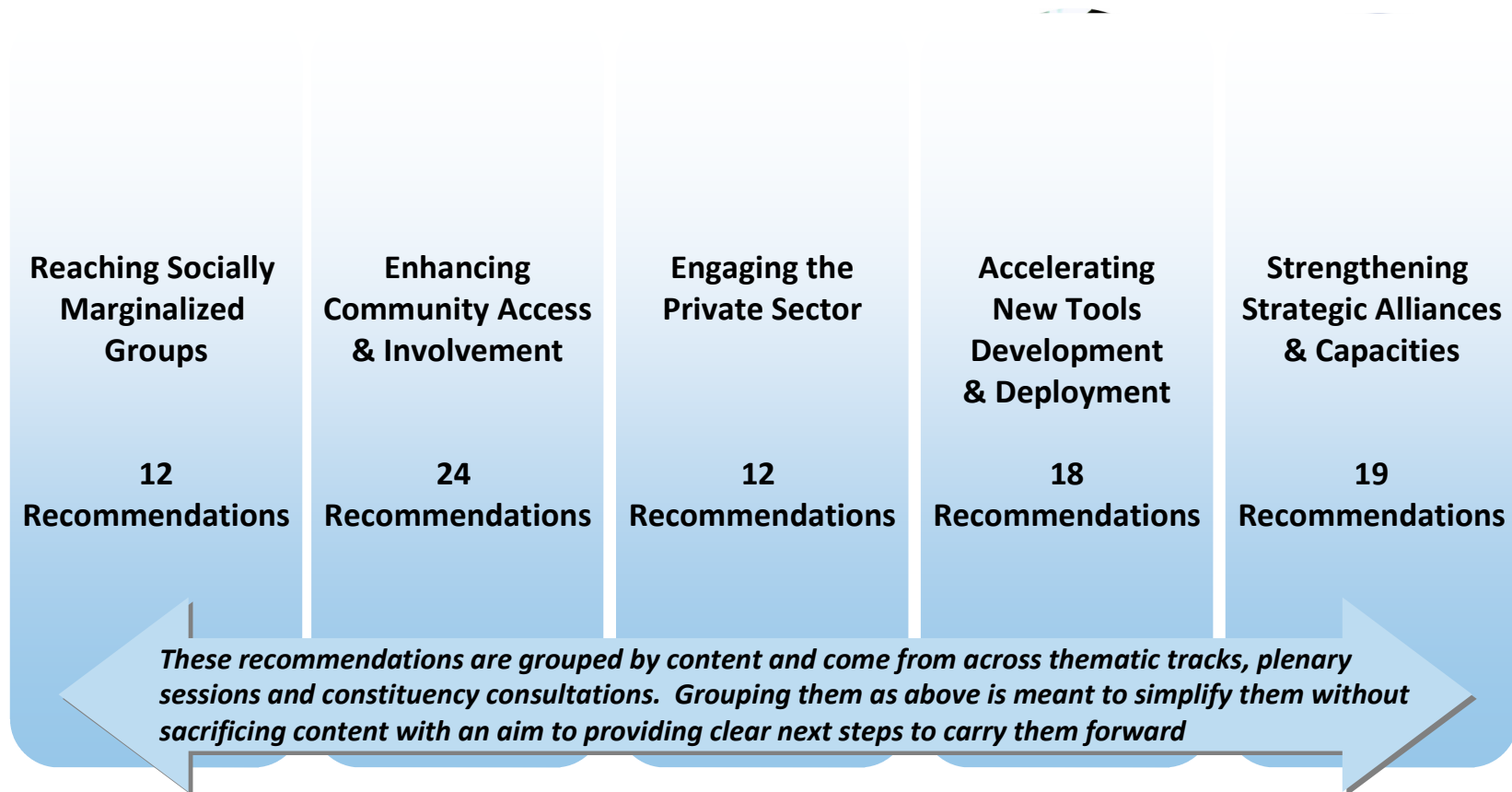
<b>Focus Area</b>	<b>Number of Recommendations</b>
<b>1. Reaching Socially Marginalized Groups</b>	<b>12 Recommendations</b>
<b>2. Enhancing Community Access &amp; Involvement</b>	<b>24 Recommendations</b>
<b>3. Engaging the Private Sector</b>	<b>12 Recommendations</b>
<b>4. Accelerating New Tools Development &amp; Deployment</b>	<b>18 Recommendations</b>
<b>5. Strengthening Strategic Alliances and Capacities</b>	<b>19 Recommendations</b>

These recommendations come from a wide variety of thematic tracks, plenary sessions and constituency consultations held over the course of the Partners' Forum. This synthesis has focused on the content of the recommendations and not the sessions that produced them; often different sessions produced similar recommendations, while individual sessions could produce a number of recommendations that fall under each of the focus areas outlined above. Grouping them in the above manner is meant to simplify the 85 recommendations without sacrificing content with the overall aim of providing clear next steps for specific Partnership bodies to carry recommendations forward. Because of their importance, all recommendations are provided at the end of this report in Annex I.

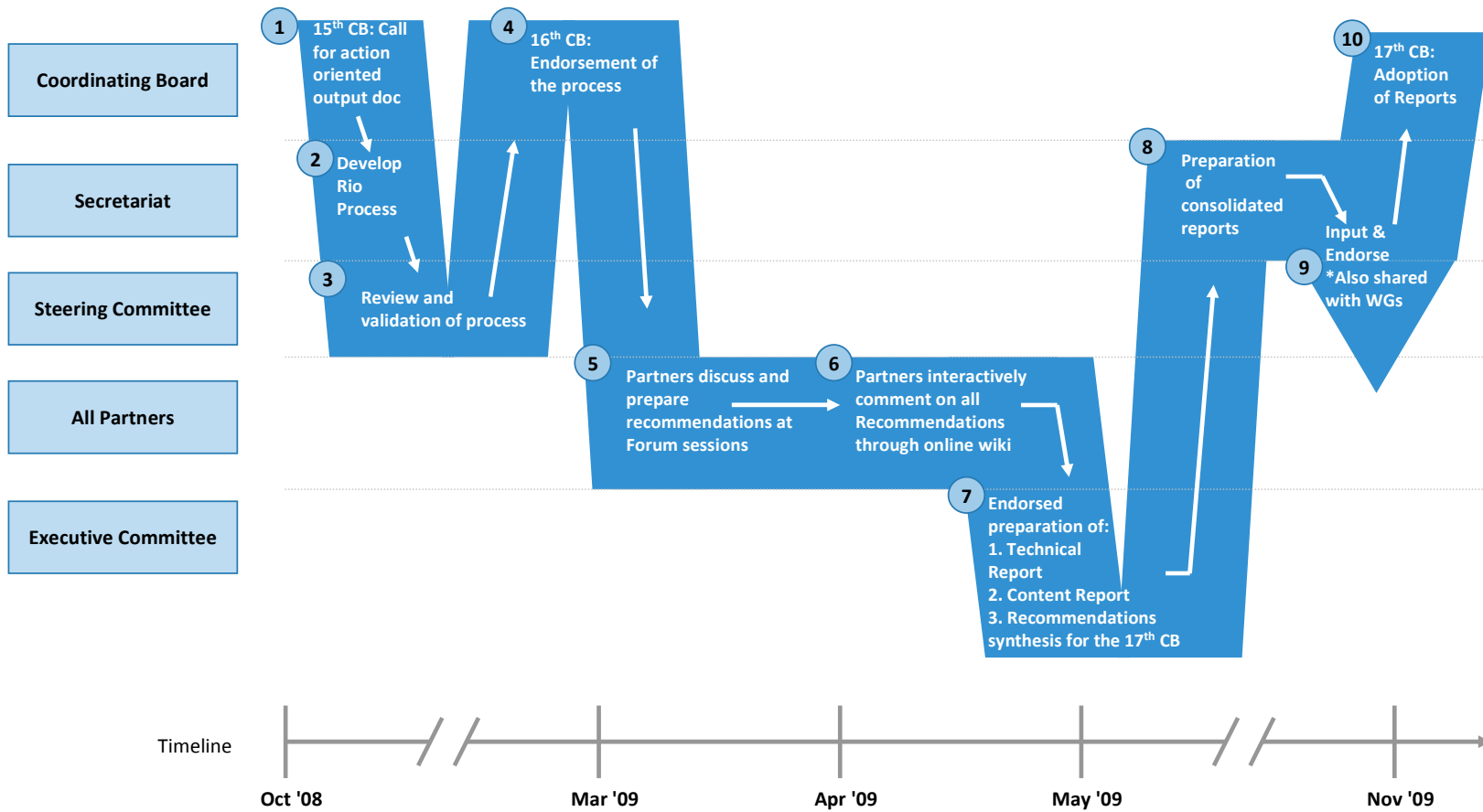
Within each of the areas outlined in Table 1, Recommendations have been furthered grouped based upon which Partnership body is best suited to carry certain activities forward.

## Rio Recommendations Approach

At its 24<sup>th</sup> teleconference, the Executive Committee requested the Secretariat to prepare a synthesis of the 85 Rio Recommendations to: eliminate or minimize duplication; to explore complementarities in mutually reinforcing recommendations; to assist in prioritizing next steps for Partnership bodies to carry them forward



# Rio Recommendations Process



# Recommendations Overview



## Socially Marginalized Groups

- Though focused on communities, a special emphasis has been given to socially marginalized groups due to the number Partner recommendations under this theme
- Partners called for greater engagement and planning to meet the special needs of these groups



## Enhancing Community Access & Involvement:

- The largest share of recommendations aim to implement Component 5, with Partners requesting greater involvement of communities in planning, implementation, monitoring and evaluation of TB programmes, as well as standardized ACSM tools for community use



## Engaging the Private Sector

- Aimed at strengthening the constituency and PPM approaches in line with Component 4
- Though acknowledging the important role of the private sector, Partners called for greater cohesion and coordination of its efforts and engagement in the Partnership



## Accelerating New Tools Development & Deployment

- Partners have provided a number of recommendations to facilitate and speed effective breakthroughs in TB control in line with Component 6
- Partners identified a need to raise resources, bolster advocacy, and further operational research



## Strengthening Strategic Alliances & Capacities

- Partners called for more coordinated advocacy and activity between the Partnership and the Global Fund, UNAIDS, UNITAID, RBM and donors
- Partners also called for strengthening capacities, sharing best practices, more coordinated TA

### III. Reaching Socially Marginalized Groups

#### Background

The twelve recommendations aiming to protect and promote the rights of socially marginalized groups came from a variety of sessions at the Forum and reflect the increased involvement of the communities' constituency in the work of the Partnership. The following section, **IV. Enhancing Community Involvement**, also has a clear focus on communities, however given the number of recommendations directly addressing the needs of socially marginalized groups, it was determined more appropriate to treat these recommendations separately in order to provide a more comprehensive and specific response by the Partnership.

One of the first Guidelines for Social Mobilization published by the Partnership was *A human rights approach to tuberculosis* (2001). This initial work examined the human rights dimension that can dramatically impact people's vulnerability to contracting tuberculosis as well as to receiving adequate treatment. The work focused on the poor, migrants, refugees, internally displaced persons, prison populations, substance abusers, and people living with HIV as being particularly vulnerable, often with limited access to information as well as to treatment, and yet at heightened risk of contracting the disease. The guide posed important questions around equality of access, the principles of nondiscrimination, privacy and confidentiality and further reinforced notions that integrating human rights into health can play an important role in meeting the needs of high risk and vulnerable populations.

#### Synthesis

Recommendation	Content Overview
Recommendation 12	Documentation of best practice on reaching socially marginalized populations
Recommendation 4, 13	ISTC and creation of a task force on Human Rights and TB
Recommendations 17, 21, 33, 34	Addressing the needs of Indigenous Populations
Recommendations 14-16, 22	Addressing the needs of prison populations, destitute and convalescent homes
Recommendation 65	Preparation of plans of action for countries to address needs of under-serviced communities

At the Forum, the Partnership was requested to develop case studies that demonstrate best practices in providing TB prevention and care that respect and protect the rights of socially marginalized populations, provide patient-centered care, and ensure accountability (12). In turn, Partners called for official endorsement of the International Standards for Tuberculosis Care as well as the creation of a Partnership Body to address human rights and TB with a specific emphasis on socially marginalized populations (4, 13).

A series of four recommendations were prepared by partners that focus on addressing the needs of indigenous populations (17, 21, 33 and 34). In these recommendations, Partners have requested that indigenous populations be declared a priority for the Partnership, and that, as such, concrete activities be undertaken to support enhanced dialogue, collaboration and data collection between indigenous populations and National TB Programmes with an aim to develop strategies that are both more responsive and better targeted to their needs. In support of this aim, partners have recommended appointment of a unique focal person for indigenous populations and that an indigenous secretariat be established to facilitate interaction between NTPs and indigenous populations.

The special needs of other neglected populations also featured prominently, including congregate care settings such as convalescent and destitute homes (22) and improving TB control among prison

populations. Regarding TB control in prisons, partners called for greater visibility and public support for TB control in prisons (14); that operational research take into account the specific conditions in prisons (15); and that not only should TB control programmes in prisons be financed, but that the human rights aspect of prisoners should be particularly highlighted (16). Taken together, these recommendations combine elements of advocacy, research, and financing under the wider umbrella of ensuring that quality treatment is available and that the human rights of prisoners are respected.

Building on the above, Recommendation 65 called for strengthening of the principle of equal access to services through development of specific plans of action to reach underserved communities that will then be mainstreamed into national strategic plans and funding proposals.

**Action Underway**

On the initiative of indigenous populations, funding has been secured for a focal point to provide secretariat services and to liaise with the global Partnership Secretariat.

**Partnership Response / Next Steps**

*The Coordinating Board recognizes that WHO and UNAIDS have taken the lead in establishing a Task Force on Human Rights and TB (Terms of Reference attached). The work of the task force offers a means to support moving the recommendations grouped here forward.*

## IV. Enhancing Community Access & Involvement

### Background

In 2006, the central importance of enhancing the involvement of communities was recognized in both the WHO Strategy to Stop TB and the Global Plan to Stop TB. The Union Conference in Cape Town, South Africa in 2007 brought together African partners and was a seminal event in terms of community empowerment within the Stop TB Partnership. The march that followed through the city underscored the critically important role that communities have to play in the Partnership and in the implementation of the Global Plan.

In 2008, WHO's published *Community involvement in tuberculosis care and prevention: Towards partnerships for health* due to the need for greater clarity around "the concept of community empowerment and its processes. Both civil society organizations as well as national TB programme managers requested WHO to clarify so that the policy and its principles could be translated into practice. At WHO... this request was taken serious, as this component of the Strategy was indeed the one with the least experience internationally and nationally."<sup>2</sup>

**Box 2.** WHO Stop TB Strategy, Component 5:

**Engage people with TB and affected communities** to demand and contribute to, effective care. This will involve scaling up community TB care; creating demand through context-specific advocacy, communication and social mobilization; and supporting development of a patient's charter for the tuberculosis community

### Synthesis

Recommendation	Content Overview
Recommendations 18-20, 24-25, 54-55, 66-69, 71-72, 75, 83	Empowering and strengthening community and civil society involvement
Recommendations 41- 44, 51	Free diagnosis and treatment
Recommendations 64, 70, 73-74	Greater regional and linguistic diversity to reach out to communities

The recommendations collected here seek to integrate community involvement in all stages of the project cycle, from planning to implementation to evaluation. In the spirit of treating patients as Partners (75), it was requested to mainstream involvement and participation of community members and civil society organizations in monitoring and evaluation (18), and in the country review process (24). Partners also specifically highlighting the need to evaluate ACSM activities in the country review (71). Building on that, Partners called for the development of standardized training, tools and guidelines on ACSM to be used for planning purposes (72). At the global level, Partners called on the Secretariat to form a committee inclusive of the different types of NGOs, including patient-based and faith-based, to provide guidance and oversight for the election of the next NGO representative of the Stop TB Coordinating Board (25).

At the implementation stage, Partners requested greater redistribution of tasks to the community level (54, 55), as well as the recognition of local TB champions for outstanding work as well as for capacity building of champions to further increase impact (20).

Partners emphasized greater integration of communities into technical assistance missions, whether country reviews or proposal and strategy plan writing missions (66, 68), as well as to enhance their role in the collection of data against key TB and TB/HIV indicators (83); this offers one means to ensure greater participation and involvement at both the planning and evaluation stage of the project cycle, and the coordinated support offered by TBTEAM was specifically targeted as a means to achieve this. The Partnership was also requested to create a Working Group exclusively devoted to acceleration of efforts in support of component 5 of the Stop TB Strategy (69), as well as to develop a

<sup>2</sup> World Health Organization, *Community involvement in tuberculosis care and prevention: Towards partnerships for health*, p. viii



specific Terms of Reference for communities to clearly outline their responsibilities in Working groups and expectations they should have (67).

While the above recommendations seek to increase the involvement and access of communities in planning, implementation and evaluation, a further set of four recommendations seek to increase access to services, with Partners calling for free, quality assured TB diagnosis, including free treatment and hospitalization (41, 42, 44), and implementation of the 3Is (isoniazid preventative therapy (IPT), intensified case finding and infection control) into national protocols and strategies (43). Partners also recommended addressing the social aspects of TB, such as access, but also nutrition, stigma and discrimination (51).

Further recommendations aimed to enhance community involvement in the global partnership through greater regional and linguistic focus of its activities, and in particular through development of easily understandable TB/HIV materials in local languages in African HBCs (64), a Francophone Forum (70), greater participation from Eastern Europe and greater access in Latin American countries (73-74).

### Action Underway

With generous support from the Canadian International Development Agency, the Stop TB Partnership is preparing to launch TBREACH. This is a new facility that will seek to support innovative approaches to increasing tuberculosis case detection, in line with the WHO's Stop TB Strategy. To that end, the Facility will each year award grants ranging approximately from USD 500,000 to USD 1,000,000 to applicants who have demonstrated their ability to achieve this goal, through approaches such as: actively seeking out people who are affected by tuberculosis but have not sought diagnosis, in areas where the disease is highly prevalent. The aim is to leverage commitment to innovative projects that can later be sustained through the country's own budget or grants from multilateral donors such as the Global Fund or other bilateral donor agencies. The scope of TB REACH will be 100 million Canadian dollars over 5 years.

With regard to the recommendation on forming a Nominating Committee to carry forward the NGO nomination and election process, the following results have occurred: committee formed and nomination and election process completed; election run with more than 70 NGOs participating in the vote; Board Member and Alternate both elected and present at the 17<sup>th</sup> Coordinating Board. KNCV (the Netherlands) has been elected from among Northern NGOs and is the current Board Member. Operation ASHA (India) has been elected from among Southern NGOs and is the Alternate.

### Partnership Response / Next Steps

**The Coordinating Board calls** upon the ACSM sub-group of the DOTS Expansion Working Group with support from the Secretariat to develop a basic Monitoring and Evaluation guide for ACSM and community involvement activities and takes note that key indicators for Component 5 still need to be added to the Revised Recording and Reporting Form which countries used to collect TB data for reporting purposes.

**The Coordinating Board requests** that the ACSM Sub-Group, with support from the Secretariat, to develop practical tools and methods to facilitate a country level partnering approach that will facilitate the inclusion of civil society and community involvement in all stages of the project cycle (planning, implementation, monitoring and evaluation).

At the country level, **the Coordinating Board requests** that the above output documents take into account best practice from community care initiatives and recognize the importance of task shifting of those responsibilities that do not imply a technical qualification and place particular emphasis on areas of social support that are likely to be better address the community rather than medical staff.

**The Coordinating Board requests TBTEAM to support the integration of local community representatives in National TBTEAM memberships and in TBTEAM supported** programme reviews,

strategic planning and proposal preparation to facilitate an inclusive process and an output document (e.g. plan, proposal) oriented to the needs of affected communities .

The Coordinating Board takes note of the special importance of engaging communities and reaffirms that cross-cutting engagement of communities in all Working Groups, in lieu of a standalone Working Group, is the most effective means to ensure community empowerment and engagement occurs systematically across the Partnership. It is therefore proposed to not establish a Working Group on Component 5. The Secretariat will liaise with each WG Secretariat to prepare individual and specific TOR for WG community reps.

***The Coordinating Board expresses agreement*** with the need to further expand the Partnership and, while noting that detailed measures were undertaken to ensure adequate translation and geographic representation at the Forum, also notes that the Secretariat has rendered additional support, in the form of travel for civil society members from West Africa and funding for a venue and other associated costs for a Francophone Forum of Stop TB Partners in Ouagadougou, Burkina Faso in September 2009. All Partnership bodies are encouraged, when and where possible, to pursue linguistic diversity.

Regarding free treatment, free diagnosis, treatment and patient-centred care should be recommended in all national TB control guidelines; country Partners should work with national health authorities to address effectively constraints to the implementation of this recommendation. The Partnership bodies are requested to continue to work with countries to facilitate the provision of appropriate technical cooperation in order to propose solutions to any related problems that may arise in different contexts.

With regard to the 3Is, the TB/HIV Working Group is working to facilitate the availability of INH for IPT through the direct procurement system of GDF; piloting of procurement of INH for people living with HIV in less than 10 countries selected by the Secretariat for their HIV prevalence and programmatic experience with IPT. The Secretariat is now working on a background document to begin this initiative, including eligibility criteria for countries to access GDF DP services.

## Rio Recommendation

### V. Engaging the

#### *Background*

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Partners also called for further strengthening collaboration with health professionals associations, using International Standards for TB care (ISTC) as a tool and, building on the October 2008 DOTS Expansion Working Group meeting that brought together, for the first time, the national TB programme managers, partners and representativeness of national health professionals' associations (6-7, 11).

#### **Action Underway**

A draft strategy for the private sector constituency is currently under preparation and will be presented and discussed by the Coordinating Board at its 17<sup>th</sup> meeting in Geneva Switzerland in November 2009.

#### **Partnership Response / Next Steps**

- ***To ensure harmonization of the current work streams to engage the private sector, the Coordinating Board requests the leadership of the private sector constituency and the Secretariat to coordinate and develop a work plan*** for the constituency containing key activities, including development of a value proposition to expand and engage the constituency, as well as institutions responsible for clear and time bound deliverables.
- ***To promote involvement of the private sector in TB care, the Coordinating Board requests that PPM Subgroup further strengthens its engagement with professional associations and requests the Secretariat to promote integration of the International Standards for TB Care (ISTC) in the work plans of all implementation Working Groups (DOTS Expansion, TB/HIV, MDR TB)***. Such work plans should seek to identify innovative approaches through activities aimed at implementation of the ISTC, with an emphasis on involving the private sector.
- ***The Coordinating Board requests the PPM Sub-Group to be consulted during the development phase of the private sector constituency work plan***, as both the Subgroup and the PSC will likely benefit from mutual collaboration to support business sector engagement in a comprehensive manner.
- ***The Coordinating Board requests the leadership of the private sector constituency and the ad hoc Interagency Task Force set up by the PPM Subgroup to collaborate and prepare a joint work plan to further address the issue of TB and HIV in the workplace***. Such a work plan should enable projecting the expected impact so that it could be used for the purposes of resource mobilization.

## VI. Accelerating New Tools Development & Deployment

### Background

Recognizing that progress in global TB control has been constrained by a lack of effective new tools, the Stop TB Partnership established three working groups on new tools development, namely New Drugs, New Diagnostics and New Vaccines.

In 2006, the Coordinating Board and the WHO Stop TB Strategic and Technical Advisory Group (STAG) mandated the development of a Stop TB Partnership Research Movement. The objectives of the Research Movement were twofold:

1. To provide leadership and advocacy to mobilize increased resources in support of a coherent and comprehensive global TB research agenda;
2. To provide a forum for funders and implementers of TB research to coordinate plans and actions, with the result of ensuring that research needs are addressed, opportunities prioritized, and gaps filled.

At the 16<sup>th</sup> Coordinating Board (March, 2009), proposed next steps for the Research Movement were presented to the Board, primarily aimed at developing a coherent and comprehensive global TB research agenda. At that time, the Board endorsed the approach of the Research Movement and "requested that its agenda be broadened to link up with open access and community networks" and that it "ensure coordination with working groups and sub-groups focusing on research."

**Box 4.** WHO Stop TB Strategy, Element 6:

*Enable and promote research* for the development of new drugs, diagnostics and vaccines. Research will also be needed to improve programme performance

### Synthesis

Recommendation	Content Overview
Recommendation 57-58, 61-62, 79	Advocacy and resource mobilization for research needs
Recommendation 56, 59-60, 63, 78, 81	Engagement of stakeholders involved in research, including work to ensure country ownership and community involvement
Recommendations 38-40	Laboratory strengthening
Recommendations 53, 76, 77, 80	Facilitating operational research and regimen change

The first group of recommendations focuses on advocacy and resource mobilization for research needs. Taken together, the recommendations called for Working Groups to develop plans of action to approach potential funders (61, 62); greater coordination to ensure that financing needs are met (57); and closer collaboration between advocacy and research communities in support of mobilization of resources for research (58). In particular, the Research Movement was called upon to provide a clearly articulated vision of the research agenda to be presented to donors for resource mobilization efforts (79).

Further recommendations focused on the need to strengthen the involvement of all stakeholders, particularly endemic countries, affected communities and the private sector, in the research efforts of the Partnership, including the shaping and framing of the research agenda (60, 78, 81). Recommendations also specifically called for an annual meeting of researchers across drugs, diagnostics and vaccines to identify cross-cutting obstacles and opportunities (59), and a reduction in the number of sub-groups in the Diagnostics Working Group (63)

Partners recommended the elaboration of a comprehensive laboratory strengthening strategy focusing on lab facilities, services and systems, with special attention to biosafety, laboratory and equipment design and construction, for the Global Laboratory Initiative Working Group that will

contain clear activities, timelines, milestones, expected results and budgets for resource mobilization purposes; in addition, further expansion of partners in the GLI, with a special focus on close collaboration with countries, was also called for (38, 40). Integration of these efforts at lab strengthening into broader campaigns to strengthen health laboratories worldwide was also requested (39).

A final set of recommendations underscored the importance of facilitating regimen change and operational research, with partners recommending guidance be prepared for countries on what to do to prepare for regimen change (76), as well as that costed operational research components (53) be prepared by the New Tools Working Groups in light of emerging challenges, and that a framework for operational research be developed (80) that will attract funding for donors and improve uptake and provide measurable results to National TB Control Programmes (77),.

### **Action Underway**

At its 16<sup>th</sup> Meeting in Rio de Janeiro in March 2009, the Coordinating Board requested that the Research Movement's agenda be broadened to link up with open access and community networks. The Research Movement is currently preparing and expects to present at the 17<sup>th</sup> Coordinating Board Meeting in 2009 the results thus far of its work, including the mapping of the international TB research landscape, towards the preparation of an international TB research agenda in 2010.

The Research Movement is also preparing for an International Forum on the Global TB Research Agenda (2010) to present a draft Research Agenda. The need for an annual forum for researchers will be determined following the outcomes of this meeting and a potential evaluation of participants of need/interest in future forums.

Following inputs and consultations from a wide range of Partners, the Partnership Secretariat has worked towards developing a theme around the concept *Innovation* for World TB Day 2010. While the theme is intentionally flexible and meant to include innovative new means to reach patients and fund initiatives, it will also have as a primary advocacy focus the need to continue to prepare the way for innovative new tools for treatment and diagnosis. This will result in a heavy focus of advocacy and messaging in 2010 on research issues, which will directly support calls from the Partnership for increased advocacy and resource mobilization efforts specifically around research issues.

In spring 2009, UNITAID approved substantial new funding for two ongoing projects aimed at curbing MDR-TB through increasing the number of patients receiving second line drugs, improving the market dynamics for these drugs, and supplying MDR-TB diagnostics to high burden countries. GDF, GLC, GLI, FIND and other partners will be working to expand the number of beneficiary countries under these projects. In particular, the *EXPAND-TB* project, recently awarded USD 61 million from UNITAID, hopes to jump start laboratory strengthening in up to 27 high burden countries and to build upon the breakthrough of line probe assays which can drastically reduce MDR-TB diagnosis times from two months to less than two days.

Following the independent external evaluation of the Partnership (2007/2008) and acceptance of Recommendation 1, the Global Plan is expected to be updated and should include revised, costed operational research components that show funding gaps versus resources available.

Following further consultations, the New Diagnostics Working Group has rejected the recommendation to reduce the number of sub-groups.

## VII. Strengthening Strategic Alliances and Capacities of Current & New Partners

### **Background**

Strategic alliances are at the heart of the Stop TB Partnership. While certain groups like the private sector and affected communities, and within that group socially marginalized populations, have been treated separately due to the large number of recommendations which featured content relevant to them, a large number of strategic stakeholder groups are featured below. Moreover, in a time of financial uncertainty, and potential future scarcity of resources, the need to consolidate and coordinate efforts becomes all the more important, just as does the need to ensure adequate capacity is built at the national level to ensure sustainability and ownership by affected communities.

### **Synthesis**

Recommendation	Content Overview
Recommendations 26-27, 35-36, 47-49	Joint advocacy and outreach with the Global Fund, UNITAID, UNAIDS, RBM, foundations and donors
Recommendations 1--3, 23, 31-32, 37, 45-46, 50, 52, 82	Strengthening implementation capacity of partners through technical assistance, human resources training and management and capacity building

These recommendations bring together views expressed by Partners on the need for more concerted joint advocacy for and with key multilaterals and donors to ensure continued and expanded financing for TB control activities, particularly in a time of global economic downturn. Partners also called for strengthening the implementation capacity of Partners at a number of levels and with a variety of means, including greater coordination and inclusivity of technical assistance, human resource development, and other capacity building needs.

In particular, Partners stressed the need for joint advocacy by UNAIDS, RBM and Stop TB to ensure successful replenishment of the Global Fund (48). Partners also expressed a need for advocacy tools to enable them to advocate directly for increased funding to the Global Fund, as well as to advocate for increased demand in countries (47). Although the Global Fund is currently the largest external funder of TB control programmes worldwide, Partners also underscored the need to map and reach out to new funders (26), such as government and foundations, in a structured way with evidence based materials that build the case for investing in TB and clearly highlight where funds are available and where critical gaps remain (27).

In the context of the global financial crisis, Partners called for strengthened response in the face of potential cuts in TB programme funding in low income or endemic countries by establishing a joint early warning system that could alert Partner agencies of the need for concerted action to minimize the impact of potential cut backs (35). Building on this, an advocacy strategy was called for to make the investment case to proactively make the case for continued and expanded investment in TB control (36). Finally, Partners called for strengthening and developing further strategic alliances with a long-term view to link diagnostics and treatment (49).

Strengthening and building the capacities of partners was another recurring theme in the recommendations made by Partners at the Forum, with all NGO members of the Partnership called upon to share their objectives and achievements annually through the Secretariat to accelerate dissemination of best practices/lessons learned towards achievements of 2015 targets (23). Partners also requested that civil society be more strongly involved in Global Fund proposal preparation (82), and that those proposals prepared should feature greater attention to building the management capacity of civil society (52) and that TB must be systematically mainstreamed into HIV proposals and vice versa (46). Technical agencies were also called upon to form national TBTEAMS for greater national coordination of TA (31), as well as to forecast technical assistance needs to ensure that resources are available to support and facilitate the work of countries over the next ten years (32).

Capacity building also took other forms, with Partners calling for intensified engagement of non-traditional partners like training institutions and division of the Ministry of Health related to maternal and child health (2). These and other recommendations targeted the healthcare workforce and, in particular, called for integration of TB screening in antenatal care guidelines (1), increased availability of TB resources to support incorporation of TB screening and diagnosis into healthcare worker curriculum (3), as well as strengthening of the healthcare workforce to ensure early diagnosis for children and people living with HIV/AIDS (45). Finally, Partners called for the formation of a Task Force on Human Resources for Health to address the cross-cutting issue of human resources (52).

### **Action Underway**

As a result of the newly established Partnerships' Constituency (Roll Back Malaria, Stop TB and UNITAID) on the Global Fund Board, greater joint advocacy is expected and will be coordinated within the constituency. Moreover, in the UNAIDS Unified Budget and Work Plan discussed at the 24<sup>th</sup> Programme Coordinating Board meeting in summer 2009, *Preventing people living with HIV dying from tuberculosis* was featured as the third of "eight areas which UNAIDS will focus on galvanizing measurable progress in 2010-2011".<sup>3</sup> As a part of the action UNAIDS expects to undertake in the next biennium are assisting countries in the development of national HIV/TB strategies and operational plans, intensifying efforts to operationalize the "three I's", and strengthening laboratory capacity.

Furthermore, evidence-based materials making the case for investment in TB control have been developed by the Partnership Secretariat and WHO in 2008 and will continue in 2009. The update of the Global Plan in 2010 will provide evidence of impact and funding projections over the coming years.

An advocacy strategy and theme, as well as other recommendations on advocacy will be presented by the Advocacy Advisory Committee of the Coordinating Board at its 17<sup>th</sup> meeting in November 2009. Advocacy messages will have a strong focus on endemic emerging economies as key countries where investment levels can and should remain high.

TBTEAM has already estimated TA needs over the next three years at USD 11.095 million; this includes technical assistance missions to countries implementing Global Fund grants, proposal preparation for the Global Fund, coordination of technical assistance, and capacity building of partners and strengthening of TB TEAM at the regional and global levels.

### **Partnership Response / Next Steps**

***The Coordinating Board requests Partners to establish an early warning system*** that will identify potential threats or actual cuts in funding for TB programme budgets.

#### ***The Coordinating Board requests that countries requesting assistance from TB TEAM to:***

- Support, based upon national needs, mainstreaming of TB into HIV proposals and to coordinate with UNAIDS and other concerned partners to ensure that HIV is mainstreamed into TB proposals
- Requests TBTEAM and the Technical Support Facility of UNAIDS to share information on the inclusion of TB in HIV proposals and vice versa
- To prepare, as a part of the Global Plan update, costed technical assistance needs for the coming 5years to deliver on Global Plan targets

***The Coordinating Board requests the Secretariat*** to explore the possibility of creating a space within the partnership's webpage for NGOs to share their objectives and main achievements.

Establishment of the Human Resource Development Sub-Group within DEWG is seen as the best means currently available to carry forward the recommendations related to the need to strengthen the healthcare workforce. TOR of the sub-group is attached.

<sup>3</sup> UNAIDS/PCB(24)/09.3, pp. 6-9