

Independent External Evaluation of the Global Stop TB Partnership

EXECUTIVE SUMMARY

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Overview

The Global Stop TB Partnership has established itself in a very short time as a widely respected global health partnership. The perception of partners themselves is that it has both added value to what they were already doing and has moved swiftly to introduce widely appreciated new initiatives such as the Global Drug Facility (GDF) and the Green Light Committee.

Relevance

TB remains a global health emergency. The strategic objectives of the Partnership's Global Plan to Stop TB were formulated specifically to address the main constraints to effective TB control identified in close consultation with high burden countries themselves. They are clear and well defined, and specifically directed towards the intended problems and policy priorities of the principal stakeholders (eg in relation to UN MDG targets and indicators).

Efficacy

The Partnership has scored some major achievements in only three years. It has built and is sustaining a broad network of partners; established a partnership architecture which commands broad support; heightened political commitment and marshalled widespread commitment to a detailed Global Plan to Stop TB; made significant progress against TB, even in difficult environments; highlighted work on new diagnostics, drugs and vaccines which are critical but working to longer timescales; and operationalised in a remarkably short time the Green Light Committee for second-line TB drugs and a complex Global Drug Facility covering grant-making, procurement and partner mobilisation for technical assistance for first-line drugs. This is a formidable record.

Efficiency

The evaluation concludes that the Stop TB Partnership does add value, that any value it does add will have large health benefits compared to the costs involved and also in comparison with other uses of funds since the Partnership is promoting extremely cost-effective interventions in DOTS, and that the net costs of the Partnership are low.

Commitment and challenges for the future

Strong commitment has been expressed by partners to sustaining the Global Stop TB Partnership. Its mission and strategy continue to command support, as it deserves. At the same time, the Partnership currently faces some challenges.

Only 16 countries have yet reached the World Health Assembly targets for 2005 which the Partnership has adopted. Much more will need to be done in actual implementation in affected countries, including those not considered high burden countries, if the targets are to be met on time. A report outlining progress, identifying constraints and making recommendations is currently with the Coordinating Board.

Changes in donor funding priorities and the establishment of new financing mechanisms such as the Global Fund to fight AIDS, TB and Malaria have intensified competition for limited resources and increased uncertainty over funding flows for the Partnership. The Partnership has recognised that advocacy and resource mobilisation needs to be handled more effectively, with the establishment of a proto Resource Mobilisation Task Force and new capacity in the Secretariat. Even so, the aim of secured long term financing of \$20-\$30m per annum starting from 2004 to sustain the Global Drug Facility in its present form does not appear realistic in current circumstances and alternative options are needed.

In general, global health partnerships raise sensitive institutional issues, balancing the need for inclusiveness and loosely-knit structures with a necessary minimum of business-like approaches and oversight. The tension has become more apparent in the Stop TB Partnership as the initial enthusiasm and compromises of start-up have given way to the

accountability demands of sustainable operations commanding substantial resources. Two recurring themes in evaluation interviews have been the need for the Partnership to become more business-like and to operate with greater transparency and openness.

In line with the Terms of Reference, the prime focus of this evaluation has been on the optimal structure and function of the Partnership, with detailed recommendations for improvements in governance, Partnership and secretariat structure, workplanning, financial management, human resource management and transparency in the conduct of Partnership business and information flow.

Other Key Findings and Recommendations

Institutional Issues

- The broad building blocks of the Partnership architecture are appropriate. There is support for the concept of a Partners' Forum and a Coordinating Board, and for a focus of activities on DOTS expansion, DOTS-Plus for MDR TB, TB and HIV/AIDS, new diagnostics, new drugs and new vaccines plus the cross-cutting issues of resource mobilization and advocacy and communications, as being the key elements to stop TB both now and in the longer-term.

The Board

- The Coordinating Board should address in plenary the extent to which the Board has a steering and/or coordinating function among Partnership constituencies and components. The evaluation team's recommends that the Board should "guide and provide oversight of the implementation of agreed policies, plans and activities of the Partnership; and ensure coordination among partnership components". The relationship between the Partners' Forum and the Board should be more explicitly defined, with strategic and operational decision-making resting with the Board.
- The current composition of the Board in the Basic Framework should be amended to accommodate representation from people with TB or TB/HIV, the corporate sector, the foundations separately from financial donors, and the GFATM formally. To avoid increasing an already sizeable Board, the number of seats for regional representatives should be reduced from six to three, rotating through all six regions.
- Processes to select Board members should be timely, transparent, fair and open, with explicit selection criteria. Before each round of rotations, the Board should agree the ideal balance of diversity and expertise being sought, including broader skills in, for example, advocacy or financial management.
- With the transition to sustainable operations, the Board should strengthen its oversight mechanisms, streamline consideration of issues through pre-processing by Board members, and delegate some authority for routine decision-making within agreed limits. An Executive Committee of the Board with defined delegated authority for decision-making should be established, composed of seven Board members including a Chair elected by the Board. The current Working Committee would be dissolved.
- If the Board accepts the recommendation for an Executive Committee, an ad hoc Board Task Force should develop proposals for the extent of authority to be delegated to the Executive Committee and/or Executive Secretary, to be considered at the Board's meeting in Spring 2004. It is critical that Board members have ownership of this process.
- The Board needs to address more aggressively its substantive function to mobilise adequate resources for the various activities of the Stop TB Partnership.

Working Groups and Task Forces

- Core Partnership activities requiring active and continuing Board engagement and oversight should be eligible to be Working Groups, regardless of whether their functions

are cross-cutting. Task Forces should be used for ad hoc tasks or activities which do not require direct and continuous Board engagement, and report to the Board.

- Both Working Groups and Task Forces should be limited to the term of each 5-year Global Plan with an automatic sun-setting clause, subject to review of relevance and efficacy for the next Plan.
- A comprehensive and cohesive vision of how the various Working Group streams of activity come together is urgently required. The evaluation endorses recommendations from a Secretariat project, in particular that the potential contributions of new tools and approaches should be incorporated into descriptions of overall strategies to meet global targets and that progress towards reaching targets for development of new tools should be included in annual Partnership reports. There should be an annual meeting of the Chairs and focal points of all six Working Groups.
- Information, communication and advocacy are central to the activities of the Partnership from the global to the community level. They merit a higher profile and more effective handling within the Partnership. The Advocacy and Communications Task Force should be reconstituted as a formal Working Group, with a seat on the Board for its Chair to ensure the availability in Board discussions of appropriate expertise in this area. It should develop a detailed plan for advocacy and communications, including identifying areas of potential collaboration with global partners with expertise in this area.
- Advocacy by the Partnership should include advocacy for research activities, from basic research to operations research. The Board should ensure some contribution to the cost of New Tools Working Groups' partnership activities through the budget of the Partnership Secretariat.

The Secretariat

- Board members look to the Secretariat to play an activist role in shaping strategies, securing consensus and implementing initiatives. Secretariat functions should incorporate a greater emphasis on resource mobilisation, advocacy and communications, and on accountability mechanisms. Scope for greater delegation of formal authority to the Executive Secretary should be considered by the Board in the context of considering delegation of authority to an Executive Committee.
- The location of the Secretariat in WHO benefits both parties, despite the administrative frustrations encountered. Technical relationships are strong, without compromising the Partnership's independence. WHO has played a relatively hands-off and constructive role in governance. WHO's Programme Support Charge broadly offsets indirect costs incurred in hosting the Secretariat and WHO makes a substantial net contribution to the Partnership. Outstanding legal and administrative difficulties now need to be resolved, and the agreement formalised in an MOU between the Partnership and WHO.
- Ideally the Executive Secretary of the Stop TB Partnership should report to the Chair of the Partnership's Coordinating Board (as representative of the whole Board). However, on current WHO advice, so long as the Executive Secretary is a WHO employee, s/he must report formally to the WHO Director of Stop TB, though under the guidance of the Stop TB Coordinating Board. This position should be reconsidered if a different outcome is adopted in relation to the Roll Back Malaria Executive Secretary.
- The innovative process used recently to appoint a new Stop TB Partnership Executive Secretary could be a model for other Partnerships housed in WHO. There should be an early review of the grading of the post of Stop TB Partnership Executive Secretary, with a view to upgrading to D1 as a minimum.
- Staff in the Secretariat are deeply committed to the mission to Stop TB. After a difficult period involving loss of key staff and serious funding challenges, the Secretariat urgently needs clear and effective leadership, a more strategic approach, stronger management and decision-taking, and better internal communications. These are key issues to be addressed by the new Executive Secretary, in close cooperation with the Board.

- The summary picture of Secretariat human resources is that staff numbers may be a little too high, grades too low, contracts too uncertain and turnover too rapid. A comprehensive human resources strategy for the Secretariat should be developed as a matter of urgency, in concert with WHO's HRS and the MSU. The Secretariat is relatively strong on technical TB skills but there is need to develop a more managerial culture and strengthen expertise in advocacy and communications, resource mobilisation and planning/performance management.
- To free more of the Executive Secretary's attention for his external functions, he should be supported by a strong management structure, including a new senior Finance and Administration Officer position to ensure the effective management of financial and human resources across the Secretariat (including the GDF).
- The Stop TB Partnership and its MSU need to work together, on the model of the polio eradication initiative, to find ways to reduce delays and agree flexibilities for core Secretariat staff, within the context of a Secretariat human resources strategy. WHO should take urgent steps to reduce the unjustifiable delay in processing fixed-term recruitments not just for the Partnership Secretariat but for the whole of HQ.

Partnership Processes

- There should be clear and transparent processes, agreed ahead of time and easily accessible, for all routine matters of due process. Processes for the appointment of the Board Chair and Vice-Chair should be agreed and publicised. The Basic Framework should be amended to make explicit that each of the recognised constituencies may raise issues for consideration by the Board, either through the Secretariat or through their representative on the Board. To the maximum extent possible, the decisions of the Board should be taken by consensus but the Board should agree a voting process as a fallback.
- Coordinating Board papers and reports should be accessible to partners and the general public, except for exceptional confidential issues, e.g. relating to commercial/contractual or personnel issues. All substantive partnership meetings and teleconferences should be fully documented and the notes made available.
- There is scope for improving performance and financial management and reporting. The Secretariat should provide a brief written progress report on past Board decisions for each Board meeting.
- Current budget processes lack credibility. More realistic and flexible approaches to planning are recommended in the evaluation report. The next Global Plan should set out best estimates of projected financial needs but introduce a rolling annual budgeting process. Alongside a fund-raising budget, the Board should approve a realistic operational control budget for the Secretariat (including the GDF) to provide the basis for activity implementation and for expenditure monitoring and accountability.
- The Secretariat should produce a common performance management report for the Board, all donors and the public. This should provide information on expenditures and trends in progress against an agreed set of performance indicators over time against targets. The Board should receive a specific summary report on the GDF, and a more detailed GDF monitoring report for internal management purposes should be introduced.
- The Board should develop a formal results-based management approach to monitoring progress against the Global Plan, with a mid-term review and end evaluation for each five-year cycle. In particular, it should seek the agreement of the Working Groups to annual financial and activity reporting on the understanding that the reports will be used effectively to assess collective progress towards targets.
- The Partnership should contract out a survey of global flows of funding for TB to feed into the next Global Plan.