



Stop TB Partnership

SUMMARY SHEET

AGENDA NR. 2.10-5.0B	SUBJECT	GLOBAL FUND: ENHANCING ENGAGEMENT AND ADVOCACY	
FOR INFORMATION <input checked="" type="checkbox"/>	FOR DISCUSSION <input checked="" type="checkbox"/>	FOR DECISION <input checked="" type="checkbox"/>	

RATIONALE:

The Global Fund is the single most important source of external financing in countries (approximately two-thirds of total TB financing). For obvious reasons, ensuring that TB remains high on the political radar is critical. Enhancing the Coordinating Board's ability to engage, collaborate and communicate with the Global Fund is a priority - as is ensuring that Stop TB Partnership advocacy and communication efforts are calibrated for maximum impact.

SUMMARY:

The Stop TB Partnership, RBM and UNITAID are represented on the GF's Partners Constituency created by the decision of the GF Board in May 2009; this constituency holds one of the ex-officio non voting member seats on the GF Board and is also represented in the Portfolio Implementation Committee (PIC) and PSC. Through a rotating mechanism, STOP TB holds now the GF PIC seat (till July 2011) and then will rotate and become the Board member (up to July 2012).

Overall, the engagement of the Stop TB Partnership with GF should ensure:

1. Discussing and laying out strategic directions and messaging for TB within GF - taking into consideration multiple affecting factors (the need to improve global TB messaging, MDGs 4 and 5, global socio-economic aspects, GF replenishment, the new GF strategy 2011-2015 etc.)

Global Fund messaging around TB has been less powerful than hoped for - and given the diminishing profile of TB in the competitive global health landscape on the road to the MDGs - it is time to look in the mirror and ask 'why?'. Are we able to adapt quickly enough to a changing global health landscape? Do we have the right level of resources to do the job? Why is the TB community failing to capture the world's imagination (more specifically, the imagination of those who can influence action), and what can we do to start a new global conversation about TB?

2. Ensuring relevant participation and contribution to the different GF platforms and working groups (e.g. eligibility criteria, the new GF Application form and new ToRs for TRP revision, National Strategy Applications, PR and LFAs ways of working, Online TA, drugs and consumables management)

3. Support to countries in accessing GF funds (proposal preparation, TRP briefing), using the funds (grant negotiation and grant implementation) and delivering the results (programme reviews, evaluation).

The Secretariat considers the most pressing challenges to be:



Stop TB Partnership

- there is an urgent need for developing a clear, consistent common TB message to be used by all partners in pushing and maintaining TB high on the global agenda

- there are limited means/platforms of involving, communicating and coordinating with the Stop TB partners and those partners holding seats in different GF platforms (Board, committees, TRP) in order to properly address points 1 and 2.

DECISIONS REQUESTED (FROM STOP TB COORDINATING BOARD):

- Call on WHO and the Partnership to develop the next TB messaging platform i.e. Elimination Phase Concept Note for presentation at the next Board;
- Decide how the Stop TB partners and CB can embark into an enhanced collaboration and coordination with the GF (OPTIONS)
 1. Delegate to the Secretariat the role of calling upon different partners and CB members whenever and wherever is requested
 2. Expand the ToRs and composition of the already created Eligibility Task Force
 3. Create a new Task Force/Body to address the new challenges.
- Plan a review of Stop TB Partnership Secretariat structures (excluding GDF and TB REACH) to assess whether the right type and level of resources are in place for Advocacy and Communications.

IMPLICATIONS (POLITICAL / FINANCIAL / STAFFING, ETC):

- For the GF work: Staff time (Secretariat) and the CB members time.
- For development of TB Elimination Phase Concept Note: Staff time of both the WHO TB Department, and STP Secretariat as well as CB members. One senior level consultant (6 months)
- For Stop TB Partnership Secretariat structure (staffing/skillset assessment): Staff time (Secretariat) and CB EXCOM member time. Senior level consultant 3 months. Note - this should not take place before the new Executive Secretary is appointed.

NEXT STEPS

ACTION REQUIRED: To be determined

FOCAL POINT: Lucica Ditiu and Joel Spicer

TIMEFRAME: By next Coordinating Board meeting (Spring 2011).