Request for Proposals

Independent Evaluation of the Global Stop TB Partnership

RFP Number 4892

20 March 2007

The Coordinating Board of the Stop TB Partnership Secretariat (STBPS) wishes to arrange for the services of an evaluation team to undertake an appraisal of the performance of the Stop TB Partnership: its governance, its management, its interactions with the TB community and beyond, and the degree to which it is fostering progress in TB control at the country level.

To this end, the World Health Organization (WHO) through the Stop TB Partnership Secretariat is requesting Proposals for the services detailed within this Request for Proposals (RFP).

This RFP is issued by the Stop TB Partnership Secretariat and Proposals are to be submitted to the following office in a sealed packet with a clear indication of RFP number and instruction that it is not to be opened till 16:00 on 27 April 2007.

Stop TB Partnership Secretariat
Attn: Mr Anant Vijay, Room D41 003

RFP No. 4892
(Not to be opened till 16:00 on 27 April 2007)

World Health Organization
20, Avenue Appia
CH-1211 Geneva 27
Switzerland

Sealed Proposals must be **received by 11:00 a.m**., Geneva time on **27 April 2007** at WHO. Any proposals that are hand-delivered must also be in sealed envelopes and be received by this time only at the reception of WHO/UNAIDS Bldg. (D- Building in the WHO complex). Public **opening** will be held in **Room D4 2022** at **16:00**, Geneva time on the same day. Any proposal received after the set time (11:00 a.m.) will not be accepted for consideration.

Proposals

Proposals must be made in accordance with the Specific Instructions to Proposers as detailed in Section 1. Proposals submitted must include the completed and signed Proposal sheet set out in Section 4 of this RFP.

Terms and Conditions

The successful Proposer must accept to sign a contract including the Terms and Conditions contained within this RFP. The submission of Proposals imply acceptance of all terms and conditions contained in this RFP

Public Opening of Proposals

Proposers or their authorized representatives may (but are not obliged to) attend the public opening of the Proposals. At this opening, the total bid price of Proposal submitted and received by the time set out in this RFP will be read out and recorded. No discussion of bids or award of contract will take place at this time.

Award Notification

The successful Proposer will receive an award notification letter subsequent to final adjudication of the RFPs. WHO/Stop TB Partnership Secretariat and the successful Proposer would then agree on a date to finalize contract negotiations. If the parties can not come to an agreement WHO has the right to select another bidder or restart the process.

Information

Written requests for additional information regarding this RFP should be forwarded in the Proposer's headed notepaper with reference to the RFP in a sealed envelope in order that it may be opened in the normal course of business. The letter should be addressed to the attention of Mr Anant Vijay, Partnership Resource Administrator, WHO/TBP, Geneva. Requests for information could also be sent by e-mail to him at the following email address: vijaya@who.int. Generalized replies to such requests will insofar as possible be copied to all organizations making a valid bid. All queries should be received by 6 pm on 30 March. No queries will be responded to after this date.

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Section 1: Specific Instructions to Proposers

Form of Proposal

Proposers must submit their Proposals, in triplicate, along with a full read-only version on a CD-ROM. The Proposal must be accompanied by the Proposal sheet set out in Section 4 of this RFP. The Proposal should have a content sheet, be continuously paginated, and have two distinct parts:

A. Technical Part:

This should cover:

- Situation Analysis: knowledge of Global Health Partnerships in general and that of the Stop TB Partnership in particular, and the development *problematique* that the Stop TB Partnership seeks to address
- Evaluation methodology/strategy to be used
- Management arrangements: Team description. Clearly setting out the proposed team leadership, specialized technical expertise of its members for undertaking the anticipated work, personnel capability and experience
- Institutional Capability/Credentials of the Proposer, highlighting past performance, previous work/case studies
- Deliverables
- Evaluation workplan and time line

This part should clearly indicate how the Proposer will seek to strike the balance between the evaluation of the Partnership and evaluation of GDF which though representing financially the largest part of the resources throughput is a special project of the Stop TB Partnership.

The STBPS/WHO shall not be responsible for any costs incurred by the Proposer in developing, submitting and presenting this Proposal.

B. Financial Part

Detailed budget of work: itemizing each major cost item e.g. costs of professional work analysed into each core element of work that will be undertaken, travel, report writing and presentation.

Joint Proposal

Two or more organizations may form a consortium and submit a joint Proposal if this helps in finding a team capable of undertaking all elements of the anticipated evaluation work. Such a Proposal must be submitted under the name of one member of the consortium herein after call the “lead organization. The organization so named will be responsible for undertaking all negotiations and discussions with the STBPS/WHO and delivering all the outputs and completing the evaluation.

Any subcontracting that a Proposer may wish to undertake will need to be foreseen and described explicitly in the Proposal submitted.

Currency and Discounts

Proposers should quote in US$ and Euro only. Payment terms or other discounts should be indicated in the Proposal.

Corrections

Erasures or other changes in the Proposal must be explained or noted and initialed by the person signing the Proposal.

Errors in Proposals

Proposers are expected to examine all instructions, terms, conditions and requirements described in this document and instructions provided by Stop TB Partnership pertaining to the subject matter of the RFP. Failure to do so or mistakes in doing so will be at the Proposers own risk and s/he cannot secure relief on the plea of error in any Proposal.

Conflict of Interest

The Proposers shall include within the description of the Proposal details of their Confidentiality and Conflict of Interest Policies as well as an assessment of any conflict of interest with respect to this RFP and a possible ensuing contract.

Additional Information

Additional documentation provided in support of the Proposal should be itemized on the Proposal sheet and provided in triplicate with the Proposal. Such information, if of relevance for assessing the Proposal, should be incorporated in the CD-ROM with a clear reference to its applicability to the Proposal indicating the section in the proposal to which it refers.

Withdrawal of Proposals

Proposals may be withdrawn by written instruction received from the Proposers prior to the time fixed for opening. Negligence on the part of the Proposer confers no right to the withdrawal of the Proposal after it has been opened. No withdrawal or amendments are permitted after the Proposals have been opened.

Marking and Mailing of Proposals

Proposals must be securely sealed in a packet together with any additional documents. The CD-ROM containing a read-only copy of the Proposal should also be placed in the sealed packet. Any Proposal that is not sealed will not be accepted. The sealed packet should indicate on the cover the RFP Number (4892) and a clear instruction that it is not to be opened till 16:00 on 27 April 2007.

Time for receiving Proposals

Proposals received prior to the public opening will be kept secured and unopened. The Stop TB Partnership Secretariat should receive Proposals by the closing time indicated on the first page of this document. Proposals received after this time will not be accepted for consideration and shall be returned to the sender unopened.

Adjudication of Proposals

The selection panel will base the adjudication of the Proposals on the following considerations:

- The technical merits of the proposal.
- The overall ability of the Proposer to undertake the services proposed.
    - Education and experience of the key staff undertaking the evaluation.

    - Experience involving evaluation of international organizations/ partnerships
- Time frame of the evaluation.
- Total cost of services proposed.

The STBPS/WHO may make awards to multiple contractors for the same services if it is deemed in its best interest to do so. Joint Proposals that involve collaboration between entities in developed and developing countries are strongly encouraged.

Additional services available, but not included in this RFP, should be detailed and may be considered.

The STBPS/WHO reserves the right to negotiate with one or more Proposers of its choice, including but not limited to the fee for the services called for under this RFP and the deletion of certain parts of the services. It also reserves the right to short-list two or more Proposals that are considered to deliver the expected outputs satisfactorily in a cost effective and efficient manner and invite one or more Proposers to make a presentation of their Proposals.

There is no obligation by the Stop TB Partnership Secretariat to reveal, or discuss with any Proposer, how a Proposal was assessed, or to provide any other information relative to the selection process.

The final selection by STBPS/WHO of a contractor is not subject to any appeal.

Validity of Proposals

Proposals must remain valid for acceptance for at least eight weeks following the RFP opening time.

Supporting Documents

Several documents or descriptions in support of the Proposal are requested. As adjudication will be based on written Proposal and supporting documents, the documents should provide sufficient information for Proposal to be evaluated. Failure to provide sufficient information may affect the evaluation of the Proposal and may also result in its exclusion.

Section 2: Terms and Conditions of Resulting Contracts

The following terms and conditions will be part of a resulting contract. This work will be financed by the Stop TB Partnership Trust Fund at WHO which pools donor resources available to the Stop TB Partnership Secretariat. The contract to be used will be an Agreement for the performance of the work stipulated in the TORs and additional clauses as necessary including the following:

Proposer Warranty

The Proposer certifies and warrants that it has the personnel, experience, qualifications, facilities and all other skills and resources necessary to perform its obligations.

Responsible Persons

The Proposer will inform the STBPS/WHO promptly in writing of the name and position of the responsible person, who shall on its behalf, be responsible for the administration of the arrangement, to ensure that cost, schedule and technical obligations are met. The corresponding person in the STBPS/WHO will be Mr Anant Vijay, its Partnership Resource Administrator.

The Proposer shall use its best efforts to ensure that the individual team members indicated in the Proposal are available to perform the services under any ensuing contract. In the event any one of the Proposer's staff involved in the work relating to evaluation is not, in the opinion of STBPS/WHO, suitably qualified or otherwise fit to perform the services, STBPS/WHO will be entitled to require that such staff member be replaced by another suitably qualified member of the Proposer's staff.

Evidence of Compliance

No payment, acceptance or concurrence shall be construed as evidence that any matter or thing is complete, satisfactory or in accordance with the contractor's obligation and the contractor shall not thereby be relieved or discharged from performing any obligation under the contract.

It is understood that the execution of the work does not create any employer/employee relationship. In this respect, the contractual partner shall be solely responsible for the manner in which the work is carried out. Thus, STBPS/WHO shall not be responsible for any loss, accident, damages or injury suffered by any person whatsoever arising in or out of the execution of this work, including travel. For travel in WHO vehicles, WHO has, whenever possible and without prejudice to the foregoing, obtained passenger insurance covering inter alia the contractual partner. Without prejudice to the fact that WHO does not assume any liability in regard of the execution of the work under this Agreement, including travel undertaken in connection with such work, in case of travel in WHO vehicles, WHO's liability (if any) shall in no event exceed the amount of any insurance coverage.

Conflict of Interest

Any resulting contract shall include within it clauses to ensure confidentiality of information obtained by the contractor and avoid any conflict of interest.

Resulting Information

Any documents prepared specifically for Stop TB Partnership and any information received or reports written in relation to this evaluation shall be the intellectual property of STBPS/WHO and shall be provided upon request. STBPS/WHO reserves the right to use these documents as it sees fit including distribution and possible posting on web sites.

Arbitration

Any dispute relating to the interpretation or application of this contract shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, in accordance with the UNCITRAL Arbitration Rules. The parties shall accept the arbitral award as final.

Start of Work

The successful Proposer is expected to start work set out in the TORs within two weeks of signing of the contract ensuing from this RFP. The contract itself should be signed and returned to STBP/WHO within this time. If the Proposer does not sign the contract for any reason within this time, STBPS/WHO shall have the discretionary right to select another contractor among the Proposers or to redo the bidding process.

Evaluation Team

The proposed evaluation team including the team leader may not be changed nor the time indicated in the Proposal for the evaluation work without written approval of the STBPS/WHO. Such a change will only be entertained if it is considered to be essential by the latter to complete the evaluation work to the expected standard. In case of change of personnel in the proposed team, an alternative will be proposed by the contracting organization and the replacement person will be of a similar qualification and experience to the one being replaced without any extra cost to STBPS/WHO.

Privileges and Immunities

Nothing in or relating to this Agreement shall be deemed a waiver of any of the privileges and immunities of WHO in conformity with the convention on the Privileges and Immunities of the Specialized Agencies approved by the General Assembly of the United Nations on 21 November 1947, or otherwise under any national or international law, convention or agreement.

Section 3: Evaluation Process

Reporting

1. The offer must include a workplan including explicit milestones and target dates for each.

2. By the winning Proposer, various reports as set out in the TORs, Section 5. Annex 2.

3. Oral presentations to key stakeholder groups, including STBPS/WHO. The evaluation team leader or his/her nominee shall make a presentation of key findings and recommendations to the Coordinating Board at its meeting in Spring 2008 unless instructed to do otherwise by STBPS/WHO.

All documents obtained through this exercise shall be the intellectual property of STBPS/WHO and shall be provided upon request and at the latest at the end of the contract. STBPS/WHO reserves the right to use such documents as it sees fit, including possible distribution or public posting.

Management of evaluation

The Coordinating Board has delegated management of the evaluation to an eight-member Evaluation Steering Committee (ESC). The ESC will manage the bidding, selection, and briefing process. It will also provide guidance to the evaluation team, including a feed back on the final draft evaluation report during the evaluation process. The Stop TB Partnership Secretariat will provide technical and administrative support to the ESC. The final selection of the bid is subject to approval by the WHO Contract Review Committee (CRC). Funding for the evaluation will be provided through Stop TB Partnership pooled funds held in its Trust Fund at WHO.

Section 4: Proposal Sheet

Documents to be provided as part of the Proposal:

1. Description of the proposed workplan and expected final report.
2. Summary of similar work undertaken, particularly for international organizations.
3. C.V.s of core staff who will be responsible for the work and their specific areas of responsibilities. The person responsible for overall direction of the work to be undertaken by the team should be named.
4. Statement regarding conflict of interest.

TASK	Number	Offer $
Estimated number of staff to be contracted		
Estimated number of staff/days proposed		
Total staff cost		
Total travel cost		
Estimated travel costs		
Total for all costs		
	Start	Finish
Dates		

Proposers able and willing to offer some or all of their services to this worthy cause at no charge are requested to complete the offer sheet indicating "0" for such services. The total for all costs is the all-inclusive price for the entire work to be provided and all the agreed outputs including travel, notwithstanding the actual number of staff and days worked.

Our organization herewith agrees to carry out the work in accordance with the RFP and related documents and in accordance with the contract to be signed, if selected by WHO.

Organization _____

Name and title _____

Signature _____

Date _____

Section 5: Annex 1. Guidelines for the Adjudication Panel

The Adjudication panel shall be the Evaluation Steering Committee (ESC) set up by the Stop TB Coordinating Board; it shall consist of a minimum of four persons. Panel members shall not be chosen from organizations that have made Proposals to conduct the evaluation of the Stop TB Partnership.

The panel members will have recognized experience in the areas of international organizations and health programmes. The panel members may request advice from others but they alone shall be responsible for the adjudication report. The panel members shall not have any conflict of interest with respect to carrying out their functions in selecting the Proposers and guiding the evaluation work.

The ESC has reviewed the RFP and approved it. Submissions responsive to the RFP shall form the basis of the award.

The proposed elements of the evaluation process shall be examined for perceived competency and shall consider the experience of the Proposers in the areas of assessment of the international organizations.

The following criteria will be used to assess the Proposals received:

(a) The anticipated quality of the work will be judged based on the indicative materials provided.
(b) The qualifications and the experience of personnel in the proposed team in carrying out the required tasks in each area of work.
(c) The ability to work with other agents shall be considered.
(d) The time frame to start and complete this work shall be considered.
(e) The total anticipated cost shall be considered.

While it is expected that all Proposals will fully meet the requirements set forth in the RFP and that the award will therefore be made on lowest cost, it may be that one Proposal or another may be stronger in ways that are attractive to Stop TB. In such cases one or more Proposals other than the least expensive may be selected in its absolute discretion.

Section 5: Annex 2. Terms of Reference

Independent Evaluation of the Global Stop TB Partnership

This evaluation is being commissioned by the Coordinating Board (CB) of the Global Partnership to Stop TB. The Partnership has now completed some six years of operations and its CB wishes to have an independent assessment of the performance of the Partnership.

The purpose of the evaluation is to address the fundamental questions:

- Has the Partnership had an impact on the global efforts to control tuberculosis over and above what would be accomplished without the Partnership?
- How to improve the effectiveness, efficiency, and impact of the Partnership over the next five to seven years on the global TB epidemic.

An evaluation of the Partnership was conducted in 2003 during its start-up phase. Since then it has moved towards sustainable operations. The present evaluation is formative in nature i.e. in addition to assessing how the Partnership has performed, it is expected to give clear recommendations on the key issues that arise during the course of the evaluation as it seeks to answer the two fundamental questions set out above. The evaluation will cover the work of the Partnership in its entirety with a view to helping it to stay on course to deliver the full implementation of the Global Plan to Stop TB 2006-2015. The assessment should build on the independent evaluation carried out in 2003 and on the review of the Partnership's Working Groups conducted in 2006 and presented to the CB in Jakarta in 2006.

The structure, processes, hosting and collaborating arrangements set up for the Partnership above have worked well but could be reviewed as the international development landscape has changed considerably since the Stop TB Partnership was first set up. The establishment of GFATM, UNITAID, the moving of the Gates Foundation to become a major donor in the public health area, and the emerging social compact between the business community and civil society has drastically altered the operational landscape of health partnerships. The Stop TB Partnership has made some changes successfully but could be adapted further if it is to support actively the delivery of results to the next level of performance by all its partners. This evaluation is expected to help it further in this area.

I. Objective

The objective of the Stop TB Partnership's external evaluation is to determine whether the Global Partnership:

- Adds value to the individual efforts of its partners for controlling TB and has an impact on the epidemic.
- Has the right strategic focus.
- Covers in its current scope all the areas of activity it needs to work on in order to address the global TB epidemic.
- Has an appropriate structure, transparent governance arrangements, effective managerial mechanisms, and efficient operational processes to enable it to continue functioning in an optimal manner to meet public expectations with respect to implementation of the Global Plan 2006-2015 (the "Global Plan") and the new Stop TB Strategy to reach the Millennium Development Goals (MDG) and Stop TB Partnership targets.

II. Scope of evaluation

- All elements of the Partnership will be covered primarily at the global level. The impact of the Partnership should be evaluated at regional and national levels, and must include the beneficiaries' viewpoint.
- Period to be covered by the evaluation is from 2001 to 2006 using the 2003 evaluation and the 2006 Working Group review conducted in 2006 as key inputs.
- Direct consultation with a selection of countries where Partnership, GDF, and GLC activities are being undertaken and some countries where there are no Partnership initiatives.

III. Context

The Global Partnership

The Global Partnership to Stop TB is a global movement to accelerate social and political action to stop the spread of tuberculosis around the world. The Stop TB Initiative was established in March 1998 and subsequently produced the Amsterdam Declaration in March 2000 to Stop TB. The declaration called for action from ministerial delegations of 20 countries with the highest burden of TB. It marked a defining moment in the restructuring of global efforts to control TB. That same year, in 2000, The World Health Assembly endorsed two targets for 2005: to diagnose 70% of all people with infectious TB and to cure 85% of those diagnosed and the establishment of a Global Partnership to Stop TB.

The Global Partnership's:

Vision is: A TB free world with the elimination of TB as a global public health problem by 2050.

Mission is to:

- Ensure that every TB patient has access to effective diagnosis, treatment and cure.
- Stop transmission of TB.
- Reduce the inequitable social and economic toll of TB.
- Develop and implement new preventive, diagnostic and therapeutic tools and strategies to stop TB.

The strategic objectives of the Partnership as stated in the Global Plan to Stop TB 2006-2015 are to:

- Promote wider and wiser use of existing strategies to interrupt TB transmission by:
  - increasing access to accurate diagnosis and effective treatments by accelerating DOTS implementation to achieve the global targets for TB control; and
  - increasing the availability, affordability and quality of anti-TB drugs.
- Derive strategies to address the challenges posed by emerging threats by adapting DOTS to prevent and manage drug resistant TB, and to reduce the impact of HIV-related TB.
- Accelerate the elimination of TB by:
  - promoting research and development for new TB diagnostic tests, drugs and vaccines; and
  - promoting adoption of new and improved tools by ensuring appropriate use, access and affordability.

The Partnership provides a:

- Forum for discussion on all aspects of TB control and for developing global consensus in a variety of areas related to it.
- Mechanism for global advocacy and mobilization of resources.
- Means of identifying areas of need and of finding sources of support to address these.
- Mechanism for accessing high quality anti-TB drugs.
- Way to encourage/facilitate a multisectoral approach internationally, regionally and nationally with existing and new partners.
- Incubator for innovative new approaches to boost the effort directed at TB control particularly in the endemic countries with special focus on the 22 High Burden Countries (HBC).

The activities of the Stop TB Partnership are described in the Global Plan. They are underpinned by a coordinated, multinational, global effort to control TB. The Partnership initially operated within the framework of "The Global Plan to Stop TB", a five-year action plan for 2001-2005 that it adopted through a consensus building process at the 2001 Partners' Forum meeting of all principal stakeholders. Most of the objectives of the first plan were realized and a second plan for 2006-2015 was developed in 2005 to build on the achievements of the first plan. This plan was launched in January 2006; it provides a road map of the work programme of the Partnership to:

- **Achieve the MDG target**
  - To have halted by 2015 and begun to reverse the incidence of TB and other major diseases.
- **Achieve the Stop TB Partnership Targets:**
  - By 2015: To reduce the global burden of TB (disease prevalence and deaths) by 50% relative to 1990 levels

The actions suggested in the Global Plan to achieve the above objectives are taken by its seven Working Groups, its task forces, and the Partnership's Secretariat.

As set out in the Basic Framework for the Global Partnership to Stop TB adopted in 2001, its structure comprises:

- The partners Forum.
- The coordinating Board (CB).
- The Partnership Secretariat.
- Seven Working Groups (WGs)[1].

The Coordinating Board comprises eight constituencies: (i) technical agencies and non-governmental organizations, (ii) Multi-lateral organizations, (iii) Geographic regions and Countries with a high TB disease burden, (iv) Foundations, (v) Financial donors, (vi) Working groups, (vii) People Living With TB, and (viii) the Business Sector. An Executive Committee (Ex. Com.) of the Coordinating Board has been formed to advise the Secretariat on urgent matters between CB meetings. There are five permanent members of the CB: WHO, World

[1] The seven Working Groups are: i)DOTS Expansion Working Group is dedicated to increasing the use of the Stop TB strategy in affected areas; ii) TB-HIV Working Group promotes a joint response and better collaboration between TB and HIV/AIDS programmes; iii) Working Group on MDR TB aims at preventing and controlling multi drug resistant TB (MDR-TB); iv)Working group on new TB Diagnostics promotes the use and development of new diagnostic tools to support TB control activities; v) Working Group on New TB Drugs promotes new, shorter, and more affordable TB courses of treatment; vi) Working Group on new TB Vaccines supports research into new vaccine development; vii) Advocacy, Communication and Social Mobilization Working Group promotes social movement against TB at global and national levels.

Bank, GFATM, IUATLD, and CDC. In addition, a representative of the World Health Organization (WHO) - Scientific and Technical Advisory Group (STAG) on TB sits on the Coordinating Board to ensure policy coherence.

Hosting arrangement

Since inception, the Stop TB Partnership has been hosted by WHO. This entails its:

- being able to use the legal identity of WHO;
- being housed in WHO;
- using the organizational, financial, and IT infrastructure of WHO including its HQ, 6 regional Offices and country offices.
- following WHO administrative and financial rules and regulations,
- using the accountability framework which ensures safeguards and due diligence in the management of Partnership resources and activities.
- Administratively, the Secretariat is part of the Stop TB Department of WHO. The Executive Secretary of the Partnership reports administratively to the Director, Stop TB department of WHO within its HIV/AIDS,TB and Malaria cluster and functionally to the CB. All Partnership staff are WHO officials including for the purpose of the application of the privileges and immunities accorded under international law for free exercise of their functions. The Partnership staff has the same travel and identification documents as are provided to all WHO staff.

The biennial workplan of the Secretariat is endorsed by its CB and formally approved by WHO. Initially, the global partnership was financed by earmarked money received by WHO for the Partnership through the WHO Voluntary Fund for Health Programmes, and a Trust Fund established at the World Bank to receive earmarked money from donors. The Trust Fund at the World Bank was closed in 2006 after the establishment of a special Trust Fund (TF) set up at WHO in 2005 as a result of negotiations between the CB and WHO. Almost all the work of the Partnership coordinated by its Secretariat is now funded by this TF. It is managed by the Executive Secretary of the Partnership guided by its CB and its operations are governed by its Operating Principles.

Partnership's Areas of Activity

The areas of interest and activity at present are listed below.

<u>1. Support implementation of the WHO recommended Stop TB strategy through the Partnership's Global Plan to Stop TB 2006-2015</u>

- Pursuing high quality DOTS Expansion and enhancement;
- Addressing TB/HIV, MDR-TB, XDR-TB and other challenges
- Contributing to health systems strengthening
- Engaging people with TB and affected communities
- Engaging all care providers
- Enabling and promoting research.

<u>2. Broadening the Partnership</u>

- Fostering the development of country-level partnerships that operate to improve tuberculosis control, thereby decreasing the burden of the disease.
- Facilitating involvement of partners in country programme design, development, implementation and monitoring.
- Considering whether and how to increase the level of pooled resources and developing mechanisms for their management, allocation and disbursement.

- Working with the mandates and functioning of the Global Fund to Fight AIDS, TB and Malaria (GFATM) and other key partners.
- Building on existing communication and information systems to accelerate collaboration of partners globally, regionally and nationally.
- Ensuring that the advocacy, social mobilization and innovation roles of the Partnership are aligned appropriately with the policy development, technical capacity and in-country presence of key partners such as WHO, IUATLD, KNCV etc.
- Improving coordination to improve efficient use of resources.

3. Supporting implementation of urgent scale-up of HIV-TB interventions and multi-drug resistant TB including XDR-TB.

- Ensuring that second line TB drugs are available where needed and that their use does not promote the emergence of drug resistant strains of TB.
- Determining and implementing a strategy to address HIV-related TB.

4. Generating resources at both global and country level to finance the implementation of the Global Plan and any modifications thereof:

- Building a broader and more stable donor base.
- Developing and implementing appropriate, resource mobilization strategies.
- Creating innovative financing mechanisms to generate the funds needed by the evolving Partnerships at global and national levels.

5. Procuring and supplying anti-TB drugs

Anti-TB drugs are procured and supplied by the Global Drug Facility (GDF) which was established as a special project of the Partnership. An independent technical review committee provides advice to the Coordinating Board on grant proposals received by the Global Drug Facility. Drugs are made available either through a grant mechanism for countries that satisfy set criteria or through the direct procurement services of the GDF. A Green Light Committee (GLC)[2] initiative for access to second-line anti-tuberculosis drugs was established by WHO and a group of partners in January 2000 to ensure access and rational use of second line anti-TB drugs against multi-drug resistant TB in resource limited settings.

6. Promoting Research

- Overall research relevant to TB control including basic research, R&D for new tools (diagnostics, drugs and vaccines), operational research and epidemiology.

IV. Guiding principles of the evaluation

The evaluation will:

- Target the Coordinating Board as the initial audience followed by all partners in the movement to Stop TB.
- Be issue-oriented, forward looking and cost effective.
- Avoid duplication of efforts and capitalize on ongoing processes and findings (e.g. those set out in the 2006 review of the WGs).

[2] The committee consists of experts in programmatic, scientific, clinical, and microbiological aspects of drug-resistant TB and serves WHO in an advisory capacity. The GLC initiative provides several services: a) access to high quality second line drugs at reduced prices (up to 95%) for treatment of drug-resistant TB; (b) review of applications from countries seeking to purchase these drugs to ensure a sound project according to WHO guidelines; (c) on-site evaluation of proposed projects for drug resistant TB control when considered necessary; (d) monitoring and evaluation of approved projects; (e) promoting training and technical assistance; and (f) fostering and coordinating programmatically relevant research to improve control of drug- resistant tuberculosis. The procurement of second line drugs for countries whose projects are approved by the GLC is undertaken by GDF. More details on GDF and GLC are given in Annex III.

- Use stakeholder views as primary source of information and, in this respect, take advantage of relevant venues (e.g. Working Group meetings) for stakeholder feedback.
- Address the strategic position, functions, and operations of all elements of the Secretariat of the Partnership as the executor of the decisions of the CB and the Partners Forum.
- Assess the impact of the partnership both globally and at country level using counter-factual analysis.
- Take into account the view of a sample of countries facing high TB burdens[3] on the contribution of the Partnership for building national awareness and directing policy for TB control.
- Take a balance view of the work of the Partnership which is more development oriented in the broader public health context compared to the operations of GDF which while having a much larger proportion of the resources directed towards it was a special project of the Partnership.

V. Evaluation parameters

o Timeframe/Milestone

Work is to commence by first week of June 2007 and should be completed by end November 2007. The draft evaluation report should be submitted to the Coordinating Board members by mid December 2007. The final report incorporating the feedback from the CB should be submitted by end January 2008. It will be circulated to Board members thereafter and presented formally at the spring (April 2008) meeting of the CB.

o Evaluation Team

The evaluation team needs to be large enough to undertake the review within the timeframe and to cover all the different skills/expertise required to perform the evaluation, but small enough to be logistically practicable. The evaluation can be performed by any competent organization that can prove that it can put together a team of highly experienced professional persons having the requisite skills. Such a Proposal may also be submitted by a consortium of organizations under a lead agency.

The single organization or the lead agency (and its constituent parts) should be independent of any individual stakeholder of the Partnership and not be directly related to the pharmaceutical industry or any of the contract agencies used by the Partnership Secretariat. It should have a reputable track record of undertaking similar international reviews and of having conducted evaluations including impact assessments of large programmes. The selected organization is likely to be an academic institution, a consultancy organization, or a combination of both.

The following skills/areas of expertise need to be represented in the evaluation team:

- Organizational governance and management.
- International drug procurement and quality control (including contracting processes).
- Partnership network development.
- Programme implementation and monitoring in the area of control of communicable diseases.
- Drug management and logistics.
- Overall TB control.
- Advocacy, Communication, and Social Mobilization in the area of Public Health.

[3] High absolute TB burden or high rate of TB incidence

- R &D (including but not necessarily limited to R & D for new drugs, diagnostics and vaccines) and Operational Research.
- Resource Mobilization in global health and/or development context.

o **Core evaluation variables and questions**

1. Impact: What has been the impact of the global Partnership on control of the TB epidemic and flow of resources in both quantitative and qualitative terms?
2. Relevance: To what extent is the work of the Partnership consistent with the overall development strategy as set out in the Global Plan 2001-2005, its subsequent evolution in the Global plan 2006-2015 and with the policy priorities of its principal stakeholders? What is the Partnership's comparative advantage (relative to other organizations)? What value does having a Partnership add to global tuberculosis control efforts? What is its relevance at the country level? What is the political commitment to the Partnership among its key stakeholders?
3. Efficacy: To what extent does the Partnership achieve its stated mission and is it on track to achieve its targets?
4. Efficiency: To what extent are the benefits flowing from the Partnership commensurate with inputs in terms of cost and time of implementation? Is resource management optimal or how could it be improved?
5. Sustainability: What is the likelihood that the Partnership's benefits and results will be maintained over the intended time period? In other words, what is the resilience to risks (technical, economic, institutional, and environmental, etc) of the net benefit flows over time?
6. Development impact: To what extent does the Partnership contribute to improved practices in all areas of its work through its components, partners, and direct beneficiaries of support in terms of their impact on TB control?
7. Accountability: How does the Partnership measure up in being accountable to its stakeholders in key dimensions of its work e.g. governance and management, ethical fundraising, financial management and internal control, multi-stakeholder engagement, responsible advocacy programmes, transparency in decision-making, and reporting?
8. Process, governance and implementation: Regarding organizational relationships and authorities, to what extent has the Partnership worked as planned? What barriers have been encountered and how have they been surmounted? To what extent is the Partnership design appropriate for its mission? Has the work of the Partnership been realistically planned, understood by all parties and managed effectively in terms of administrative, legal, human resource and financial aspects? Is ongoing monitoring and evaluation conducted and do findings and recommendations result in subsequent modifications?
9. Scope of activities: Does the work of the Partnership cover all the areas it needs to be active in? Are some missing? How is prioritization of activities and countries in which they are undertaken done? Are the Working Groups (structure, number and function) appropriate for implementing the Global Plan 2006-2015 to control TB.

VI. Specific evaluation tasks[4] and information collection

It is envisaged that the evaluation will comprise the following tasks:
1. Reviewing the current functions, operations, interactions and impact of the Partnership and its components at global level, (through a limited sample) at regional and country levels; the current roles and responsibilities of each its components and their relationship with key partners and beneficiaries.

[4] Examples of issues to be examined are provided in Annex 2B (Global Partnership); Annex 2C (Global Drug Facility (GDF), and The Green Light Committee (GLC), these will be refined and elaborated during briefing sessions with the evaluation team.

2. Carrying out regional and country level investigations through country visits, teleconferences and electronic means. Not less than eight short country visits should be carried out; these should include countries covered by GDF and GLC. The choice of countries to be visited should be based on explicit criteria to be developed by the evaluators in consultation with the Stop TB Partnership Secretariat.
3. Assessing the impact of the planned Partnership activities and suitability of its products in the context of the vision, goals, and objectives of the Partnership and determine whether the Partnership as a loose coalition of partners needs to enhance the accountability between partners for achieving a higher level of impact.
4. Analysing the structure and work schedules of the key Partnership components including the existing operational processes, number and level of staff, their roles, skills, how they are selected/appointed and the duration of their tenure and assessment of their capacity to meet current and future partnership management needs.
5. Assessing the strength and weaknesses of the current hosting arrangements of the Secretariat to see whether they will be suitable for delivery of expected results by the Partnership in future.
6. Reviewing the contribution of human and financial resources of partner agencies to key components of the Partnership with a view to assessing the sustainability of the concept of a "lean" secretariat.
7. Assessing the investment made by the Partnership in enhancing the flow of resources to the different elements of the Partnership.
8. Reviewing the processes for decision-making and policy setting within the Partnership including the respective roles, relationships between partners and the reporting arrangements of the Partnership.
9. Examining the processes for defining and prioritizing issues and agenda items for Working Groups and Coordinating Board meetings and teleconferences and determining the appropriateness of the mechanisms for resolution of conflicting viewpoints.
10. Reviewing the funding arrangements for the Partnership components at global level, to ensure there are appropriate mechanisms and budgets for funding priority activities.
11. Providing clear recommendations and where necessary indicating mechanisms that may be used for enhancing the structure, processes and products of the Partnership to improve its impact on the global control of the TB epidemic.
12. Developing options for enhancing collaboration of the Partnership with GFATM which is emerging as the single most important financing source for TB and is expected to have new strategic direction under the recently appointed new top Management.

Information collection for conducting the evaluation may be undertaken by:

- Consulting records of discussions of all bodies of the Partnership
- Online survey, site visits, and/or by interviews of, and questionnaires, to:
  - Stop TB Partnership Secretariat, Stop TB Department, WHO; and other relevant units of WHO,
  - Working group members, Working Group Chairs their core groups and Secretariats.
  - GDF Technical Review Committee and the GLC.
  - CB members and CB Executive Committee members.
  - A sample of pre-qualified pharmaceutical manufacturers in addition to selected manufacturer(s).
  - Country authorities (or their representatives) that have applied to GDF and GLC: At least three approved and three rejected countries, plus at least two countries that did not apply though eligible and one which was not eligible. In addition to interviews of NTP managers and local partners, the team must include site visits to the periphery to assess use of TB drugs and to local suppliers/manufacturers of TB drugs.

- A sample of Stop TB partners not represented in the Board or Working Group members (as distinct from WG Secretariat and their Chairs), and non-partner TB-related organizations.
- Representatives of high burden countries that served the Partnership via its various bodies.

o Consultations with Stop TB National Partnerships e.g. national partnerships in Brazil, Uganda, Canada, Indonesia, etc.

The evaluation should, if at all possible, include interviews with not less than three quarter of the membership of the Coordinating Board, core committees of Working Groups and their secretariats; key donors, representatives of other Partnership components, partners and stakeholders (including a sample of Stop TB partners, high burden countries and countries receiving Global Drug Facility and the Green light Committee support). In addition, the consultants are expected to review relevant documents, observe meetings and/or teleconferences, and track decision-making processes.

VII. Timeline and Outputs

1. An inception report due **within a week** of award of the contract setting out the workplan for the evaluation.

2. An interim report due **end August 2007** indicating progress of work and preliminary findings.

3. A draft report, due **end November 2007**. Feed back on this from the CB will be provided latest by **mid January 2008**.

4. A final report incorporating the response to the feedback from the CB on the draft report, due **end January 2008**, with the following sections:

- Executive Summary.
- TORs for the evaluation.
- Specific description of the Partnership's objectives and activities being evaluated.
- Methodology used to develop the evaluation findings.
- Responses to the core evaluation questions listed in VI above and to those that may emerge as a result of discussions with the key stakeholders.
- Conclusions and lessons learned.
- Recommendations to the CB, Partnership Secretariat, and other stakeholders that can be used by the Partnership successfully for: 1) increasing the value it provides to TB control at global, regional and national levels; 2) maintaining and enhancing its operational sustainability; and 3) monitoring its progress in achieving its objectives, beyond technical indicators of TB control.

The final report should not exceed 70 pages inclusive of an Executive Summary. The Executive Summary should be a stand alone section.

Comments from stakeholders may be requested by the Board. The draft report will be circulated to the Coordinating Board members and a feedback given to the evaluation team.

The final report will be formally submitted to the CB and a presentation of key findings of the evaluation will be made to the Coordinating Board at its meeting in Spring 2008. The leader of the evaluation team may be invited to make this presentation to the Board. This report may be posted on the Stop TB web site at the direction of the CB.

Abbreviations:
DOTS: Directly Observed Treatment Short Course. DOTS comprises the core technical components of the WHO-recommended Stop TB Strategy.
ESC: Evaluation Steering Committee
GDF: Global Drug Facility
GLC: Green Light Committee
CB: Stop TB Partnership Coordinating Board
TF: Stop TB Partnership Trust Fund at WHO
TRC: Technical Review Committee of the Global Drug Facility
UNITAID: An International Drug Purchase Facility established in September 2006
VFHP: Voluntary Fund for Health Programmes
EC: Executive Committee
WHO: World Health Organization

Annex 2A

Key documents for the evaluation

The consultants will need to draw upon the following key documents:

For Partnership:

1. The Global Plan to Stop TB 2001-2005.
2. The Global Plan to Stop TB 2006-2015.
3. Basic Framework for the Global Partnership to Stop TB.
4. Papers for and Reports of the Coordinating Board meetings.
5. Memorandum of Understanding between Stop TB Partnership and WHO with respect to the Global Drug Facility.
6. Operating Principles of the Stop TB Partnership Trust Fund.
7. MoU between the Partnership and UNITAID Re GDF.
8. MoU between the Partnership and GFATM
9. Annual Reports of the Stop TB Partnership.
10. Progress Report 2003 of the Stop TB Partnership
11. Working Plans of the Stop TB Partnership Secretariat.
12. Report on the 2006 Review of the Working Groups.
13. Strategic Plans, Technical documents and minutes of meetings of the WGs
14. Report of the 2003 Evaluation of the Partnership.
15. Various documents relating to hosting arrangement of Partnership within WHO.

For GDF:

1. GDF Strategic Plan 2006-2010.
2. Periodic donor reports of GDF.
3. Report of the 2003 external evaluation of GDF.
4. Relevant documents/minutes from the Coordinating Board relating to GDF.
5. Documents pertaining to the GDF sub-structure and processes.
6. Documents relating to the application process.
7. Country applications and the TRC review minutes/documents.
8. Correspondence between GDF and country applicants relating to TRC decisions.
9. Contracts between GDF and the procurement agents. Documents relating to the pre-qualification process/quality assurance of drugs procured. Contracts between GDF and drug manufacturers. Electronic systems of requisitioning and monitoring of drug supplies.
10. Framework documents for the country visits and reports of such visits.
11. GDF achievements report 2006.
12. Donor reports prepared by GDF.

For GLC

1. WHO Guidelines for the Programmatic Management of Drug Resistant Tuberculosis.
2. Instructions for Applying to the Green Light Committee for access to second-line anti-tuberculosis drugs.
3. GLC project dossier.
4. GLC Annual Report 2003 to 2006.

Annex 2B

Details of issues to be examined

The Stop TB Partnership

The outcome of the evaluation should include recommendations that the Partnership can use in order to be on track for realizing the targets of the Global Plan to Stop TB 2006-2015. These recommendations should include: optimal working arrangements, responsibilities, reporting lines and composition of staff in its Secretariat to facilitate successful completion of the various areas of work, with a view to ensuring: appropriate staffing both from a number and level perspective; clear roles and reporting arrangements; realistic workloads; maintenance of flexibility; and appropriate use of board members' time and delegation of authority to appropriate levels to ensure proper and timely completion of tasks set by the governing bodies of the Partnership. Where changes are proposed, recommendations should include concise terms of reference and expectations such as recommended staffing and funding levels where appropriate, suitable hosting arrangements by WHO to enable efficient and effective functioning of the Stop TB Partnership Secretariat within the Institutional arrangement of WHO.

Examples of issues to be addressed

The following issues are examples of matters that have emerged as being of particular interest to the Coordinating Board; more may be highlighted after discussions of the evaluation team with the key stakeholders:

1. Function of the Global Partnership to Stop TB

- How should the Partnership best reflect the needs of the movement to Stop TB in terms of function, structure and composition, scope of operation, and linkages with other movements/alliances/facilities?
- What is the comparative advantage of the Partnership in each key area of activity? In which cases should the Partnership lead and in which cases should a partner take the lead role? What should be the long term vision for the Partnership in view of its distinct comparative advantage over other partners and broader developments such as GFATM and UNITAID, and Charitable Foundations becoming main funding agencies?
- What is the value of Stop TB as a "brand" and how can it be best maintained and exploited?
- Where is the Partnership hindering rather than helping TB control efforts, what are its weak points, what factors have contributed to these problems, and how can these be addressed?
- How successful is participation by high burden countries and regions? What is the utility of the Partnership to high burden countries? The high burden countries are a major stakeholder and beneficiaries of the work of the Partnership. How should their role in the governance of the Partnership and their accountability for impact of the initiatives of the Partnership be factored into its operations?
- How is the Partnership engaging new partners? What is the effectiveness of the Partners' Forum in doing so? What is the effectiveness of the Coordinating Board in increasing outreach and effectively representing the broader community?
- What are the main risks pertaining to the structure and function of the Partnership that threaten the achievement of its mission?
- The Stop TB Partnership is considered to be a successful model for a health Partnership. What are the reasons behind this success and what elements of it can be applied with benefit to other health Partnerships?

- How can the Stop TB campaign of the Partnership make the Stop TB a mass movement with greatly heightened social awareness and concomitant attention to eradicating TB at the highest policy levels so that TB control receives the resources it needs, in the broadest sense, to effectively control and eliminate the epidemic?
- How should the Partnership decide on the areas of work it should focus on?
- Does the Partnership make appropriate use of cooperation tools in all of its functional areas?
- Is the Secretariat of the Partnership appropriately structured, staffed, financed, and empowered for servicing the needs of the Partnership for the foreseeable future? How can it be strengthened further to support the heightened demands likely to be made on it to execute actions decided by the governing bodies of the Partnership to meet the expectations of the Global Plan?

2. Organizational relationships and authorities

- What is, and what should be the role of the Stop TB Partnership Secretariat with respect to its host agency, WHO?
- How can the Secretariat function most appropriately, within WHO and under the direction of the Coordinating Board? Are the structure and processes operated by the Secretariat optimal? How can they be improved?
- What should be the role of the Partnership Executive Secretary, what is the most appropriate level of appointment, what should be his/her authority and reporting responsibilities vis-à-vis the Coordinating Board, and vis-à-vis the WHO reporting structure?

3. Governance and internal workings of the Global Partnership to Stop TB

- How effective is the Partners Forum to guide the Stop TB movement?
- Could the Partners Forum be best used to make the constituencies more operational?
- Are the structure, role, function and authority of the Coordinating Board and its Executive Committee appropriate and effective? Can they be improved?
- How should the Coordinating Board deal with issues related to financial resources?
- Are the accountability issues relating to the Partnership and its individual components with respect to its stakeholders and general public being addressed appropriately?

4. Working Groups

- What role should the R&D and the implementation of Working Groups have and what is their optimal mode of participation in the Coordinating Board?
- Are the WGs operating to their fullest potential? How should the governance and management issues highlighted in the 2006 WG review be addressed in the context of the overall governance and operations of the Partnership to help the WG contribute to the maximum extent for the realization of the overall goals and targets of the Partnership?
- How can the inter-relations among the Working Groups be facilitated?
- What changes could be considered to make the WGs more effective and accountable for implementing the Global Plan.

5. The Global Drug Facility

- Is GDF a viable project in its current form for the foreseeable future from both donor and recipient countries point of view?
- What is the added value of GDF given that first line drugs are now cheaply and widely available and GFATM is directing substantial funds to countries?
- How can the GDF re-brand and reposition itself in light of the emerging development in the development arena in general and public health in particular? Should it move out of

procuring first line drugs except in difficult situations e.g. pediatric drugs? Should more efforts be made on incorporating TB drug costs into national budgets?

6. GLC

- Is GLC mechanism answering the need in countries for access to drugs for treatment of MDR and XDR-TB?
- Is the GLC globally effective in preventing misuse of second-line anti-TB drugs?
- Has pooled procurement through the use of GLC/GDF been effective in reducing the prices of second-line anti-TB drugs to the extent needed to give access to poor communities?
- Has the GLC/GDF mechanism resulted in higher standard anti-TB second line drugs from manufacturers?
- Is the GLC appropriately financed for extending its technical assistance in countries that need it? If not, how can this financing be secured.
- Is the GLC effectively assisting WHO in producing and updating policy for prevention and control of drug resistant tuberculosis?
- Is the modus operandi of the GLC appropriate to fulfill its mandate?

Annex 2C

The Global Drug Facility (GDF) and the Green Light Committee (GLC)

A. GDF

The Global Drug Facility (GDF), a Stop TB Partnership project, provides access to high-quality tuberculosis (TB) medicine for governments that agree to introduce, expand, or maintain the diagnostic, treatment, and monitoring policies of the Stop TB Strategy, including DOTS. GDF takes a holistic approach to TB control by bundling its drug procurement services with technical monitoring and support, thus allowing the GDF to maximize the impact of each patient treatment and strengthen global DOTS efforts. The GDF model is underpinned by the support and contributions of collaborative partners in the Global Partnership to Stop TB.

GDF has two modes of operation: (i) Grants for anti-TB drugs to countries with a gross national income (GNI) per capita of less than US$ 3,000, with priority given to countries with a GNI per capita of less than US $1000. To ensure that even the poorest have access to life-saving drugs, GDF requires that its drugs be given free to patients, as recommended in the World Health Organization's (WHO) Stop TB Strategy; and (ii) a direct procurement service for countries, NGOs and donors that wish to buy anti-TB drugs for use in DOTS programmes; i.e. for countries and NGOs that have sufficient finances but which lack adequate procurement or quality assurance systems. Countries that wish to place drug orders through the GDF Direct Procurement Service must agree to and sign a technical agreement, which contains the terms and conditions of supply of GDF drugs. Money for these orders is paid directly to the GDF Procurement Agent in advance of delivery.

1. Purpose of GDF

- Ensure uninterrupted access to quality anti-TB drugs for DOTS implementation.
- Catalyze rapid DOTS expansion in order to achieve global TB targets.
- Stimulate political and popular support in countries worldwide for public funding of TB drug supplies.
- Secure sustainable global TB control and eventual elimination.

2. Objectives of GDF

- Provide grants for treatment of at least 25 million people with TB by the year 2015.
- Increase the proportion of patients treated with products of known quality from pre-qualified manufacturers.
- Reduce the proportion of patients treated with non standard products.
- Develop a regular, independent, objective and standardized process for assessing TB programme performance in order to assist countries achieve the global targets for TB control, identifying opportunities for technical and financial assistance, including GDF support.
- To function in a financially viable manner with minimal operational and no financial risk to the Stop TB Partnership or WHO.

3. Functions of GDF

Stimulate demand and secure funds

- Solicit requests from countries or organizations that meet DOTS planning and implementation requirements and develop grant agreements with recipients;
- Mobilize financing through the Stop TB Partnership for drug procurement and supply for countries implementing or expanding successful DOTS programmes.

Supply of anti-TB drugs

- Procure drugs via transparent, competitive bidding using procurement agents and pre-qualified suppliers for direct distribution to grantees;
- Provide direct procurement services for governments and their partner organizations that finance their own TB drug purchases.

Monitoring

- Work with Stop TB partners to ensure monitoring, evaluation and problem- solving for effective drug delivery and deployment.

GDF operates on the principles of independence, transparency, accountability, flexibility, rapidity, and responsiveness. It draws on the positive attributes of the private sector identified as independence, flexibility and responsiveness, while building on the strengths of the public sector such as sustainability and credibility with national governments. GDF draws on the skills and experience of partners in the Global Partnership to Stop TB.

4a. GDF Structure

The Stop TB Coordinating Board provides oversight for GDF and functions as the "GDF Board". GDF is managed by the Secretariat of the Global Partnership to Stop TB hosted and administered by WHO. The relationship between the CB and WHO with respect to GDF is laid out in the “Memorandum of Understanding (MoU) between the Stop Tuberculosis Partnership Coordinating Board and the World Health Organization on the Oversight, Management, and Financing of the Global Tuberculosis Drug Facility” extended in December 2006.

The oversight of the day-to-day operations of the GDF is performed by an Executive Committee (EC) of the CB. GDF communicates on a regular basis with EC and applies via this Committee to the CB for approval of any major decisions concerning the mandate, functions, management, fundraising and operations of GDF. The resulting recommendations from CB are executed by the Secretariat within the WHO rules and regulations.

A GDF Technical Review Committee (TRC) of independent experts in TB control and drug management meets up to three times a year to review and prioritize applications and make recommendations of the level of GDF support to be given to the applicants.

Examples of issues to be addressed

1. Has the management and financing arrangement of GDF enhanced or impeded its operations?
2. What financial management systems have been introduced, and how are they functioning?
3. How have different Stop TB partners been involved in the GDF? To what extent have they fulfilled their expected roles?

4b. GDF Processes

1. Applications

WHO country offices situated in countries eligible to apply for GDF support, are provided with the GDF application forms, which are also available on the GDF website. These are then handed on to the responsible authorities within these countries’ health structures for completion and subsequent submission to the GDF. Accompanying the application form is a set of explanatory notes. Included are the criteria by which countries can determine their eligibility, or not, for GDF support. Conditions of GDF support are also laid out. Revisions were made to the application form between different rounds of applications.

Examples of issues to be addressed

1. By what process were the criteria for eligibility to apply decided upon? Was this process transparent to countries who received, and those who did not receive the application form? Are these criteria still valid?
2. Was the advice and help given to potential applicants by GDF Secretariat and partners easily obtained, of high quality and consistent?
3. Which countries applied for GDF support? Which did not and why not?

2. Review

Following submission to the GDF, completed applications are passed on to the GDF/TRC for review and for decision-making on GDF support. The TRC meets up to three times a year to review and prioritize applications and make recommendations of the level of GDF support to be given to the applicant. Recommendations of the TRC on GDF applications are then submitted by the GDF to the EC for consideration, and recommendations of the EC are then implemented. If the EC raises concerns or is unable to arrive at a decision on an application, the full CB provides comments or recommendations. Applicants are informed by the Executive Secretary of the Stop TB Partnership of the decision on their application to the GDF.

Examples of issues to be addressed

1. How is the membership of the TRC determined? How are the decision-making criteria on the applications decided upon and by whom? Is the overall process transparent to applicants?
2. What feedback is given to applicants and how was this communicated? Do the applicants understand the feedback given, and is it clear to applicants how the decision on their application had been arrived upon by the TRC? How is this feedback used? Is it reflected in revised proposals?
3. How closely do the recommendations of the TRC, in regard to quantity and type of drugs, relate to those in the application forms?

3. Procurement (including quality assurance)

Drugs are purchased by GDF through international competitive bidding among pre-qualified pharmaceutical manufacturers. A pre-qualification process for suppliers has been set by GDF in consultation with WHO.

Procurement is contracted out, on a competitive basis, to one or more public or private professional procurement agencies. The agent(s) undertakes all tender management and contracting, monitoring of contractors, and communication with recipients.

International competitive bidding with suppliers is utilized. The GDF Agent needs to contract with multiple manufacturers to obtain all the required drugs, necessitating significant co-ordination to ensure timely supply and quality control at each stage of the process. The procurement agent(s) are responsible for arranging separate contracts for pre-shipment inspection, freight forwarding, and insurance. The responsibility of the GDF and its procurement agent(s) ends at the port of entry of the recipient country, and from thereafter the recipient country assumes responsibility.

Examples of issues to be addressed

- How well does the process of using procurement agent(s) perform? What criteria are used for their selection, and how and by whom are these decided upon?
- How well does the web based system work in regard to effectiveness in monitoring of shipments, and lead times?
- To what extent is the Direct Procurement Mechanism (DPM) used? What is the role of DPM in ensuring the sustainability of GDF?
- Does procurement of drugs correspond to what has been approved by the EC

4. Monitoring

Countries approved by the TRC for GDF support receive a pre-delivery visit. These visits are intended to brief the recipients on GDF support and implications of the grant. In addition during these visits: countries are assisted in fulfilling GDF conditions, drug requirements are confirmed, an overview of drug procurement and the distribution system is undertaken, and the grant agreement prepared.

Countries continue to receive GDF support every year subject to satisfactory performance, through reports validated independently. Compliance with GDF terms and conditions are assessed, in addition to evaluation of programme achievements and financial and drug management.

Examples of issues to be addressed

- Is the process used in selecting independent agent(s) for monitoring appropriate?
- Are the criteria used for the monitoring visits appropriate?
- What were the outcomes of the monitoring visits? Is the process for providing feedback on monitoring visits to countries satisfactory?

5. GDF Outcomes

Examples of issues to be addressed

1. Achievements in relation to goals and objectives.
    - Has an uninterrupted access to quality TB drugs for implementing Stop TB Strategy been ensured to those countries approved by GDF, including:
        - Supply of drugs to countries?
        - Supply of drugs to patients under DOTS?
        - Use of contingency funds?
        - Results and lessons of monitoring process?
    - Has the GDF been able to ensure and prove adherence to the principle of "Additionality" under which donor funding is secured?
    - Has the GDF catalyzed rapid high quality DOTS expansion?
    - What has happened in countries where GDF support has been withdrawn?
    - What has happened in countries without GDF support?
    - Have the foundations for sustainable global TB control and eventual elimination been laid, including:
        - Have more funds been attracted to the GDF?
        - What has the effect of GDF support been on other funding for TB activities in countries receiving GDF support?
        - What has happened to funding for anti-TB drugs in countries not approved by GDF and in those countries that chose not to apply for GDF support?
        - After the initial impact of reducing the global TB drug prices through the bulk purchasing of TB drugs by GDF, has this low price been maintained?

- What has been the impact in countries of GDF-supplied drugs on local manufacturers and suppliers of TB drugs?
- What has been GDF's impact on improving awareness of TB drug quality and standards
- How does the GDF model compare to other models for: (i) procurement of anti-TB drugs; and (ii) financing of anti-TB drugs.
- How should GDF approach the challenges posed by procurement of second line drugs

6. GDF viability

Is GDF a viable concept from a development angle in the emerging reconstructive development thinking? Is it a sustainable operation both from the point of view of securing long term steady funding and from an operations point of view for supplying quality anti-TB drugs in a timely manner that supports additionality and builds capacity in recipient countries in generating their own sources of funds and procuring their own supplies of anti-TB drugs?

B. The Green Light Committee (GLC) of the Stop TB Partnership

The GLC was formed in 2000 as a sub-group of the Stop TB Partnership's Working Group on DOTS-Plus MDR-TB (now the Working Group on MDR-TB). It was established as a multi-institutional partnership to promote access to life-saving high-quality second-line drugs at reduced prices for the treatment of MDR-TB (achieved through negotiations with pharmaceutical companies and pooled procurement of drugs) and under rigorous monitoring to prevent the creation or amplification of resistance to second-line drugs, the last line of defense against TB.

The GLC mechanism, whose Secretariat is hosted by the WHO, provides several services: (a) access to high quality second line drugs at reduced prices (up to 95%) for treatment of drug-resistant TB; (b) review of applications from countries seeking to benefit from the pooled procured mechanism for low price quality assured second line TB drugs; (c) monitoring and evaluation of approved programmes; (d) promoting training and technical assistance on drug resistant TB; (d) fostering and coordinating programmatically relevant research to improve control of drug- resistant tuberculosis. The technical review committee of the GLC mechanism consists of experts in programmatic, scientific, clinical, and microbiological aspects of drug-resistant TB and serve WHO in an advisory capacity. The procurement of second line drugs for countries whose projects are approved by the technical is undertaken by GDF.

By the end of 2006, 52 MDR-TB programmes in 42 countries had been granted access to quality-assured second-line drugs at reduced cost to almost 27,000 MDR-TB patients. Drawing upon the experiences in these projects, WHO has developed international guidelines for the programmatic management of drug resistant tuberculosis.