

Rio Recommendations

from the Stop TB Partnership 3rd Partners' Forum

Rio de Janeiro

23-25 March 2009

Final List of 85 Recommendations, including web-based comments made up to 30 April 2009

FROM THE ENGAGING ALL HEALTHCARE PROVIDERS THEMATIC TRACK

1. ISSUE: Integration of TB screening into "other health services"

RECOMMENDATION: Work with MCH counterparts to integrate TB screening into antenatal care guidelines in the 22 High Burden countries, countries with HIV prevalence greater than 5% and TB incidence >300 cases per 100 000.

ACTION BY: Coordinating Board, DOTS expansion and TB/HIV Working Groups.

MEASURE OF SUCCESS: # of districts integrating TB into ANC services in specified countries with M&E systems to support follow up of symptomatic pregnant women.

TIMEFRAME: Start now. Training tool for integration to be accessible by 2010.

Submitted by:

Thematic Track Engaging All Health care providers /Jhpiego/Stacie Stender & Lois Eldred

2. ISSUE: Active case finding

RECOMMENDATION: Engage new Stop TB partners that are not self-identified as TB focused e.g. (training institutions of health workers, divisions of MOH such as maternal and child health, other departments such as Education and Social Development, NGOs etc in countries with high incidence of TB). Formal invitations should be extended to these organizations.

ACTION BY: Secretariat/Working Groups

MEASURE OF SUCCESS: # of new partners engaged and actively participating in Stop TB Partnership.

TIMEFRAME: Start now. Ongoing activity.

Submitted by: Thematic Track Engaging All Health care providers /Jhpiego/Stacie Stender & Lois Eldred

3. ISSUE: Healthcare workers training

RECOMMENDATION: Incorporate TB screening and diagnosis into all core curriculum for all health care workers in countries with high burden of TB or HIV and countries with high incidence of TB (>300 per 100 000). The Stop TB Partnership could serve as a warehouse to TB curriculum available (from NGOs, universities, WHO and others). The resource centre could be housed in an existing academic setting in the regions.

ACTION BY: Board/Secretariat

MEASURE OF SUCCESS: Development of regional resource centres, starting with countries with highest rates of TB (sub-Saharan Africa) drawing upon best practice in the Regions. # of institutions utilizing the resources.

TIMEFRAME: Start immediately - launch of resource centre by 2010 with ongoing maintenance.

Submitted by: Thematic Track Engaging All Health care providers /Jhpiego/Stacie Stender & Lois Eldred

4.ISSUE: Endorsement of the International Standards for TB Care v2

RECOMMENDATION: To promote high quality TB care by all providers and to all TB patients, all Stop TB Partners should endorse the International Standards for TB Care within 12 months of a Coordinating Board recommendation.

ACTION BY: Board/All partners

MEASURE OF SUCCESS: Coordinating Board to make recommendation at its meeting in Viet Nam. 75% of all partners endorse the ISTC v2 by 9 months after Coordinating Board recommendation.

TIMEFRAME: Finalized by October 2010

Submitted by: Thematic Track: Ensuring High Quality TB Care/Franchised Social Marketing: A New Approach to Engage Private Providers /Fran du Melle and Ejaz Qudeer

5. ISSUE: Global progress made to date in involving the private sector in TB

RECOMMENDATION: To promote involvement of the private sector in TB Care, The International Standards for TB Care should be integrated across all Working Groups through its inclusion in the work plans of all implementation Working Groups (DOTS Expansion, TB/HIV, MDR TB). Such work plans should seek to identify innovative approaches to engaging all care providers through activities aimed at implementation of the ISTC, with an emphasis on activities involving the private sector.

ACTION BY: Working Groups - DOTS, MDR TB and TB/HIV

MEASURE OF SUCCESS: ISTC is included in work plans of all implementation working groups

TIMEFRAME: By March 2010

Submitted by: Thematic Track: Ensuring High Quality TB Care/Franchised Social Marketing: A New Approach to Engage Private Providers /Fran du Melle and Ejaz Qudeer

6. ISSUE: Engagement of Professional Associations in Collaborations in TB Care

RECOMMENDATION: Recognizing the importance of the private sector in the provision of quality TB Care, professional associations should be a recognized Constituency Group within the Stop Tb Partnership.

ACTION BY: Board

MEASURE OF SUCCESS: Professional Associations recognized as a constituency group

TIMEFRAME: As soon as practically possible:

Submitted by: Thematic Track: Ensuring High Quality TB Care/Franchised Social Marketing: A New Approach to Engage Private Providers /Fran du Melle and Ejaz Qudeer

7. ISSUE: Applied Methodologies for the development of components of public private partnerships in the context of TB Control Programmes.

RECOMMENDATION: When introducing new focus areas, such as components of the Stop TB or DOTS strategy, into the structures of Public Private Partnerships, the Partnership should use Health Impact Assessment and applied methodology using multiple indicators to guide prioritization.

ACTION BY: WG - DOTS Expansion, Research Movement, TB TEAM

MEASURE OF SUCCESS: Number of organizations delivering TB services that use Health Impact Assessment.

TIMEFRAME: Start now and continue to expand and develop as TB coverage expands.

Submitted by: Thematic Track: Engaging All Care Providers/Applied Methodologies/Virginia Baffigo

8. ISSUE: Workplace Interagency Task Force

RECOMMENDATION: Interagency task force (as part of the Stop TB Partnership's Public-Private Mix (PPM) Subgroup of the DOTS Expansion Working Group) to be expanded to be more representative of the key stakeholders in workplace TB and HIV with a formalized TOR and joint work plan

ACTION BY: Interagency task force on delivering integrated TB and HIV prevention, diagnosis and treatment in the workplace

MEASURE OF SUCCESS: TOR and work plan approved by Stop TB Partnership Public-Private Mix (PPM) Subgroup

TIMEFRAME: End quarter 2, 2009.

Submitted by: Thematic Track: Engaging All Care Providers 1/Workplace /Alasdair Reid

9. ISSUE: Interagency Task Force global workplace guidelines

RECOMMENDATION: Interagency task force to develop global guidelines for delivering integrated TB and HIV prevention, diagnosis and treatment services in the workplace that are gender sensitive, relevant to different types of workplace (public and private sector, large multinational companies, national and para-statal companies as well as small & medium enterprises and the informal sector). WHO and ILO to lead on the development of the guidance ensuring engagement of all key-stakeholders and constituencies. Guidelines to be based on existing toolkits and international guidelines.

ACTION BY: Interagency task force on delivering integrated TB and HIV prevention, diagnosis and treatment in the workplace

MEASURE OF SUCCESS: Joint global guidelines published by WHO, ILO and UNAIDS with endorsement of all key stakeholders

TIMEFRAME: End quarter 1, 2010

Submitted by: Thematic Track: Engaging All Care Providers 1/Workplace /Alasdair Reid

10. ISSUE: Interagency Task Force global workplace guidelines - funding

RECOMMENDATION: Stop TB Partnership and key partners to advocate for funding to support the above programme of work

ACTION BY: Interagency task force to develop a work plan and budget and Stop TB Partnership to advocate with partners to identify necessary funding for the work plan

MEASURE OF SUCCESS: Fully funded work plan.

TIMEFRAME: End quarter 2, 2009

Submitted by: Thematic Track: Engaging All Care Providers 1/Workplace /Alasdair Reid

11. ISSUE: Widen TB control partnership network with private sector

RECOMENDATIONS: Formulation of partnership should be projected as a win-win situation for all.

Enlist and widely disseminate advantages accruing to the private practitioner by joining partnership. Willing partners should be offered a cafeteria approach to pick up any/all components of DOTS/Stop TB Strategy

ACTION BY: DEWG/Countries

MEASURE OF SUCCESS: More private practitioners joining TB control at National level; Enhanced Case

Detection and Treatment Success Rate
TIME FRAME: Now and ongoing
Submitted by; World Lung Foundation

COMMENTS MADE ON THE ABOVE

Integration of TB screening into "other health services"

Submitted by [Dr.R.Murali](#) on Mon, 27/04/2009 - 08:58 GMT.

issue:High prevalence indicates HIV in STD more than 5% and in ANC more than 1% to be specified or country level criteria to be specified for action. Now extra pulmonary TB is more common and get unnoticed .This should be taken care while integrating taking into consideration of Public sector.
Chetnad Hospitals and Research Institute
Tamilnadu -India

Integration of TB screening into "other health services"

Submitted by [dadarotimi](#) on Sat, 25/04/2009 - 12:42 GMT.

Since antenatal care is a huge success in many of the High Burden Countries, integrating TB screening into antenatal care guidelines in the 22 High Burden countries will go a long way in the early detection of and management of TB cases.

Other health services that TB screening could be integrated into are HIV VCT (Centres), blood donors(Blood Banks) and Postnatal care.

INTERNATIONAL STANDARD FOR TB CARE

Submitted by [segzesworld](#) on Thu, 16/04/2009 - 13:58 GMT.

A full implementation of the international standard for tuberculosis care should be ensured in the 22 high burden countries and training as well as capacity building of health care workers in these countries. These will further reduce the incidence and prevalence of multidrug resistant and extensive drug resistant tuberculosis.

FROM THE ADDRESSING THE NEEDS OF NEGLECTED POPULATIONS THEMATIC TRACK

12. ISSUE: Patient Centred Care and Accountability (1)

RECOMMENDATION:

Develop 10 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. The Partnership should also organise a forum on strategies to meet the needs of these populations.

Examples of case studies include:

- cross-border treatment programs for TB patients who cross international borders that facilitate continuity of treatment and measure and report barriers to treatment and rates of loss to follow-up.
- mobile diagnostic and treatment facilities that integrate harm reduction, HIV, TB and hepatitis services targeting IDUs with a patient-centered approach.
- workplace TB programs that ensure access to treatment, confidentiality, compensation for work-related injury, flexibility to adhere to treatment and include components to reduce transmission that are coupled with transparent reporting.
- a DOTS or DOTS Plus program or intervention that assesses the needs of neglected populations and incorporates measures to meet their needs.

ACTION BY: Board, Secretariat, Advocacy Network, Working Group - DOTS Expansion

MEASURE OF SUCCESS: Successful models identified and shared among Stop TB Partners, potentially through a forum highlighting strategies to foster continuity of care. DOTS Expansion Working Group uses case studies to guide recommendations for implementation of programs to meet the needs of neglected populations.

TIMEFRAME: March 2010 - for World TB Day

Submitted by: Thematic Track - Addressing the Needs of Neglected Populations/Cynthia Eyakuze,
Open Society Institute

13. ISSUE: Patient Centred Care and Accountability (2)

RECOMMENDATION:

Officially endorse the latest version of the International Standards for Tuberculosis Care, which incorporates patient and provider rights and responsibilities, and have partnership members encourage all service-providing partners at country level to also endorse and adhere to the standards. Create a taskforce, subgroup or working group within the Stop TB Partnership to address human rights and TB, with specific emphasis on socially marginalized populations. This body would work in close collaboration with WHO's TB and Ethics taskforce by facilitating broad participation in the development of TB, human rights and ethics guidelines.

ACTION BY: Coordinating Board

MEASURE OF SUCCESS: 50% of Stop TB Partnership members will have signed onto the International Standards for Tuberculosis Care.

Body formed within the Stop TB Partnership to address TB and human rights with specific emphasis on marginalized populations. This group is represented on the WHO's TB and Ethics taskforce and participates in the development of guidelines, including ensuring a wide stakeholder consultation, and

in the dissemination and adoption of the guidelines at country level.

TIMEFRAME: Starts now, indicator achieved by December 31, 2009

New group on TB and human rights established within the structure of the Stop TB Partnership by the end of the next coordinating board meeting scheduled for Autumn 2009

Submitted by: Thematic Track - Addressing the Needs of Neglected Populations/Cynthia Eyakuze,
Open Society Institute

14. ISSUE: Improving TB control in prisons (1)

RECOMMENDATION: every country incorporates within 2 years the theme "TB in prisons" in its public policy agenda

ACTION BY: Coordinating Board, Secretariat, DOTS Expansion Working Group

MEASURE OF SUCCESS: Visibility given to the theme "Tuberculosis in prisons", political commitment to support TB control in prisons and to act accordingly.

Inclusion of the theme "TB in prisons" in the public policy agenda.

Number of country which will include this theme in the public policy agenda within 2 years.

TIMEFRAME: 2009-2011

Submitted by: Thematic track session AN "Addressing the needs of neglected populations" Round table "Community participation in tuberculosis control in prisons: from research to the development of new tools"/Bernard Larouze

15. ISSUE: Improving TB control in prisons (2)

RECOMMENDATION: to promote multidisciplinary research with operational objectives taking into account the specificities of the prison context

ACTION BY: Coordinating Board, Secretariat, DOTS Expansion Working Group

MEASURE OF SUCCESS: Rational/scientific basis given to TB control strategies in prisons; Countries provide funds for research programs with operational objectives and create bodies to define research priorities and select/monitor/evaluate programs; Number of country which will act accordingly

TIMEFRAME: 2009-2011

Submitted by: Thematic track session AN "Addressing the needs of neglected populations" Round table "Community participation in tuberculosis control in prisons: from research to the development of new tools"/Bernard Larouze

16. ISSUE: Improving TB control in prisons (3)

RECOMMENDATION: every country promote Community based tuberculosis control strategies in prison taking into account detainees autonomy and health as a right

ACTION BY: Coordinating Board, Secretariat, DOTS Expansion Working Group

MEASURE OF SUCCESS: Respect of equity, ethics and prisoners autonomy in TB control in prisons; Provide funding for TB control program in prisons; Create

bodies for defining strategies at local and national levels; Number of countries which acted accordingly

TIMEFRAME: 2009-2011

Submitted by: Thematic track session AN "Addressing the needs of neglected populations" Round table "Community participation in tuberculosis control in prisons: from research to the development of new tools"/Bernard Larouze

17. ISSUE: Indigenous Peoples Globally

RECOMMENDATION: The Stop TB Partnership should declare, prioritize and designate indigenous peoples as a specific target population globally. Inclusion must be extended to the 370 million indigenous peoples as distinct peoples with unique circumstances that contribute to their increased vulnerability to TB.

The activities that would follow from such a declaration would be that:

- National TB Programs demonstrate the initiation of dialogues with indigenous communities in their respective countries in Year 1 (there are over 70 countries with indigenous peoples)
- National TB Programs identify means to facilitate engagement and communication with indigenous peoples to develop culturally appropriate and sensitive strategies to control TB.
- National TB Programs begin the collection of disaggregated data for case identification and treatment outcome purposes in collaboration with indigenous communities in Year 2
- National TB Programs develop unique social marketing, engagement, communication, advocacy and resource mobilization tools in collaboration with indigenous peoples, that respect their cultures and traditions and aim to overcome the current barriers to TB diagnosis and treatment in Year 3

MEASURE OF SUCCESS: At the May 2009 United Nations Permanent Forum on Indigenous Issues, the Partnership officially declare the indigenous peoples as a priority; annual reports from NTPs on the number of engagements with indigenous peoples, which specific indigenous groups, strategies to work with indigenous peoples and data related to indigenous TB case identification and outcome; At the 2010 World Health Assembly the Partnership should report on country specific progress as it relates to working with indigenous peoples By March 31, 2011, the Partnership would request NTP targets specific to Indigenous peoples with subsequent annual reporting.

ACTION BY: Coordinating Board, Secretariat, GLC, TBTEAM

TIMEFRAME: This action should begin in 2009 with an aim to be measured in 2015 in accordance with the millennium development goals

Submitted by: Thematic track session AN "Addressing the needs of neglected populations" Addressing the Burden of TB among Indigenous Peoples globally/Regional Chief Willie Littlechild, Assembly of First Nations

18. ISSUE: Using ACSM to increase access to TB services in marginalized communities (1).

RECOMMENDATION: Involve community partners in monitoring and evaluation and measure and report community members' contribution to case finding, defaulter/contact tracing, and treatment success.

ACTION BY: Coordinating Board, DOTS Expansion

MEASURE OF SUCCESS: Development of M&E recommendation and indicator for TB programs to document community contribution to TB at local level.

TIMEFRAME: By 2010

Submitted by: Thematic track session AN "Addressing the needs of neglected populations" ACSM /Alka Dev

19. ISSUE: Using ACSM to increase access to TB services in marginalized communities(2).

RECOMMENDATION: Mobilize existing organizations and networks to address TB and provide community based TB services

ACTION BY: Coordinating Board, DOTS Expansion

MEASURE OF SUCCESS: Number of countries that have formed partnership agreements with existing civil society organizations/networks for provision of community based TB services.

TIMEFRAME: By 2009 (Fall) - 2015

Submitted by: Thematic track session AN "Addressing the needs of neglected populations" ACSM /Alka Dev

20. ISSUE: Using ACSM to increase access to TB services in marginalized communities(3).

RECOMMENDATION: Recognize 'TB champions' at local/state programs and build their capacity

ACTION BY: Coordinating Board, DOTS Expansion

MEASURE OF SUCCESS: Number of countries with an initiative focused on rewarding and supporting 'TB Champions' within the TB program

TIMEFRAME: By 2009 (Fall) - 2013

Submitted by: Thematic track session AN "Addressing the needs of neglected populations" ACSM /Alka Dev

21. ISSUE: Addressing the burden of TB among Indigenous People globally.

RECOMMENDATION: A unique focal person for the Indigenous STOP TB initiative, to be housed in one of the international, highly visible, Partners of the Stop TB Partnership by the end of 2009 with a minimum of a two-year funding agreement. This will ensure indigenous community participation in the goal of 50% reduction in prevalence and deaths by 2015 and elimination as a TB public health problem by 2050.

Tasks: 1. Working with National TB Programs, National STOP TB Country partnerships and Indigenous communities the focal point will assure that indigenous communities have a voice in national TB program planning and execution, assuring access and the meeting of targets.

2. Working with the Global STOP TB partnership, the focal point will assist in enabling the collection of disaggregated data, development of appropriate messaging , dissemination of materials appropriate to the needs of the indigenous communities.

3. Working with the partnership and with indigenous communities the focal point will identify resources necessary to establish pilot projects in indigenous communities to determine best practices in addressing TB treatment, access, outcome and control in indigenous communities

ACTION BY: all bodies.

MEASURE OF SUCCESS: 1. BY SEPTEMBER 2009A FOCAL POINT FOR THE GLOBAL INDIGENOUS STOP TB INITIATIVE WILL BE ESTABLISHED UNDER ONE OF THE PARTNERS OF THE STOP TB PARTNERSHIP. IT WILL BE RESPONSIBLE TO AN ADVISORY COMMITTEE OF INDIGENOUS AND TB EXPERTS.

2. BY DECEMBER 2009, A CALL TO ALL NTPS AND STOP TB COUNTRY LEVEL ORGANIZATIONS TO REQUEST THAT THEY WORK WITH THEIR INDIGENOUS PEOPLES WILL BE SENT OUT.

3. BY DECEMBER 31, 2009 ALL AVAILABLE DATA ON INDIGENOUS TB RATES WILL BE COLLATED IN A BIBLIOGRAPHY AND REPORT MADE AVAILABLE TO ALL MEMBERS OF THE PARTNERSHIP, AND ALL MEMBERS OF THE UNITED NATIONS PERMANENT FORUM ON INDIGENOUS ISSUES.

This would be measured by being able to report on at least 5 countries with high TB burdens in their indigenous TB rates and to demonstrate influence on state health policies as pro-indigenous. This could then be included in the Global Report

4. BY DECEMBER 31, 2009 TOOLS OF ENGAGEMENT WILL BE DEVELOPED AND SENT TO ALL NTPS TO ASSIST IN THEIR DEVELOPMENT OF PARTNERSHIP WITH INDIGENOUS PEOPLES

5. BY MARCH 2010 THE FOCAL POINT PERSON WILL, AT THE END OF ITS FIRST YEAR, HAVE FACILITATED THE RELATIONSHIPS BETWEEN 5 NATIONAL TB PROGRAMS IN COUNTRIES WITH HIGH TB BURDENS AND THEIR RESPECTIVE INDIGENOUS GROUPS. THIS WILL BE DEMONSTRATED THROUGH OFFICIAL ESTABLISHMENT OF PARTNERSHIPS, DOCUMENTATION OF POLICIES TO WORK WITH INDIGENOUS COMMUNITIES, AND THE ESTABLISHMENT OF TARGETS BY THE NTP SPECIFIC TO INDIGENOUS PEOPLES.
6. BY MARCH 31, 2010 A REPORT WILL ENUMERATE NATIONAL TB PROGRAMS THAT DEMONSTRATED INCLUSION OF INDIGENOUS PEOPLES IN THEIR COUNTRY TB STRATEGIES. THIS REPORT WILL INCLUDE RECOMMENDATIONS REFLECTING THE CHALLENGES AND SUCCESSES OF WORK DONE AND WORK THAT NEEDS TO CONTINUE TO ENSURE GLOBAL INDIGENOUS PARTICIPATION IN TB PROGRAMS.
7. BY MARCH 2010 THIS FOCAL POINT PERSON WILL SECURE FUNDS FOR ONE YEAR FIDELIS-LIKE PROJECTS.
8. BY SEPTEMBER 30, 2010, FIRST PROJECT APPLICATIONS WILL BE SOUGHT AND AWARDED BY DECEMBER 31.
9. BY DECEMBER 31, 2011, PROJECTS COMPLETION REVIEWS WILL BE UNDERTAKEN AND RESULTS PRESENTED.
10. During 2012 the results, if positive, will be replicated under an established funding system.
11. BY MARCH 2012, the Partnership would request NTP targets specific to indigenous peoples with subsequent annual reporting thereafter.

TIMEFRAME: Begin 2009 with an aim to be measured in 2015 in accordance with the Millennium Development Goals.

SUBMITTED BY: Regional Chief Willie Littlechild, Assembly of First Nations

22. ISSUE: Improving TB control in destitute and old age homes

RECOMMENDATION: Every country formulates and promotes Community based tuberculosis strategies for destitute and old age homes

ACTION BY: Coordinating Board, Secretariat, DOTS Expansion Working Group and countries

MEASURE OF SUCCESS: Number of countries having established community based tuberculosis control strategies for destitute and old age homes

TIME FRAME; 2009-2011

SUBMITTED BY; World Lung Foundation

COMMENTS MADE ON THE ABOVE

Division of recommendation 2

Submitted by [Public Health Watch](#) on Thu, 16/04/2009 - 13:44 GMT.

Recommendation 2 should be two separate recommendations:

1.) ISSUE: Patient Centered Care and Accountability

RECOMMENDATION:

Officially endorse the latest version of the International Standards for Tuberculosis Care, which incorporates patient and provider rights and responsibilities, and have partnership members encourage all service-providing partners at country level to also endorse and adhere to the standards.

ACTION BY: Coordinating Board

MEASURE OF SUCCESS: 50% of Stop TB Partnership members will have signed onto the International Standards for Tuberculosis Care.

TIMEFRAME: Starts now, indicator achieved by December 31, 2009

Submitted by: Thematic Track - Addressing the Needs of Neglected Populations/Cynthia Eyakuze, Open Society Institute

2.) ISSUE: Patient Centered Care and Accountability

RECOMMENDATION:

Create a taskforce, subgroup or working group within the Stop TB Partnership to address human rights and TB, with specific emphasis on socially marginalized populations. This body would work in close collaboration with WHO's TB and Ethics taskforce by facilitating broad participation in the development of TB, human rights and ethics guidelines.

ACTION BY: Coordinating Board

MEASURE OF SUCCESS: Body formed within the Stop TB Partnership to address TB and human rights with specific emphasis on marginalized populations. This group is represented on the WHO's TB and Ethics taskforce and participates in the development of guidelines, including ensuring a wide stakeholder consultation, and in the dissemination and adoption of the guidelines at country level.

TIMEFRAME: New group on TB and human rights established within the structure of the Stop TB Partnership by the end of the next coordinating board meeting scheduled for Autumn 2009.

Submitted by: Thematic Track - Addressing the Needs of Neglected Populations/Cynthia Eyakuze, Open Society Institute

patient centred care

Submitted by [Louise Baker](#) on Tue, 14/04/2009 - 06:45 GMT.

An interesting point. My understanding is that the term is all about ensuring an approach that focuses on an individual's rights and dignity. Putting the patient at the centre of decision making about their own treatment and care. Would be great to get feedback from community members and current and former patients on this issue

Comment on Issue #1 & 2 of Neglected Populations Thematic Track

Submitted by [dmlloh](#) on Mon, 13/04/2009 - 11:43 GMT.

This comment is in relation to issue #1 & 2 (Patient centered care & accountability). Perhaps a softer term to use could be "human-centered or holistic approaches to care" that include both individual & community? By using the term "patient centered care & accountability", it could create the sense that the patient is not only the sole solution but also the sole problem. This notion can be particularly problematic in settings where TB already carries a high level of stigma – the end result being that patients won't seek the medical assessment or treatment needed for TB.

MGHD

FROM THE CONSTITUENCIES

23. ISSUE: NGO role in partnership.

RECOMMENDATION: All NGO members of the Stop TB Partnership to share their objectives and main achievements on an annual basis through the Secretariat to accelerate dissemination of best practices/lessons learned towards achievements of the 2015 targets.

ACTION BY: Secretariat/NGO Partners

MEASURE OF SUCCESS: Regular brief updates on the Partnership website

TIMEFRAME: Annually as from end 2009

Submitted by: NGO Constituency/Lasha Gogvadze

24. ISSUE: NGO and NTP collaboration.

RECOMMENDATION: Partners at national level, notably NTPs to community level NGOs, should accelerate their collaborative efforts that will be reflected in joint evaluations/assessments as well as in annual TB reports.

ACTION BY: Board/Secretariat/DOTS expansion working group/TB TEAM

MEASURE OF SUCCESS: Annual reports demonstrate collaborative efforts at local level.

TIMEFRAME: From 2009

Submitted by: NGO Constituency/Lasha Gogvadze

25. ISSUE: NGO Representation on Stop TB Coordinating Board

RECOMMENDATION: In order to improve the transparency and accountability of the Coordinating Board to constitute the NGO seat nomination committee comprised of 1) technical NGO 2) faith based organization 3) community based NGO 4) patient based NGO 5) advocacy NGO plus the outgoing Board member (IFRC) and permanent member (The Union) to oversee election of the new representative of the NGO seat on the Coordinating Board in time for the next CB meeting (October 2009)

ACTION BY: Board/Secretariat

MEASURE OF SUCCESS: New Board member is elected through participatory process

TIMEFRAME: May-September 2009

Submitted by: NGO Constituency/Lasha Gogvadze

26. ISSUE: Outreach to potential funders

RECOMMENDATION: Increase outreach/communication to potential new funders (foundations and bilateral donors) to engage them in TB in the lead up to the next two Coordinating Board meetings

- Invite new funders to join government and foundation seats at the Coordinating Board
- Define outreach capacity of Special Envoy and TB Ambassadors, particularly to governments and high-net worth individuals
- Partnership to send funders existing Partnership documents on TB and funding needs. Funders will review and revise documents, based on perceived need.
- Develop matrix of current funders and potential new funders and identify possible outreach by current funders.
- Organize informal calls among funders to share information about funding priorities

ACTION BY: Board/Secretariat

MEASURE OF SUCCESS: concise documents highlighting Partnership's role, TB funding needs and opportunities for engagement in TB.

Matrix of current TB funders and potential new funders

TIMEFRAME: Ongoing leading up to next two Board meetings.

Submitted by: Donor & Foundation constituency/Alexandra Farnum

27. ISSUE: Strengthening investment case for TB

RECOMMENDATION: Over the coming year, develop investment cases providing concrete examples of funding needed to achieve the Global Plan (including cross-cutting issues related to health systems, such as lab strengthening) investment cases could be a useful way to engage new donors in TB who are unsure of what their money would achieve and could serve as a roadmap for new funders

ACTION BY: Board/Secretariat

MEASURE OF SUCCESS: a few concise examples of investment cases

TIMEFRAME: Ongoing

Submitted by: Donor & Foundation constituency/Alexandra Farnum

28. ISSUE: Lack of shared vision for the Private Sector constituency

RECOMMENDATION: Develop a 2 year strategic plan and framework for the private sector constituency to present at the next Board meeting.

ACTION BY: Coordinating Board, Secretariat, Private Sector Constituency

MEASURE OF SUCCESS: Completed strategy document

TIMEFRAME: activity has begun/to be completed by the time of the next board meeting (October 2009)

Submitted by: Private Sector Constituency/Shuma Panse

29. ISSUE: Lack of an action agenda for the Private Sector constituency

RECOMMENDATION: Identify collective action opportunities for the private sector based on the gaps in the Global Plan by the next Board Meeting and then issue a Call to Action to the Private Sector.

ACTION BY: Private Sector Constituency

MEASURE OF SUCCESS: Identification of opportunities.

TIMEFRAME: activity has begun/to be completed by the time of the next board meeting (October 2009)

Submitted by: Private Sector Constituency/Shuma Panse

30. ISSUE: Strengthening of the Private Sector Constituency

RECOMMENDATION: Expanding and engaging the private sector constituency members by: developing a value proposition for members, identifying corporate champions.

ACTION BY: Private Sector Constituency

MEASURE OF SUCCESS: Value proposition and identification of 1-2 champions

TIMEFRAME: End of 2009

Submitted by: Private Sector Constituency/Shuma Panse

31. ISSUE: Technical Assistance Strengthening - National Coordination

RECOMMENDATION: A mechanism should be in place for coordination of TA at country level ("National TBTEAM"). Technical agencies will support countries in establishing a coordinating mechanism for TA and in requesting TA

The national TA coordinating mechanism ("National TBTEAM"*) should prepare and periodically update the TA plan, based on annual TB work plan, and share the TA plan with relevant stakeholders. When TA is delivered, TA providers ensure that consultancy protocols are adhered to (e.g. agreed-to ToRs) and that mission feedback is sought. Technical agencies commit to providing support to countries in the development of TA plan in the context of supporting the development of the national Stop TB plan and annual TB work plan.

To the maximum extent feasible, all TA missions, short- or long-term, should build regional, national, and/or local expertise (for example, through mentoring local resources) as a primary objective with the long term goal of reducing reliance on external TA.

ACTION BY: TB TEAM

MEASURE OF SUCCESS: Number of countries with coordinating mechanism in place by March 2010, by region; proportion of all TA missions carried out that were indicated in the annual TA plan, by country; percent of TA missions that include at least one local counterpart as a member of the TA mission team.

TIMEFRAME: Start now, ongoing

Submitted by: Technical Partners constituency/Keri Lijinsky

32. ISSUE: Technical Assistance Task Force

RECOMMENDATION: Convene a time-limited task force on technical assistance (composed of donors, TA providers, NTP representatives, civil society and NGOs) that would be charged with anticipating TA needs over the next 10 years, developing a draft plan of action, and focusing significant efforts on building sustainable local and regional capacity to decrease reliance on the limited number of experts from the US and Europe.

ACTION BY: TB TEAM

MEASURE OF SUCCESS: Proportion of TA missions utilizing local TA capacity.

TIMEFRAME: One year task force, ongoing to 2015

Submitted by: Technical Partners constituency/D'Arcy Richardson

33. ISSUE: TB/Affected communities - Indigenous Peoples

RECOMMENDATION: National TB programs work with their indigenous communities to develop strategies, strengthen and/or implement TB control strategies and programs. The goal would be to ensure that all indigenous peoples receive prevention, diagnosis and treatment of TB that is culturally sensitive respects their human rights, dignity and ensures treatment success.

National TB Programs should demonstrate the initiation of dialogues with indigenous communities in their respective countries in Year 1 (there are over 70 countries with indigenous peoples). National TB Programs should begin to collect disaggregated data for case notification and treatment outcomes in collaboration with indigenous communities. National TB Programs should develop unique social marketing and advocacy tools in collaboration with indigenous peoples, that respect their cultures and traditions and aim to overcome the current barriers to TB diagnosis and treatment. Communities affected by tuberculosis, civil society, National TB Programs develop a comprehensive strategy to

communicate, work with and fully engage indigenous peoples in their ACSM strategies. This includes developing linkages with other affected or infected, marginalised and vulnerable communities to develop joint advocacy, social marketing and resource mobilization strategies

ACTION BY: TB TEAM, DOTS Expansion Working Group, Board

MEASURE OF SUCCESS:

Tools of engagement will be developed and sent to all NTPs to assist in their development of partnerships with indigenous peoples; number of National TB Programs that demonstrate inclusion of Indigenous peoples in Their Country TB Strategies.

TIMEFRAME: Start 2009 - target 2010

Submitted by: TB/Affected communities and neglected populations Constituency Meeting - Regional Chief Willie Littlechild, Assembly of First Nations

34. ISSUE: TB/Affected communities - Indigenous Peoples

RECOMMENDATION: A unique indigenous secretariat should be supported by the Partnership. The secretariat would ensure indigenous community input from over 70 countries into the STOP TB Partnership.

ACTION BY: Board, Secretariat, TB TEAM

MEASURE OF SUCCESS: governance structure established; relationships established between National TB Programs and their respective indigenous communities; disaggregated country level data to more accurately report on the burden of TB within indigenous communities routinely collected in an increasing number of countries; unique tools for social marketing, advocacy, surveillance, monitoring and financing that would specifically target indigenous communities are developed and tested.

TIMEFRAME: start 2009 - ongoing

Submitted by: TB/Affected communities and neglected populations Constituency Meeting - Regional Chief Willie Littlechild, Assembly of First Nations

35. ISSUE: Financial Crisis Ministerial meeting (1)

RECOMMENDATION: Stop TB should establish an early warning system to flag up potential cuts in funding to TB programmes in low income and or endemic countries or in partner agencies. A flag should trigger joined up advocacy among all partners to limit the impact of any cut backs.

ACTION BY: Board, Secretariat, All partners

MEASURE OF SUCCESS: Partners able to respond in a coordinated way to any perceived threats to TB funding.

TIMEFRAME: As soon as possible

Submitted by: Ministerial Forum/Marcos Espinal

36. ISSUE: Financial Crisis Ministerial meeting (2)

RECOMMENDATION: Stop TB should implement an advocacy strategy in endemic countries and with donor partners to:

- make the case that there should be no cuts in funding for social and health issues (including achievement of the 15% commitment by African countries and funding of the Global Fund)
- ensure that diagnosis and treatment should remain free of charge and that there are no "stock outs" of essential supplies
- that TB will be a model and at the vanguard of accountability, transparency and efficiency

ACTION BY: Board, Secretariat, All partners

MEASURE OF SUCCESS: Advocacy strategy defined and being implemented in key target countries.

TIMEFRAME: As soon as possible

Submitted by: Ministerial Forum/Marcos Espinal

COMMENTS MADE

NGO role in partnership- Partners' plans and needs

Submitted by [iseununes](#) on Sun, 26/04/2009 - 14:32 GMT.

ISSUE: NGO role in partnership- Partners' plans and needs

RECOMMENDATION: Make clear what each STOP TB Partner has to offer and plans to do in the short/medium/long term.

Stop TB should implement a quick way on line for the Partners to talk about their specific needs and possibilities for collaboration.

This could be presented on line in two columns, To Share (e.g. medicines/water/human resources) and To Look For (medicines/water/human resources).

For example, my NGO, Farmabrasilis, is interested in establishing partnerships to conclude the development of a medicine named P-MAPA that may help to fight infectious diseases such as TB. Everyone working in medical centers or research networks is very welcome to make contact.

ACTION BY: Board, Secretariat, All partners

MEASURE OF SUCCESS: New partnerships to be established and problems to be solved.

TIMEFRAME: As soon as possible

Submitted by: Farmabrasilis/ Iseu Nunes

Partner's plans and needs

Submitted by [iseununes](#) on Sun, 26/04/2009 - 14:26 GMT.

ISSUE: NGO role in partnership- Partners' plans and needs

RECOMMENDATION: Make clear what each STOP TB Partner has to offer and plans to do in the short/medium/long term.

Stop TB should implement a quick way on line for the Partners to talk about their specific needs and possibilities for collaboration.

This could be presented on line in two columns, To Share (e.g. medicines/water/human resources) and To Look For (medicines/water/human resources).

For example, my NGO, Farmabrasilis, is interested in establishing partnerships to conclude the development of a medicine named P-MAPA that may help to fight infectious diseases such as TB. Everyone working in medical centers or research networks is very welcome to make contact.

ACTION BY: Board, Secretariat, All partners

MEASURE OF SUCCESS: New partnerships to be established and problems to be solved.

TIMEFRAME: As soon as possible

Submitted by: Farmabrazilis/ Iseu Nunes

accountability

Submitted by [scstender](#) on Fri, 17/04/2009 - 03:00 GMT.

With regards to the first recommendation NGO role in partnership - "All NGO members of the Stop TB Partnership to share their objectives and main achievements on an annual basis through the Secretariat to accelerate dissemination of best practices/lessons learned towards achievements of the 2015 targets", I believe this should be expanded to all organizations/agencies within the Stop TB Partnership. There could be a short, standardized reporting format on "best practices" for partners, which could then be compiled by the Secretariat into an annual report.

New recommendation

Submitted by [Louise Baker](#) on Tue, 14/04/2009 - 06:24 GMT.

Excellent idea about a new recommendation. I have added the recommendation as you suggest. Would be great if other members of the constituency can comment and amend as necessary.

Comment on Issue 9 above and proposal for new recommendation

Submitted by [darcy@path](#) on Sat, 11/04/2009 - 02:27 GMT.

I participated in the technical agencies discussion in Rio, but after having time to think about this discussion, I think we missed the mark on a bigger picture recommendation that is most critical to the success of the Partnership.

Mario Raviglione commented in his opening remarks about the lack of sufficient technical assistance capacity, and I don't think our constituency discussion gave enough time to this point--it focused more on mechanics of TA.

As a result, I would like to suggest an additional recommendation to the Partnership that the TB TEAM mechanism be used to convene a time-limited task force on technical assistance (composed of donors, TA providers, NTP representatives, civil society and NGOs) that would be charged with anticipating TA needs over the next 10 years, developing a draft plan of action, and focusing significant efforts on building sustainable local and regional capacity to decrease reliance on the limited number of experts from the US and Europe.

Without this, I think we are missing an opportunity to do a better job at supporting our TB goals globally.

Best,
D'Arcy

FROM THE TB AND HEALTH SYSTEMS THEMATIC TRACK

37.ISSUE: Lack of data on drug management at country level.

RECOMMENDATION: Roll out of web based tool for programmatic management of TB and MDR TB drugs globally.

ACTION BY: DOTS Expansion/MDR TB Working Groups/GDF/GLC/TBTEAM

MEASURE OF SUCCESS: Number of TB countries capable of extracting and providing data on drug forecasting and consumption in real time.

TIMEFRAME: Ongoing - start now.

Submitted by: Thematic Track Health System Web based tool/Luis Gustavo Bastos (MSH-Brazil)

38.ISSUE: Laboratory Strengthening - Multi-stakeholder approach

RECOMMENDATION: Continue to strengthen the multi stakeholder approach to laboratory strengthening for TB diagnostic services. The Partnership should support the Global Laboratory Initiative and its partners (including GDF, GLC, the New Diagnostics WG, and its public, private, and philanthropic partners) to continue to scale up, expand, and implement GLI and partner sponsored activities directed towards a comprehensive strengthening of TB laboratory facilities, services, and systems in all countries, specifically focusing on the following:

- Streamline and harmonize systems to facilitate greater cohesion, including by aligning the delivery of equipment and training; monitoring and evaluation; external quality assurance; provision of simple guidance tools such as laboratory posters to explain methods.
- Expand the number of partners participating in the GLI and related activities and more clearly define roles, responsibilities, and the division of labor.
- Create stronger plans and implementation packages to enable Ministries of Health in affected countries to develop plans for sustaining laboratory capacity strengthening, including strengthening human resource capacity, compensating laboratory workforce adequately, and taking ownership of long-term benefits and responsibilities

ACTION BY: CB, Secretariat, GDF, GLC, TB TEAM, Implementation WGs

MEASURE OF SUCCESS: Further elaboration of a comprehensive laboratory strengthening strategy by the GLI and partners; Full funding for GLI and partner activities to implement the lab strengthening strategy; Integration of new partners into the GLI and related activities with clear roles and responsibilities defined and implemented; Strong country ownership of long-term sustainable strategies and implementation plans for effectively strengthened TB laboratory capacity, health laboratory workforce, and adequate and sustained financing.

TIMEFRAME: Can and should start immediately; GLI to provide CB and Secretariat with milestones, deliverables, and benchmarks.

Submitted by: Thematic Track - Health Systems/Lab Strengthening - Mark Harrington

39. ISSUE: Laboratory Strengthening - integration

RECOMMENDATION: TB lab strengthening needs to be integrated into a broader campaign to strengthen health laboratories worldwide. Recent efforts by the Partnership since 2006 including the establishment and growth of the GLI are but the first step in setting the stage for stronger health laboratories in developing countries around the world. The potential efficiencies of harmonization

across disease programs and primary care will be much greater for country health systems than disease-specific efforts. Stop TB and the GLI have a chance to inspire greater harmonization and collaboration among different specific areas of laboratory expertise to develop and implement a strategy to strengthen health laboratories worldwide. As a first step, WHO and partners should organize a global consultation to develop a strategy to integrate disease specific laboratory strengthening activities into a comprehensive global package.

ACTION BY: CB, Secretariat, WHO Stop TB Department, WHO Health Systems Strengthening Department, World Bank, STB Partners, Donors, Developing Countries

MEASURE OF SUCCESS: By the end of 2010, Stop TB, the GLI, WHO, World Bank, donors, and developing countries will have developed an integrated health laboratory --strengthening strategy with fully spelled out activities, targets, timelines, budgets, and a plan to implement the strategy.

TIMEFRAME: Strategy to be complete by the end of 2010; implementation to be fully complete by the end of 2015.

Submitted by: Thematic Track - Health Systems/Lab Strengthening - Mark Harrington

40.ISSUE: Laboratory Strengthening Strategy

RECOMMENDATION: The GLI and multi-stakeholder partners should develop further efforts to more fully elaborate some key elements of the lab strengthening effort which need greater attention, including biosafety, laboratory design and construction, and equipment design and construction.

ACTION BY: GLI and multi-stakeholder partners.

MEASURE OF SUCCESS: The GLI and partners should develop and promulgate clear standards for effective biosafety at all levels of the laboratory system; should provide an inventory or clearinghouse to document best practices in laboratory strengthening; and should develop norms and standards to assist countries in designing laboratories and equipment to optimize efficiency, biosafety, and effective lab systems.

TIMEFRAME: GLI to develop timeline with milestones and budget with partners.

Submitted by: Thematic Track - Health Systems/Lab Strengthening - Mark Harrington

COMMENTS MADE

integration vs. verticalization

Submitted by [scstender](#) on Fri, 17/04/2009 - 03:22 GMT.

Disease-specific solutions continue to verticalize health care services and programmes. The development of any tool to assist with drug control management should take into consideration other essential drugs utilized at facility level. There are many examples of how parallel ARV procurement systems are failing - the patient receives ARVs, but there is a "stock out" of fluconazole, cotrimoxazole, ...

Perhaps Recommendation #1 can be modified to incorporate some of the principles in Recommendation #3 with regards to integration.

FROM THE INCREASING ACCESS AND EQUITY THEMATIC TRACK

41. ISSUE: A World Free of TB Needs A Free TB Diagnosis

RECOMMENDATION: Increase access to a TB diagnosis for all patients through Global Level Action, specifically the principle of a 'free, quality-assured diagnosis' (meaning any consultations and tests to ascertain the cause of a chronic cough and any other tests associated with a TB diagnosis, should be provided with no charge to patients) should be formally endorsed by the STOP-TB Coordinating Board at its next meeting in late 2009. All Country Programmes should be recommended to make TB Diagnosis free, at a minimum through the public health system, through Technical Assistance recommendations to TB Programmes (by TB Team, KNCV and Union Consultants) during TA visits to countries in 2010 and 2011

The Revised International Standards for TB Care

ACTION BY: Coordinating Board, Secretariat, DOTS Expansion, TB TEAM

MEASURE OF SUCCESS: The Coordinating Board should then ensure that by 2011 this principle is enshrined in any revisions to the Current Global Plan to Stop TB; the subsequent Global Plan to Stop TB; any revisions of the WHO Stop TB Strategy and in guidelines, TA reports.

TIMEFRAME: Start now - ongoing to completion.

Submitted by: Thematic Track: Increasing Access and Equity/Free Diagnosis/B. Squire

42. ISSUE: TB Diagnosis for ALL patients

RECOMMENDATION: increase access to a TB diagnosis for all patients through National level action, specifically:

- By end 2011, all high burden countries and those receiving new support for TB programmes through the Global Fund to implement and fund, through the public health system, a free-to-user Practical Approach to Lung Health (PAL) or other means of ensuring that chronic coughers are not charged for a quality-assured diagnosis¹

- Where countries cannot afford to do this through national budgets (including financing through sector wide support), they should specifically seek funding through GFATM and applications to other donors.

- Once achieved through the public system, NTPs should aim to achieve the same in the private sector through public private partnerships (as achieved by Pakistan)

ACTION BY: DOTS Expansion WG, TB TEAM

MEASURE OF SUCCESS: High burden countries and those receiving new GFATM grants will not be charging patients for any aspect of diagnosis (evidenced in national reports). Case Detection rates in those countries implementing free diagnosis will increase.

TIMEFRAME: Start now - ongoing

Submitted by: Thematic Track: Increasing Access and Equity/Free Diagnosis/B. Squire

43. ISSUE: Isoniazid Preventive Therapy - lack of awareness

RECOMMENDATION: Stop TB should move more forcefully with NTP and National AIDS Programmes to encourage implementation of the WHO strategy concerning prescription of IPT as a prophylaxis against TB for PLWHA.

ACTION BY: Secretariat, GDF, TB TEAM, WG - DOTS Expansion, TB-HIV

MEASURE OF SUCCESS: Ensure that the 3Is strategy is included in national protocols and strategies, better dialogue between civil society and the national TB and AIDS programmes, support for civil society to roll out 3 Is at national level.

TIMEFRAME: Immediately and becoming permanent.

Submitted by: Increasing Access and Equity /Antonio Manganella

44. ISSUE: Free Diagnostics and Treatment for TB incomplete

RECOMMENDATION: Action is taken (letters/in technical missions) with political authorities at national level to ensure that TB diagnosis, treatment and hospitalisation are delivered free.

ACTION BY: Secretariat, WG - DOTS Expansion, TB TEAM

MEASURE OF SUCCESS: Political and technical authorities are informed and understand the fact that TB diagnosis, treatment and hospitalization should be free.

TIMEFRAME: Immediately and becoming permanent.

Submitted by: Increasing Access and Equity /Antonio Manganella

45. ISSUE: Mortality Rates with late diagnosis

RECOMMENDATION: Stop TB should act to strengthen the capacity of the health workforce to support systematic early diagnosis of TB especially among children and PLWHA. TB TEAM should ensure that countries integrate requests for the purchase of diagnostic equipments for children and PLWHA in their proposals to the Global Fund.

ACTION BY: Secretariat, WG - DOTS Expansion, TB TEAM

MEASURE OF SUCCESS: Technical Assistance/training is in place to support early diagnosis of TB particularly among children and PLWHA.

TIMEFRAME: Immediately and becoming permanent.

Submitted by: Increasing Access and Equity /Antonio Manganella

COMMENTS MADE

Free Diagnosis for TB

Submitted by [karvin87](#) on Mon, 27/04/2009 - 11:13 GMT.

A national Drive to check for symptoms and have the free tests for TB should be encouraged by Stop TB to member countries. TB should be a name know to every body. Many people in developing countries do not know what TB is? Symptoms etc? The worst - they do not know that medicines are compulsory for a given time frame and tend to not eat medicines after a particular time.

These things should be promoted by national TV, radio's and most importantly get the local actors/famous personalities engaged in the task to expedite the message.

FROM THE FINANCING TB THEMATIC TRACK

46. ISSUE: HIV/TB streamlining in Global Fund proposal writing

RECOMMENDATION: Ensure the implementation of the decision of the Global Fund Board to include in every HIV/AIDS grant application a TB component and vice versa.

ACTION BY: TB TEAM

MEASURE OF SUCCESS: Proportion of applications streamlined to include both HIV/TB components.

TIMEFRAME: within one year

Submitted by: Thematic Track - GF Emergency /Sophie Muller

47. ISSUE: Partner Capacity Building Global Fund

RECOMMENDATION: Build the capacity of Stop TB Partners by providing advocacy tools which will help them to address their national policy makers to either a) call for increased funding commitments to the Global Fund or b) create demand for Global Fund in endemic countries

ACTION BY: Secretariat

MEASURE OF SUCCESS: Advocacy Toolbox for Partners

TIMEFRAME: 2-3 months

Submitted by: Thematic track - GF Emergency/Sophie Muller

48. ISSUE: Joint Advocacy for Global Fund

RECOMMENDATION: Join forces with UNAIDS and RBM in advocacy outreach to the donor community with regard to the funding of the Global Fund

ACTION BY: Secretariat

MEASURE OF SUCCESS: Joint call for action/joint meetings with decision makers - STBP, RBN and UNAIDS

TIMEFRAME: 18 months to replenishment

Submitted by: Thematic track - GF Emergency/Sophie Muller

49. ISSUE: Innovative Financing and Financial Sustainability

RECOMMENDATION: Stop TB should develop strategic alliances - partnership building with a long term view that link diagnostics and treatment. Resource mobilization a) For low-income countries, donor's contribution is needed, b) Greater funding flexibility and less earmarking

ACTION BY: Board, Secretariat, GDF, GLC

MEASURE OF SUCCESS: Greater investment in linking diagnostics and treatment

TIMEFRAME: 2015

Submitted by: UNITAID /Lisa Regis

50. ISSUE: Capacity building of partners in management techniques

RECOMMENDATIONS: Promote and include management as an essential tool for capacity building of Stop TB Partners

ACTION BY: Stop TB Partners

MEASURE OF SUCCESS: %age of Global Fund proposals containing management training as a support component; Number of Stop TB Partners getting trained in management

Time Frame: Immediate—ongoing

Submitted by: World Lung Foundation

No comments made

FROM THE WORKING GROUPS

51. ISSUE: Social aspects of TB

RECOMMENDATION: Address social aspects of TB such as Nutrition, Access, stigma and discrimination.

The neglect of childhood TB must be addressed more prominently.

ACTION BY: Workings Groups - Implementation, Board, Secretariat

MEASURE OF SUCCESS:

TIMEFRAME: By March 2010

Submitted by: WGs on Implementation (DOTS Expansion, TB/HIV, MDR TB & GLI)/Colleen Daniels

52. ISSUE: Human resources for health

RECOMMENDATION: Establish a taskforce to address the cost cutting issue of human resources across working groups. TB must be part of the broader global health workforce movement.

ACTION BY: Workings Groups, Board, Secretariat

MEASURE OF SUCCESS:

TIMEFRAME: By March 2010

Submitted by: WGs on Implementation (DOTS Expansion, TB/HIV, MDR TB & GLI)/Colleen Daniels

53. ISSUE: Operational research

RECOMMENDATION: Working groups much revise their plans to include costed operational research components in light of emerging challenges.

ACTION BY: Implementation workings groups, Board

MEASURE OF SUCCESS:

TIMEFRAME: By March 2010

Submitted by: WGs on Implementation (DOTS Expansion, TB/HIV, MDR TB & GLI)/Colleen Daniels

54. ISSUE: Empowerment and ACSM (1)

RECOMMENDATION: To make empowerment of and partnerships with communities a reality, health authorities including TB programs, should focus more on the creation of mechanisms where different tasks and responsibilities of TB services are redistributed to community partners according to their local capacity and circumstances.

ACTION BY: DOTS Expansion, Board

MEASURE OF SUCCESS: Number of countries that have formed partnerships with community partners for provision of community based DOTS

TIMEFRAME: Start 2009 - 2015

Submitted by: WG on DOTS Expansion -ACSM Sub Group/Alka Dev& Netty Kamp

55. ISSUE: Empowerment and ACSM (2)

RECOMMENDATION: Successful involvement of community health workers in TB treatment in vulnerable and impoverished populations goes beyond merely giving DOT but should strengthen the capacity of patients to obtain existing state subsidies, and create community support networks of local enterprises.

ACTION BY: DOTS Expansion, Board

MEASURE OF SUCCESS: Number of countries having community health workers in vulnerable and impoverished communities trained and implementing poverty reduction activities beside DOT.

TIMEFRAME: Start 2009 - 2015

Submitted by: WG on DOTS Expansion -ACSM Sub Group/Alka Dev& Netty Kamp

56. ISSUE: Endemic country partnerships for research

RECOMMENDATION: As clinical evaluation of new diagnostics, drugs and vaccines expands over the next five years, we recommend that product developers continue and expand upon partnerships with endemic countries to reinforce capacity for and ownership of research. Priorities include:

- building trial site capabilities to conduct large-scale registration standard clinical trials;
- strengthening laboratory capacity; and
- involving local and affected communities in the research process.

ACTION BY: DOTS Expansion WG, WGs on New Tools, Coordinating Board, Secretariat.

MEASURE OF SUCCESS: improvement of capacity of endemic countries to carry out research.

TIMEFRAME: To December 2010

Submitted by: Working groups on new diagnostics, new drugs and new vaccines/ Heather Ignatius.

57. ISSUE: Research Financing

RECOMMENDATION: An additional US\$ 6.9 billion will be needed before 2015 to ensure appropriate support for the development of new diagnostics, drugs and vaccines. The funding gap is particularly acute for clinical evaluation, the last and most expensive step before new products can be introduced in the field. To address these insufficiencies, we recommend that donors:

- consider new financing mechanisms that will generate additional funds for R&D and provide sustainable, predictable support; and
- coordinate with one another to make certain that funding needs are met at every stage along the product development pipeline.

ACTION BY: Donor & Foundation constituency, Coordinating Board, Secretariat

MEASURE OF SUCCESS: increased funding along the research continuum **TIMEFRAME:** Ongoing

Submitted by: Working groups on new diagnostics, new drugs and new vaccines/ Heather Ignatius.

58. ISSUE: Research Advocacy

RECOMMENDATION: Advocates and researchers must join together in raising awareness for the need for new tools and securing the resources that will be necessary to develop and deliver them. In the next year, the Partnership Secretariat should initiate a dialogue between the advocacy and research communities to strengthen cooperation and determine where joint action can accelerate and facilitate research, development and delivery of new tools.

ACTION BY: Secretariat, Board, New Tools WGs

MEASURE OF SUCCESS: strategy for Research Advocacy developed. **TIMEFRAME:** end 2009

Submitted by: Working groups on new diagnostics, new drugs and new vaccines/ Heather Ignatius.

59. ISSUE: TB Research annual meeting

RECOMMENDATION: a yearly meeting of TB researchers across the tools areas be initiated at an appropriate scientific conference, Stop TB forum or Stop TB Research Movement meeting to identify cross-cutting scientific hurdles that must be met in order to accelerate discovery and development of new diagnostics, drugs and vaccines.

ACTION BY: Research Movement, WGs, Secretariat, Board

MEASURE OF SUCCESS: yearly meeting, increased scientific discourse across tools, identification of cross cutting gaps in knowledge

TIMEFRAME: Latest commence in 2010

Submitted by: Working Groups - Research/Omar Vandal

60. ISSUE: Engagement of Stakeholders for Research

RECOMMENDATION: Development of new diagnostics, drugs and vaccines that are appropriate for use in countries most affected by TB will require considerable input from and involvement of a range of stakeholders including affected communities, advocates, healthcare workers, policymakers, basic and clinical researchers, technical agencies, and payers. We recommend that Working Groups ACTIVELY ensure that all stakeholders are represented in Working Groups, Core Groups and Subgroups. Researchers should expand dialogue with these constituencies via the Partnership's structures such as the implementation Working Groups, the Research Movement, Constituency Groups, and the Retooling Taskforce. Conversations should be initiated about target product profiles, product design, clinical evaluation procedures, training and capacity building at trial sites in endemic countries and local involvement in the research process. Additionally, TB advocacy should be performed at all levels of TB control, in particular research scientists should be trained in and informed about advocacy for TB Tools R&D.

ACTION BY: All WGs

MEASURE OF SUCCESS: greater dialogue

TIMEFRAME: Commence 2009

Submitted by: Working Groups - Research/Omar Vandal

61. ISSUE: Creation of Tools and Scientific Resources for Research Working Groups

RECOMMENDATION: Research and development (R&D) for new diagnostics, drugs and vaccines will be hastened by the:

- development of better, more predictive animal models for evaluating product efficacy and safety;
- identification of predictive biomarkers for measuring product efficacy;
- discovery of new imaging technologies to monitor disease progression and response to therapy.
- invention of innovative drug and vaccine delivery technologies;
- improved preparedness of clinical trials sites; and
- Sharing of knowledge and research data, positive or negative, by product developers from all sectors and the development of easily accessible platforms to allow for this information exchange (e.g. online databases).

Researchers must collaborate with one another and with donors to devise a plan for creating these essential tools and resources. We recommend this be accomplished in the setting of shared Working Group Subgroups or Task Forces.

ACTION BY: Research WGs

MEASURE OF SUCCESS: progress in the development of proposed tools.

TIMEFRAME: Commence 2009

Submitted by: Working Groups - Research/Omar Vandal

62. ISSUE: Research Advocacy

RECOMMENDATION: Develop joint advocacy efforts of the working groups to address potential

funders for TB research by 1) identifying potential donors 2) agreeing outreach plan to potential donors

ACTION BY: Workings Groups - Drugs, Vaccines, New Diagnostics

MEASURE OF SUCCESS:

TIMEFRAME: Action plan prior to next working group meeting

Submitted by: WGs on New Diagnostics, Vaccines and Drugs/Sophie Muller

63. ISSUE: Number of sub groups - implementation working groups

RECOMMENDATION: Reduce the number of sub groups of the diagnostics working group.

ACTION BY: Workings Groups - New Diagnostics

MEASURE OF SUCCESS:

TIMEFRAME: For approval at next joint working group meeting

Submitted by: WGs on New Diagnostics, Vaccines and Drugs/Sophie Muller

COMMENTS MADE

Health Care Workers

Submitted by Louise Baker on Tue, 14/04/2009 - 07:35 GMT.

You may be interested to read about the Global Health Workforce Alliance. The GHWA is a partnership - similar to Stop TB - housed at WHO that is working on issues relating to the crisis of health workforce issues globally.

<http://www.who.int/workforcealliance/en/>

Comments on Issue #1 & 2 of Working Group Track

Submitted by dmlloh on Mon, 13/04/2009 - 11:36 GMT.

My first comment is in relation to Issue #2 (Human resources in health) as well as the link between Stop TB efforts and other ongoing WHO health strategies.

As I understand, the WHO is currently trying to develop some sort of universal health care coverage plan. Keeping this in mind, I am struck by the fact that Health Care Workers (HCW) in resource-constrained settings often lack basic health care coverage themselves, particularly if employed on contract terms.

As an epidemiologist, this is an issue of concern since HCW (i.e., one of the first lines of defense in stopping the disease) are at greater risk of infection than the general population and, if left untreated for even a short period of time, have a high potential to transmit the disease to other patients, their family and their local community – not to mention the need for sick leave from work while they receive DOTS for TB.

In this context, perhaps one longer-term recommendation could be ensuring that all health care workers in DOTS receive some level of health care coverage as part of the WHO plan, or at the very least are monitored on a regular basis for active TB using simple screening strategies?

This issue can also be linked with issue #1 (Social aspects of TB), in terms of HCW receiving adequate housing, nutrition (e.g., balanced diet, pasteurized milk, etc.) & clean water, as well as basic materials

such as free access to soap & paper towel for hand washing at the clinic (often unavailable in low-resource settings), etc. as a means of reducing their general risk of disease.

MGHD

FROM THE EMPOWERING COMMUNITIES THEMATIC TRACK

64. ISSUE: Prioritization of TB in HIV work at community level

RECOMMENDATION: Sensitize communities by making easily understandable materials available in local languages in the high burden countries in Africa by 2010. ACTION BY: Board/ Working Group on TB/HIV

MEASURE OF SUCCESS: increase in TB case detection in target countries.

TIMEFRAME: By December 2010

Submitted by: Thematic Track Empowering Communities 4/Judith Najjuka

65. ISSUE: Unequal treatment of different parts of the community in accessing services.

RECOMMENDATION: Strengthen implementation of health equality principles in Stop TB Strategy (component 5) in the high burden countries.

ACTION BY: Working Group on DOTS Expansion/WHO

MEASURE OF SUCCESS: Number of NTP who develop specific plans of action to reach the underserved communities mainstreamed into national strategic plans and funding proposals.

TIMEFRAME: By December 2010

Submitted by: Thematic Track Empowering Communities 4/Judith Najjuka

66. ISSUE: Community influence in national strategic planning and proposal writing.

RECOMMENDATION: TB TEAM should train and then incorporate community members in technical assistance missions for proposal and strategy writing for TB. ACTION BY: TB TEAM

MEASURE OF SUCCESS: Number of TB strategies/proposals that are written with communities as part of the writing team.

TIMEFRAME: Ongoing - start now.

Submitted by: Thematic Track Empowering Communities 4/Judith Najjuka

67. ISSUE: Making community voices heard

RECOMMENDATION: Institutions/working groups/CCMs and other national and global bodies must ensure that there are community-specific terms of reference (TORs) that clearly outline the responsibilities of community representatives as well as the expectations that these representatives should have of these bodies. These TORs must be developed and agreed upon by the leadership of the specific body and the community representative(s).

TORs should include, but not be limited to:

- The support representatives can expect to build their understanding of and increase their capacity to discuss technical issues that are being addressed by the body; and
- The financial/logistical resources available to representatives to support them in fulfilling their programmatic terms of reference on an annual basis.

ACTION BY: All partnership bodies

MEASURE OF SUCCESS: # of partnership bodies with specific TOR developed. TIMEFRAME: As soon as practically possible:

Submitted by: Thematic Track EC Advocacy lessons: making community voices heard/Claire Wingfield (TAG)

68. ISSUE: Civil Society engagement and collaboration with the NTPs

RECOMMENDATION: That from today and on a permanent basis to fully integrate civil society organizations in technical assistance missions by TB TEAM in countries.

ACTION BY: Secretariat, Board, TB TEAM

MEASURE OF SUCCESS: better dialogue between civil society and the NTPs, tools available to support civil society in their national languages, as strategic documents (and GF proposals) are prepared the full breadth of community experience is given more weight, civil society can go directly to TB TEAM without passing by NTP.

TIMEFRAME: Start now become permanent.

Submitted by: Thematic Track Empowering Communities/ Charlotte Goyon.

69. ISSUE: Failure to recognise community contributions to the fight against TB

RECOMMENDATION: Creation of a working group to accelerate efforts on component 5 of the Stop TB Strategy "Empowering Patients and the Community"

ACTION BY: Board, DOTS Expansion Working Group

MEASURE OF SUCCESS: Communities are better engaged; Best practice is documented and shared widely; communities work better with National Programmes; increased community DOTS coverage; better awareness and distribution of the Patient's Charter; information available in local languages

TIMEFRAME: Start now

Submitted by: Thematic Track Empowering Communities/ Charlotte Goyon.

70. ISSUE: Role of Francophone NGOS in the fight against TB

RECOMMENDATION: The Stop TB Partnership supports the planning and implementation of the Francophone Forum against TB and TB/HIV with technical assistance and financing in the next three years.

ACTION BY: Board, Secretariat, TB TEAM

MEASURE OF SUCCESS: Side event at the Union Conference in Ouagadougou in June 2009, 2 day consultation on the framework for a francophone Forum, contact database for NGOs involved in TB and TB/HIV in francophone African countries, establishment and management of a francophone Forum website for the fight against TB and TB/HIV; database with reference and tools in French and translations of useful Stop TB documents. Indicators: number of participants at the Union Conference, strategic framework approved, number of visitors to the website, network of partners established

TIMEFRAME: to March 2012.

Submitted by: Thematic Track Empowering Communities/ Charlotte Goyon.

71. ISSUE: Opportunities and challenges associated with M&E for ACSM (1)

RECOMMENDATION: All Terms of reference for NTP review missions should include evaluation and recommendations for ACSM by December 2009.

Standardized outcome indicators for routine monitoring of ACSM activities should be available by end of 2010. The ACSM 10-year framework should be reviewed and updated by June 2010.

ACTION BY: DOTS Expansion WG - Country level ACSM

MEASURE OF SUCCESS: Number of NTP review missions that include evaluation of ACSM and recommendations for future ACSM activities, annually. Availability of standardized indicators for tracking implementation of ACSM activities and review and update if necessary the Global ACSM 10 year framework.

TIMEFRAME: June 2009-December 2010

Submitted by: Monitoring and Evaluation of Advocacy, Communication, and Social Mobilization in TB Control, Group 1/ Mayra S Arias and Charlotte Colvin

72. ISSUE: Opportunities and challenges associated with M&E for ACSM (2)

RECOMMENDATION: Training for ACSM to be harmonized to create uniform understanding of definitions and skills. The ACSM subgroup at country level should develop standardized ACSM training content and based on best practices of definitions and a share skill base for effective implementation of activities. The ACSM subgroup at country level should take a lead role in developing ACSM guidelines, planning for regional, national level TOTs, anticipating and identifying resources for ongoing support needs, and providing supplemental ACSM support materials through its website. Tools need to be simplified and adapted to respond to regional and local needs in terms of language and approach.

ACTION BY: DOTS Expansion WG - Country level ACSM

MEASURE OF SUCCESS:

- Simplified Standardised tools developed and available for country use (3rd quarter of 2010)
- ACSM guidelines developed and ready for use by countries. One tot workshop for key people in the SEAR, WPR, and EMR planned and conducted by the end of 2010

TIMEFRAME: June 2009-December 2010

Submitted by: Monitoring and Evaluation of Advocacy, Communication, and Social Mobilization in TB Control, Group 2/ D'Arcy Richardson and Hara Srimuangboon

73. ISSUE: Affected communities in the Latin American Region (1)

RECOMMENDATION: The partnership should organize more activities and support a higher level of participation of people affected by TB in events and bodies (such as the Forum). Facilitate ongoing working sessions and tools that could serve as networking opportunities to share best practice and experiences among different associations of people affected by TB.

ACTION BY: DOTS Expansion WG - Country level ACSM, Secretariat, Board.

MEASURE OF SUCCESS: Increase in representation of people affected by TB in all partnership bodies; additional tools developed to promote networking.

TIMEFRAME: December 2010

Submitted by: Thematic Track Empowering Communities (8)/Experiences in forming and developing organizations for affected communities in the Latin American Region/Elena Cuba - ASET-COMAS Peru

74. ISSUE: Affected communities in the Latin American Region (2)

RECOMMENDATION: Diminish the language barrier. E.g. Most of the Forum sessions were held in English where a numerous proportion of the participants were Spanish speakers with very limited knowledge of English. The partnership needs more materials in languages other than English. The Partnership should consider organizing regional forums in order to minimize language barriers.

ACTION BY: DOTS Expansion WG - Country level ACSM, Secretariat, Board.

MEASURE OF SUCCESS: materials and events available for non-English speakers.

TIMEFRAME: By December 2010

Submitted by: Thematic Track Empowering Communities (8)/Experiences in forming and developing organizations for affected communities in the Latin American Region/Elena Cuba - ASET-COMAS Peru

75. ISSUE: Patients as Partners

RECOMMENDATIONS; Stop TB partnership/institutions should ensure implementation of patient's charter for TB care ensuring that patients are not passive recipients of services but active partners so as to ensure their right to care, dignity, privacy and other TB related required support

ACTION: All partnership bodies

MEASURE OF SUCCESS: Enhanced patients partnership in TB care resulting in improved programme performance

TIME FRAME; Ongoing—Start now

Submitted by; World Lung Foundation

COMMENTS MADE**Participation of partners from Eastern Europe**

Submitted by Public Health Watch on Thu, 16/04/2009 - 13:58 GMT.

The 2009 Stop TB Partners Forum had few participants from Eastern Europe and Central Asia. This may be related to the lack of translation services for many sessions (see Recommendation 12). In the future, their participation should be emphasized due to the high rates of drug resistant tuberculosis in the region.

HAART

Submitted by Louise Baker on Tue, 14/04/2009 - 06:37 GMT.

It is important cut the rates of TB in regions with a high burden of AIDS associated TB and stop people living with HIV but dying of TB. TDR are carrying out valuable HAART research. The Coordinating Board had the opportunity to visit the field site in Dar es Salaam, Tanzania during the meeting in October 2008. You might find the link to the TDR site, where there is additional information, interesting.

<http://www.who.int/tdr/svc/research/evidence-treatment-tb-hiv/projects>

Comment on Issue #1 of Empowering Communities Thematic Track

Submitted by dmlloh on Mon, 13/04/2009 - 11:40 GMT.

This comment is in relation to Issue #1 (Prioritization of TB in HIV work at the community level). Aside from providing HIV-testing to TB patients, I would also reiterate the need to provide HAART to all HIV infected patients (including those not infected with TB) as a means of indirectly curbing TB rates in regions with a high burden of AIDS-associated TB.

MGHD

FROM THE RESEARCH TO RETOOLING THEMATIC TRACK**76. ISSUE: Regimen Change**

RECOMMENDATION: The Stop TB Partnership and its Innovative New Approaches and Tools sub group assist countries and produce guidance on what countries can do to prepare for regimen change.

Endemic countries define procedures for considering future regimen change, if they have not already done so. Governments of endemic countries and donors consider seriously the financial needs of conducting sufficient, high quality implementation research and implementing the roll-out of new, improved regimens.

ACTION BY: Coordinating Board, Secretariat, DOTS Expansion Working Group

MEASURE OF SUCCESS:

TIMEFRAME:

Submitted by: Thematic Track: Preparing for Regimen Change/Heather Ignatius

77. ISSUE: Operational Research

RECOMMENDATION: Stop TB should stress the importance of operational research to the future of TB control, particularly in the Americas. The partnership should develop and support an extensive programme of operational research (based on multiple sites in countries) that focuses on areas where Operational Research could have a measurable impact - particularly access to health care services for the sick, improvement of treatment practices and overcoming challenges.

ACTION BY: Board, Secretariat, Implementation WGs, Research Movement

MEASURE OF SUCCESS: Solutions found that have a measurable and significant impact on TB control.

TIMEFRAME: As soon as possible

Submitted by: Thematic Track Research to Retooling/ Fabiana Barbosa Assmupção de Souza

78. ISSUE: Mechanism for framing the Research Movement

RECOMMENDATION: Ensure that there is a mechanism for patients, communities and providers, to provide timely, informed and relevant input to shape the TB research agenda and to demand that TB research is implemented in the field.

ACTION BY: Board, Secretariat, Research Movement, Research Working Groups

MEASURE OF SUCCESS: Partners are able to input into the framing and development of the research movement.

TIMEFRAME: As soon as possible

Submitted by: Thematic Track Research to Retooling/ Research Movement/ Amy Adelberger

79. ISSUE: Research Movement - advocacy and positioning

RECOMMENDATION: Articulate a vision for TB diagnosis and treatment that will both inspire donors to contribute funding and that will continue to inform the research and development needed to bring new tools to TB through the development of target product profiles by 2010. This includes in particular, the development of tools and systems to address HIV-associated TB and MDR TB (e.g. infection control, shorter treatment for DR TB, high throughput screening and diagnosis, monitoring).

ACTION BY: Board, Research Movement

MEASURE OF SUCCESS: Clear vision of research advocacy articulated.

TIMEFRAME: As soon as possible

Submitted by: Thematic Track Research to Retooling/ Research Movement/ Amy Adelberger

80. ISSUE: Research Movement - Operational Research

RECOMMENDATION: Develop a framework of operations research that is target-oriented and focused on uptake and deliverability of tangible results to the National TB Control Programs. Links should be established among the donors to ensure that operations research is properly funded and rooted in

the programs. This should be done through the development of an integrated operational research agenda and implementation plan.

ACTION BY: Board, Secretariat, Implementation WGs, Research Movement

MEASURE OF SUCCESS: Framework for operational research developed.

TIMEFRAME: By 2010

Submitted by: Thematic Track Research to Retooling/ Research Movement/ Amy Adelberger

81. ISSUE: Research Movement - Private Sector engagement

RECOMMENDATION: Ensure that the private sector is more extensively engaged in the research movement and that information is made available on existing efforts in TB R&D in order to favor more and better coordination.

ACTION BY: Board, Secretariat, Private Sector Constituency, Research Movement

MEASURE OF SUCCESS: Number of private sector research organizations and companies engaged in TB R&D

TIMEFRAME: As soon as possible, ongoing

Submitted by: Thematic Track Research to Retooling/ Research Movement/ Amy Adelberger

NO COMMENTS MADE

FROM THE SKILLS BUILDING - COMMUNITY

82. ISSUE: Strengthening Community Impact on TB Control and Policy (1)

RECOMMENDATION:

Civil society organizations should be included in the development of Global Fund proposals from the beginning, regardless of whether they are members of the CCM; in order to facilitate dual track financing, Stop TB needs to invest in building civil society organizations' capacity to develop proposals, and implement and manage Global Fund grants; civil society organizations need to be included in the TB team workshops along with representatives from other stakeholder groups;

ACTION BY: TB TEAM, Board, Secretariat

MEASURE OF SUCCESS: number of civil society organizations trained, engaged in national level proposal writing and receiving funds

TIMEFRAME: to end 2010 - ongoing

Submitted by: Skills building - Strengthening Community impact on TB control and policy -

TAG/WHO/UNAIDS

83. ISSUE: Strengthening Community Impact on TB Control and Policy (2)

RECOMMENDATION: In the high burden countries, civil society needs to be engaged in the monitoring and evaluating of TB and TB/HIV indicators, this means understanding the indicators, finding out when the country reviews are taking place, and getting involved in the data collection and analysis; and if civil society is not adequately represented in the country review process, they need to do shadow reporting to ensure that a realistic assessment of country progress towards TB and TB/HIV targets is being presented. Effective activists should know the burden of disease in their communities, what has been the response by the public sector, what are the gaps in this response, and have some suggestions or strategies for addressing these issues.

ACTION BY: TB TEAM, DOTS Expansion - ACSM Sub group, TB/HIV Working Group, Secretariat, Board

MEASURE OF SUCCESS: capacity of community to function as effective data driven activists in high burden TB/HIV countries

TIMEFRAME: to end 2010 - ongoing

Submitted by: Skills building - Strengthening Community impact on TB control and policy -

TAG/WHO/UNAIDS

NO COMMENTS MADE

Business Sector engagement in TB control

Recommendations

84. The Stop TB Partnership's Public-Private Mix (PPM) Subgroup of the DOTS Expansion Working Group to strengthen collaboration with key partners, including Private Sector Constituency group of the Partnership, ILO, WEF, GBC, WGC, other industry representative bodies, UNAIDS, and national business coalitions to enhance the engagement of the Business sector in global TB and TB/HIV control. This should link closely with the proposed 'Interagency task force on delivering integrated TB and HIV prevention, diagnosis and treatment in the workplace'.

ACTION BY: Stop TB Partnership PPM Subgroup

MEASURE OF SUCCESS: Workplan for strengthening engagement of Business sector in global TB and TB/HIV control developed by Stop TB Partnership Public-Private Mix (PPM) Subgroup

TIMEFRAME: End quarter 3, 2009.

85. The Stop TB Partnership's Public-Private Mix (PPM) Subgroup to develop guidance/best practice guidelines on the engagement of the Business sector in global TB and TB/HIV control, outlining the different ways in which the business sector can enhance TB and TB/HIV control locally and globally, in collaboration with key partners.

ACTION BY: Stop TB Partnership PPM Subgroup

MEASURE OF SUCCESS: Joint guidance/best practice document published by WHO, ILO and UNAIDS with endorsement of all key stakeholders

TIMEFRAME: End quarter 3, 2010

Comments

Alasdair,

Hi! I think this looks great. My only comment would be that the PPM Subgroup could/should also collaborate with the Private Sector Constituency group of Stop TB, as this is where most of the companies 'sit' in terms of engaging with Stop TB.

Thanks,
Shuma