

No 2.04/10a

Outline of the Second Global Plan to Stop TB, 2006-2015

Timeline: In keeping with the Millennium Development Goals (MDGs), the draft World Health Assembly (WHA) Resolution on TB and the long range targets adopted by the Stop TB Partnership, it is proposed that this Second Global Plan extend from 2006 to 2015.

Target audience: Stop TB Partners, individuals in the Partners Directory, National Governments, and potential new partners including communities, care-givers, front-line health workers, TB patients, civil society and the private sector.

Aim: To set the direction for Global TB Control through achievement of the World Health Assembly targets and Millennium Development Goals in order to reach toward elimination¹ of TB as a public health problem.

Objectives:

- To raise the profile of the TB Partnership through advocacy.
- To identify the approximate resource gap anticipated.
- To communicate a shared vision how the Partnership will achieve the WHA targets and the MDGs through a systems approach, linking with other initiatives, and clearly defining who will do what, at what cost and within what timeline.
- To catalyse increased resources for TB control and TB research by demonstrating value for money for investors.

Completion Date: Prepublication release at UN Summit on MDGs, 9/2005.

Title: "The Global Plan to Stop TB 2006-2015" as main title with an advocacy-friendly inspirational subtitle.

Product: A concise document of approximately 50 pages plus annexes with stand-alone executive summary that can be printed as a brochure for advocacy. The product would include stakeholder statements and success stories as boxes throughout.

Key attributes: The document should be jargon-free, accessible, but visionary. It should convey what the partnership is and how it will address the policy and resource issues, optimally apply tools, develop new tools and transfer technology to Stop TB. It should show the reader how he/she fits into the plan. This is not a detailed work plan but a consensus vision of the partners of the direction the Partnership will take over the coming decade. The document should excite the reader and turn him or her into a change agent.

Contents:

Preface: Historical view of where we are coming from, impact of first global plan (including success story) and link between first and second Global Plans, why TB is a

¹ Elimination of TB as a public health problem does not imply eradication of the disease.

GLOBAL issue, and vision/scenario of the world in 2015, when the MDGs will be met: 2 pages

1) Overview of partnership: components, governance, status and projections for targets including monitoring, link with regional and national partnerships and planning processes, and key elements of the plan: 4 pages

2) links with other initiatives (e.g.: HIV/AIDS) and the Millennium Development Goals including relationship between the MDG for TB and other MDG goals and targets, particularly poverty alleviation: 4 pages

3) Main body divided into four sections:

3.1: addressing policy and resource issues: finances, human resources, capacity building in technical issues and management, infrastructure issues, primary care and healthy system interplay, drug delivery/management, and laboratories. 5 pages

3.2: Optimally applying Tools to Stop TB: Analysing and overcoming barriers to targets, DOTS Expansion, Multi-Drug Resistant TB, the TB/HIV co-epidemic and related issues, details of case detection issue, programme management, patient-centred approaches to diagnosis and treatment, issues connected with diagnosis and susceptibility testing, ensuring successful treatment outcomes. Case studies: Intensified Support for Action in Countries, Private-Public Mix DOTS, workplace programmes, community DOTS. 15 pages.

3.3: Developing New Tools to Stop TB: New drugs, diagnostics, vaccines, operational research. Should identify the products in the pipeline, include possible synergies regarding the impact of new technologies, the need to re-examine regional issues in TB control strategies through operational research, and examine the issue of getting high tech tools into low tech settings: 6 pages

3.4: Transferring knowledge and technologies: Advocacy, community-based strategic communication for behaviour change, civil society and affected community involvement, and empowerment of TB patients. This section should include examples of standardisation of steps and procedures according to successful models, region-specific approaches where needed, promoting standards of care, getting new approaches and technologies incorporated into policy, out to the field and adopted by all health workers and people with TB and carers. 5 pages

3.5: Surveillance, monitoring and evaluation: Demonstrating results. Evaluation of targets and practices. How will we make sure we are going the right direction and how will we know when we get there? 2 pages

4) Synergies, working together: Reiterate links with poverty alleviation and other development issues such as peace-building, links with regional and country planning processes. Suggestions for roles of specific constituencies/partner types, including individuals, academics, medical associations, pharmacists, communities, TB patients and DOTS providers as partners and stakeholders in Stopping TB: 5 pages

Annexes:

- Financial needs: real needs versus historical flows and already committed funds based on approximate figures, highlighting gap. 5 pages

- TB cost effectiveness data (available information)
- Quotes and figures for advocacy, communication and social mobilisation: 1 page
- Templates for national and district level plans: 2 pages
- Sources of additional information and key contacts: 1-3 pages

Processes:

The process will be convened and coordinated by the Stop TB Partnership Secretariat. A small decision-making steering committee will take expert advice on content from a multi-disciplinary and multi-stakeholder expert consultative committee. Professional writers will contribute content from each working group, and additional content will be sought from others on a contract basis. There will be professional layout and design on a contract basis.

Buy-in from broader Partnership and others:

The Stop TB Secretariat will manage periodic consultation with the wider STB partnership through the web site and list server. Key experts, parliamentarians and legislators would also be targeted for consultation. There would also be two stakeholder meetings in selected countries, centred on: a) TB patients and b) DOTS providers/carers.

Champions and spokespeople:

Possibilities include Bono and Amartya Sen, an African Celebrity, recovered and current patients and entertainment/sports/music celebrities to serve as spokespeople.

Budget: US\$ 463 600 based on the Stop TB Partnership Secretariat Work plan endorsed by the STB Coordinating Board.