

# Stop Partnership

## STOP TB SECRETARIAT 2006-2007 WORKPLAN AND BUDGET EXECUTIVE SUMMARY

The overarching aim of the Stop TB Partnership Secretariat is to empower partners in sustained action to create synergy, and to catalyse and nurture innovation, in order to achieve the 2015 TB targets set by the Partnership for the MDGs. The Secretariat aims to ensure that by working together the Partnership has greater positive impact on global TB control than by individual partners working alone.

In support of the vision and mission<sup>1</sup> of the Global Partnership to Stop TB, the Stop TB Partnership Secretariat (“Secretariat”) will continue to coordinate and carry out activities set out in the plan and others that may emerge, as operational support to the Stop TB Coordinating Board.

The Secretariat believes in the common values of all partners<sup>2</sup> and will work to ensure that these values remain a guiding force in all Secretariat activity. The primary role of the Secretariat is to support Partnership activities by mobilizing and coordinating partners and working groups, and disseminating information. The Global TB Drug Facility is also managed by the Stop TB Secretariat. The Secretariat comprises a small staff housed in WHO and headed by the Stop TB Executive Secretary. Staff are mostly contracted through WHO while some are seconded by partners.

The Secretariat’s functions over the next biennium are divided in six areas of work:

1. Governance,
2. Advocacy, Communication and Social Mobilization;
3. Support for National/Regional Partnerships and WGs
4. Global TB Drug Facility,
5. Resource Mobilization;
6. Administration.

The total planned cost for the WP 2006-2007 is US\$90.7 million as per Financial Summary of the WP in Schedule 1. The available resources for this period are US\$83.9 million leaving a funding gap of US\$6.8 million. A budget allocation of US\$83.9 million is given in the Proposed Budget Allocation sheet of the WP (Schedule 2). The details of the WP are in Schedule 3.

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<sup>1</sup> Vision: The full and active contribution of all partners to TB elimination and poverty reduction leads to a world free from TB by 2050.

*Towards a TB-free world.* To empower partners in sustained action to create synergy and to catalyse and nurture innovation; in order to achieve the 2015 Partnership TB targets linked to the MDGs.

The mission of the Global Partnership to Stop TB is to:

- ensure every TB patient access to effective diagnostic, treatment and cure;
- stop the worldwide transmission of TB;
- reduce the inequitable social and economical toll of TB, and;
- develop and implement new preventive, diagnostic, and therapeutic tools and strategies to eliminate TB.

<sup>2</sup> Urgency. Equity. Shared responsibility. Inclusiveness. Consensus. Sustainability. Dynamism.

The specific objectives for each area of work are as follows:

**1. Governance:** To realize the smooth management of the partnership by ensuring transparent and effective governance of the respective decision making bodies, through creating and sustaining an enabling environment for and to provide support to mainstream equity issues.

**2. Advocacy, Communication and Social Mobilization:** To provide strategic guidance and coordination to the Advocacy and Communication for the Stop TB Partnership focused in four main areas: (a) Supporting the functioning of the Working Group on Advocacy and Communication (b) Global advocacy; (c) national and sub-national communication and Social Mobilization; (d) Creation of innovative information products.

**3. Support for National and Regional Partnerships and the WGS:** To stimulate engagement of all partners and facilitate the effective functioning of existing national and regional partnership, To catalyse the smooth functioning of the 7 working groups through collaborative interactions and cross-fertilization among the 7 working groups, and specifically to facilitate creation of an enabling environment for the development of new tools for tuberculosis control. In general to ensure that the work groups are focused on the most important areas in tuberculosis control and are structured optimally to enable the partnership to meet its goals;

#### **4. Global TB Drug Facility**

**4.1 Application Review and Monitoring (ARM):** (a) To assess the needs for first and second line drugs and diagnostics; (b) To determine which countries will receive first/second line drugs and diagnostics and prepare them for receiving the same; (c) To assist countries in meeting the GDF and GLC requirements for implementing DOTS and DOTS plus; (d) To ensure compliance with GDF and GLC terms and conditions; (e) To assist countries to develop sustainable DOTS programmes.

**4.2 Supply (SUP):** (a) To facilitate DOTS expansion by providing quality assured and affordable anti-TB drugs in a timely manner via the Grant and Direct Procurement Service lines: (1) First line – cumulative total of at least 10 million first-line patient treatments supplied by end of biennium (baseline 5 million); (2) Second line – US\$ 10 million dollars worth of patient treatments supplied; (b) To ensure that 75% of the adult anti-TB formulations and 25% of the paediatric formulations supplied by GDF, are pre-qualified and have at least two suppliers (c) To ensure that high quality diagnostics kits are available for supply to countries in need;

**4.3 Drug Management:** (a) To ensure that all GDF supported countries and GLC approved projects have adequate technical and drug management assistance to ensure rational use of drugs; (b) To ensure that at least 90% of the countries supported by GDF use Fixed-Dose Combinations in blister packaging/Patient Kits;

**4.4 GDF Operations Management:** (a) To build and implement a comprehensive advocacy strategy for the GDF; (b) To ensure that GDF and GLC have adequate financial resources to achieve all the products and activities in the 2006/2007 work plan; (c) To ensure that GDF and GLC operations are supported by: a comprehensive, unified internal management team and adequately trained/qualified staff; an appropriate and effective information management system; and the required financial oversight by the Stop TB Partnership Secretariat.

#### **5. Resource Mobilization**

To review the Resource Mobilization strategy and revise the Long Range Resource Mobilization Action Plan (RMAP) in light of the requirements of the Global Plan 2006-2015. To secure financial and in-kind resources by widening the current donor base, developing new products and

implementing selected elements of the RMAP for priority needs of the Secretariat and to catalyse RM efforts of the Partnership as a whole.

## **6. Administration**

The objectives are to put the key elements of internal management of the Secretariat on a firm footing. As the work of the partnership has expanded and resources have started flowing in a steady manner for the core work of the Secretariat it has become vital to integrate the core administration functions of financial management, personnel management, Information technology support, and relationship with the existing donors of the Stop TB Partnership. This arrangement seeks to streamline flow of work, strengthen relationship with existing donors and central admin functions to facilitate the efficient management of the Stop TB Partnership Trust Fund the main financing instrument of the Secretariat with its own Operating Principles carefully negotiated with WHO and to continue developing a robust working relationship with WHO particularly in the areas of finance, GSM, and Personnel.

### **Highlights of Products/Services and Activities for each area of work**

#### **1. Governance**

The Stop TB Coordinating Board continues to represent and act on behalf of the Global Partnership to Stop TB. During 2006-2007 the Coordinating Board members will meet twice a year and as necessary have teleconferences to discuss the progress of the activities and address issues and problems encountered by the Partnership. The day-to-day work of the Secretariat will be guided by the Coordinating Board Working Committee through monthly teleconferences. The 4<sup>th</sup> Stop TB Partners' Forum will be held in 2007. It offers an important opportunity of information exchanges and decisions on the future direction for the Stop TB Partnership at the time that the global Stop TB targets are evaluated.

The Secretariat will support relations with all the Stop TB partners, and plans reflect staff-time to liaise with current Partners, potential partners and global initiatives (e.g. GFATM). In addition, specific policy areas will be supported. One of the ongoing policy areas is the link between TB and poverty. The Network for Action on TB and Poverty will produce innovative approaches for reaching out to the poor and will stimulate operational and social research to increase our understanding how barriers for the poor can be identified and subsequently reduced.

The Second Global Plan to Stop TB, 2006-2010 reflects the Partnership reaching a steady state, specifically its ability to strategically integrate the work of its components and interact effectively with external entities for achieving results. The Global Plan development process has served as a mechanism to further build on the intrinsic synergies of the Partnership, particularly among the Working Group, and with key external institutions, through support from the Coordinating Board and its Secretariat. The plan will be launched in Davos in January 2006; a number of satellite events have been planned to take place in various regions to promote the plan and to support resources mobilization efforts for its implementation.

#### **2. Advocacy, Communication and Social Mobilization**

The Secretariat will support the Stop TB Advocacy, Communications and Social Mobilization Working Group via a Core Group set up to strengthen planning, implementation, coordination and reporting of activities. The 2006-2007 work plan focuses on three overriding objectives: (1) to mobilize a significant scale up of resources to support the Global Plan to Stop TB

2006-2015 via a more intensive and sustained regime of media activities (press conferences, briefings, targeting of leading journalists), media trainings in endemic countries, parliamentary outreach efforts, and networking to build coalitions at various levels (2) to accelerate case detection and improve treatment compliance at country level by providing technical assistance for NTPs to leverage GFATM, TBCTA and other existing funding resources to support programme communications and social mobilization activities; and (3) to collaborate with HIV/AIDS groups in devising effective approaches to patient and community empowerment and piloting these approaches at country level as part of the new Stop TB Strategy.

### **3. Support for National and Regional Partnerships and the Working Groups**

In all (WHO) regions TB dedicated partnerships bring country experiences together in a region specific perspective and will provide a platform for advocacy and coordinated action in support of country activities.

Functioning national partnerships exist in 7 countries and an effort will be made to service these so that they may realize their full potential by bringing together all national and international stakeholders together in support of the TB control activities. The synergy resulting from these partnerships will enrich the fight against tuberculosis, as previous country experiences have demonstrated (Indonesia, Tanzania). Three new national partnerships will be launched during the next biennium

In the start-up phase of the global partnership, the Working Groups have largely acted as self-contained entities, executing their work plans in association with their membership and/or constituency. This work plan introduces the evolution of this phase to one in which there is strategic synergy between and among the working groups, and a greater value-added offered to them from the Partnership as a whole. This evolution is to be achieved through a more focused and concentrated effort of the Secretariat, in the form of dedicated staff, and through the on-going support of Professor Phil Hopewell who has ignited this process. In particular, it is envisioned that the Working Groups will organize their strategic orientation by building on relevant background documents such as the outcomes of the Second Ad Hoc Committee on the Tuberculosis Epidemic and its working papers as the basis of the Second Global Plan to Stop TB, 2006-2010. This Second Global Plan is intended to make explicit the strategic linkages between and among the working groups, as well as to make clear how the Partnership contributes to their distinct aims and objectives, such as creating enabling environments for the development of new tools. Building consensus on the Global Plan as a mechanism for more effective functioning of the Working Groups and maintaining their focus on the most important areas of tuberculosis control are therefore key objectives of this work plan section.

### **4. Global TB Drug Facility (GDF)**

The GDF will work in the following four areas:

Application Review and Monitoring (ARM): The main objectives of the GDF ARM products and activities are to determine the global needs for first and second line drugs and diagnostics and to effect the applications/review and monitoring processes of the GDF and the GLC. These processes have been created to assist countries to successfully apply for drugs and diagnostics, to prepare countries to receive GDF/GLC products and to monitor programmes to ensure that the terms and conditions of support are being adhered to. ARM products and activities are also designed to promote long-term programme self-sufficiency in first line TB drug access through the implementation of the GDF *Sustaining the Gains Strategy*.

Supply: The main objectives of the GDF/GLC Supply products/activities for the 2006-2007 work plan are to: (i) facilitate DOTS expansion through the timely supply of a cumulative total of at least 10 million, affordable first-line patient treatments; (ii) ensure the effective treatment of patients with multi-drug resistant (MDR) TB through the supply of US\$ 10 million worth of concessionally priced second-line patient treatments via the GLC; (iii) improve the quality of 1<sup>st</sup> & 2<sup>nd</sup> line anti-TB drugs supplied globally through financial and political support to the WHO TB Prequalification Project; (iv) implement a procurement and distribution strategy for TB diagnostics and laboratory equipment for TB and MDR-TB treatment.

These objectives will require the contracting and co-ordination of a variety of agents across the spectrum of procurement and supply chain management including agents for prequalification, procurement, manufacture, quality control, insurance and freight.

Drug Management: The main objective of the Drug Management activities planned for 2006-2007 is to ensure that all GDF/GLC supported countries have adequate technical and drug management assistance to ensure the rational use of drugs. GDF/GLC, in close co-operation with the DOTS Expansion Working Group plan to develop a Technical Assistance Service line to promote improved 1<sup>st</sup> and 2<sup>nd</sup> line TB drug management. GDF will also continue to promote the use of FDC preparations/Blister Packaging/Patient Kits together with DOTS Expansion Working Group.

In order to improve the capacity of national and international TB drug manufacturers to produce quality-assured anti-TB products, GDF intends to catalyse the participation of National Drug Manufacturers in the ongoing WHO TB Pre-qualification project.

Operational Management and Support: The objective of these products and activities are to ensure that: (a) GDF operations are supported by comprehensive, unified and effective internal management and information systems (b) backed up by a comprehensive advocacy strategy and (c) there are sufficient funds to operate the GDF secretariat and to provide grants of drugs to countries.

## **5. Resource Mobilization**

A dedicated effort will be made to acquire new donors through targeted efforts directed at securing funding from the EU, and extending direct bilateral support to the Partnership from at least three new countries. Steps will be taken to attract a new set of Private Foundations and an effort will be made to use internet based marketing for generating contributions.

## **6. Administration**

This will comprise rationalising and streamlining work in the following areas:

Financial Management: A financial management system will be developed making financial reporting systematic and analytical. Internal control will be strengthened as all aspects of The Revenue, Payment and Procurement Cycle will be reviewed and streamlined.

Support will be strengthened for functioning efficiently within the regulatory and administrative framework of WHO the host organization of the Partnership. The objective will be to comply with the established policies and procedures of WHO while being able to meet the specific needs of the Partnership such as those in the area of financial reporting and compliance with donor agreements with respect to financial management.

Information Technology: New tools will be developed to strengthen up-to-date information disseminated to Partners. It is also envisaged to have an enhanced communications with Partners.

Donor Relationships: All work relating to servicing donor Agreements and complying with their requirements will be met. Information sought by donors will be promptly supplied and new avenues for deepening collaboration with them will be actively pursued.

General Management: Personnel management will be put on a secure footing as work relating to hiring and fixing core staff continues apace. An MOU with WHO will be negotiated to put the terms and conditions of the operations of the Partnership on a firm footing. Processes will be designed and implemented to facilitate smooth functioning of all functioning units