

## **Stop TB Partnership Call for Nominations for Global Plan Development Task Force members**

### **Background**

At its 24<sup>th</sup> Coordinating Board meeting in January 2014, the Coordinating Board approved the Stop TB Partnership Secretariat strategy to develop the New Global Plan to Stop TB (2016-2020).

The new Global Plan will focus on the following:

- During 2016-2020, how much progress will be made globally towards the post-2015 targets (which are longer term)
- How these targets will be achieved at global level
  - What needs to happen in countries of different epidemiological and programmatic settings to achieve the targets
- How much it will cost
  - For implementation of prevention and care
  - For research and development of new diagnostics, drugs and vaccines

The Coordinating Board, at its 24<sup>th</sup> meeting, asked the Executive Committee to develop the criteria and process for the formation of a time-limited Task Force (in operation from May 2014 to July 2015) to oversee the development of the Global Plan. The Global Plan will be approved by the Board during the third quarter of 2015.

### **Call for Nominations for Global Plan Development Task Force members**

#### **Roles and responsibilities of Global Plan Development Task Force**

The Task Force will ensure the overall technical validity of the Global Plan. It will shape the draft Plan by setting priorities based on its technical expertise, ensure the quality of the inputs to the Plan and comment on draft texts for the Plan. In terms of actual tasks, the Task Force will:

- Provide oversight of the 2016-2020 Global Plan development process.
- Provide technical advice and recommendations on:
  - structure of the Global Plan;
  - regional and country models and modelling;
  - innovation section; and
  - review and feedback on drafts of the Global plan.
- Monitor the implementation of activities for the development of the Global Plan.
- Advise the Executive Committee on the implications (financial or operational) of any proposed changes to the Global Plan development process.
- Report to the Executive Committee every two months/regularly on the progress of development.

## **Operations and interactions**

The Task Force is not a decision-making body. However, by advising the Project Management Team (Stop TB Partnership Secretariat/Project Leader) and putting forward recommendations on all aspects of the Global Plan development process for Executive Committee approval, it plays a crucial role in setting the direction for and in shaping the Global Plan, which will guide national operational plans and targets worldwide for the period 2016 – 2020.

The Task Force reports directly to the Executive Committee (EC) of the Stop TB Coordinating Board through its Chair. When items are put forward by the Task Force to the Executive Committee for its decision, the Chair of the Task Force will be responsible for representing the Task Force during EC deliberations.

The Task Force will be involved in all phases of the Global Plan Development and thus will require that members commit to conference calls on average twice a month as well as two face-to-face meetings. This will be in addition to the time required to review documents and provide timely comments which will involve a significant demand on their time for the duration of the Global Plan development.

It is expected that the work load of the Task Force will be on average 20% of one year's work, with a concentration of work hours during the first two months (late May to mid-July) and February through May, 2015. Membership in the Task Force will not be remunerated, but costs (for travel and other related expenses) will be covered.

## **Composition**

The composition of the Task Force shall include 1 Chair and 9 members.

Membership shall be skills-based according to experience and knowledge needed to give constructive advice on various aspects of the development of the Global Plan as listed in the Task Force Roles and Responsibilities section. The Chair will be selected by the Task Force Members among its own members.

The proposed composition of the Task Force is as follows:

1. Health Analysis and Modelling Specialist
2. TB Costing and Economics Specialist
3. Global TB Programmatic and Operational Adviser
4. New Tools Researcher
5. High TB Burden Country Programme Representative
6. Specialist on Global Advocacy
7. External Relations and Health Diplomacy Strategist
8. Community Systems and Community Engagement Advisor
9. Representative from WHO Global TB Programme (To be chosen by the Programme)
10. Representative from Stop TB Partnership Secretariat (The Project Coordinator)

Membership is open to Board and non-Board members. In the selection of members, emphasis is placed on professional excellence, experience and breadth of knowledge within each field. Any interested candidate must have a minimum of 15 years of professional experience, 10 of which must be within the speciality of the position applied for. Candidates will be selected based on the balance of their general experience as well as the specific criteria for each position. See section below for specific eligibility criteria for each position.

### **Criteria for Task Force members**

#### **1. Health Analysis and Modelling Specialist**

A health analysis and modeling specialist with strong quantitative skills to provide high-level oversight on the policy analysis and planning activities that will support the development of the 2016-2020 Global Plan to Stop TB. Areas of oversight will include:

- simulation models;
- survey data;
- projections of future consequences;
- impact analysis; and

Candidates should have a relevant post-graduate degree (PhD, MPH, etc.) or equivalent experience in international public health.

#### **2. TB Costing and Economics Specialist**

A costing and economics specialist with strong quantitative skills to provide high-level oversight on the costing and planning activities that will support the development of the 2016-2020 Global Plan to Stop TB. Areas of oversight will include:

- economic analysis including cost-effective analysis
- financial research studies, including data collection instruments and models;
- quantitative tools for value for money to improve health policies; and
- costing, budgeting and analytic work on unit costs

Candidates should have a relevant post-graduate degree (PhD, MPH, etc.) and experience in international public health.

#### **3. Global TB Programmatic and Operational Adviser**

TB Programmatic and Operational Adviser to provide insight and advice in the development of programmatic and operational strategies both on global and

country levels in support of the development of the 2016-2020 Global Plan to Stop TB.

Candidates should have significant leadership experience working in the development of TB programmatic and operational strategies at both global and country levels.

#### 4. New Tools Researcher

A New Tools Researcher with a strong background in biomedical science, infectious disease research and drug/diagnostics development to provide high-level oversight in the development of the 2016-2020 Global Plan to Stop TB. Areas of oversight will include:

- tools developed to aid new TB drug and diagnostics R&D and
- clinical trials and regulatory processes that will impact new TB drug and diagnostics R&D.

Candidates should have a relevant post-graduate degree (PhD, MPH, etc.) and experience in international public health.

#### 5. High TB Burden Country Programme Representative

An experienced High TB Burden Country Programme Representative to provide high-level insight and advice in the development of country strategies in support of the development of the 2016-2020 Global Plan to Stop TB. Areas of responsibility will include:

- Input into the development of coherent country programme strategies that contribute to achieving the objectives of 2016-2020 Global Plan and
- Assessing the feasibility of delivery and implementation of country programmes.

Candidates should have significant leadership experience working in the development of high TB burden country programme strategies from at least one country, and should have led successfully rapid scale up of programmatic interventions.

#### 6. Specialist on Global Advocacy

An experienced Global Policy and Advocacy Specialist to provide high-level oversight and guidance in the engagement of key critical relationships with government officials, donors, media, NGOs, multilateral organizations and the private sector in key priority countries to boost political will and advance the programmatic priorities in the development of the 2016-2020 Global Plan to Stop TB.

Candidates should have significant leadership experience working with governments and other key organizations at the highest levels.

7. External Relations and Health Diplomacy Strategist

A senior specialist that provide insight on the global health architecture, the workings of the international system, global funding opportunities and constraints, and the relationship between country policies and the wider international system. Areas of responsibility will include assessing the global political and economic landscape as it pertains to the shaping of the Global Plan and providing input on strategies to ensure buy-in and support for the Global Plan.

Candidates should have significant leadership experience working with the UN, other international institutions and in global health diplomacy.

8. Community Systems and Community Engagement Advisor

An experienced Community Systems and Community Engagement Advisor to provide high-level oversight and guidance in the integration of community systems and community engagement issues in the development of the 2016-2020 Global Plan to Stop TB.

Candidates should have a relevant experience and knowledge of Community Systems and community engagement issues and should ideally belong to TB-affected communities.

### **Selection Process**

A short selection process is proposed for members of the Task Force, to ensure transparency and also to give opportunity for all individuals with the relevant experience and skills to be considered.

To express interest in being a Task Force member, applicants should submit:

1. Cover letter of why they are interested in being part of the Task Force – which area they specialize in (from the above composition list), and to certify that they will have the time to devote to reviewing documents in a timely manner, and to participate in the bi-monthly calls and face-to-face meetings.
2. CV

### **Timeline & Process**

**14 April:** Secretariat will issue the call for nomination.

**25 April:** Nomination period closes

The Start Up team set up for the development of the Global Plan will review all the nominations and select the top 2-3 individuals for each “category”. This shortlist will be presented to the Executive Committee, which will be responsible for making the final choice.

Mid. May – first meeting of the Task Force.

### **How to submit an application**

Interested candidates should submit an application to the Stop TB Partnership Secretariat at [stoptbboard@who.int](mailto:stoptbboard@who.int) by 25 April 2014.

Each applicant should submit a cover letter stating the reason for their interest in participating in the Task Force and why their expertise is of particular value to the Task Force's work, and a CV.

**IMPORTANT:** Applicants should clearly specify on the subject line, which specific position they are submitting their application for. (e.g. Subject: Application for Task Force Member, New Tools Researcher).