STOP TB PARTNERSHIP

Operational Strategy 2013-2015

Stop TB Partnership

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I. EXECUTIVE SUMMARY

At its 21st Board meeting in January 2012, the Stop TB Partnership Coordinating Board requested the development of a three-year Operational Strategy, which will be put into place on 1 January 2013 and continue until 31 December 2015.[1] The objective of this strategy is to serve as a roadmap for how the Partnership Secretariat, based on its comparative advantages and the available financial and human resources, serves the Partnership and contributes to the Global Plan to Stop TB.

A Board steering committee, composed of the members of the Executive Committee and the task force on Governance, Performance, and Finance,[2] has led and overseen the process. An external consultancy provided independent analysis through benchmarking, interviews, surveys, workshops, and facilitated discussions of the Steering Committee both in-person and by teleconference to make recommendations that serve as the basis for the Operational Strategy.

The Operational Strategy outlines the Partnership Secretariat's four strategic priorities over the next three years. Given the significant resource constraints facing the Secretariat, this strategy represents a significant prioritization and streamlining of the current activities and initiatives being undertaken today. These priorities have been developed based on the Secretariat's comparative advantages and available financial resources.

The role of the Partnership Secretariat is facilitating, catalyzing, and coordinating partners, given that this is what it is uniquely positioned to do. The Secretariat will improve its coordination of partners by strengthening support to Working Groups, identifying the most effective ways to sustain and expand their engagement, and identifying areas of shared opportunity for partners and potential areas of collaboration.

The Partnership Secretariat has a strong comparative advantage in global advocacy efforts as a neutral voice in TB advocacy and resource mobilization, with the ability to amplify the voices of partners. The Secretariat facilitates and links partners with common areas of interest and creates a platform to facilitate consensus and coordinate advocacy approaches. Finally, the Secretariat should continue its flagship initiatives, GDF and TB REACH, since it has initiated these programmes and has the comparative advantage of applying lessons learned from implementation.

The Operational Strategy reflects these identified comparative advantages. The strategic goals and objectives are as follows:

[1] 21st Board meeting. 1.12-7.0, Bangkok

[2] Membership includes: Jeremiah Chakaya (DOTS Expansion Chair/STAG Chair), Nevin Wilson (The Union), Amy Bloom (USAID), Cheri Vincent (USAID), Michael Kimerling (BMGF), Erika Arthun (BMGF), Blessi Kumar (Communities/Vice-Chair), Evan Lee (Eli Lilly), Ken Castro (CDC), Mario Raviglione (WHO), Marja Esveld (Netherlands), Lucica Ditiu (Executive Secretary), Mel Spiegelman (Working group on New TB Drugs)

1. Facilitate meaningful and sustained collaboration among partners

a. Develop a strategy for partner engagement including segmentation of existing partner base, prioritizing activities for partners to engage with, and identifying and targeting new partner groups to engage

b. Strengthen support to Partnership Working Groups and facilitate collaboration between them

c. Facilitate dialogue, engagement and consensus around achieving the Millennium Development Goals (MDGS), Global Plan to Stop TB 2011-2015, and on the post-2015 agenda (TB Strategy, Global Plan 2016-2020 and post 2015 development targets)

2. Increase political engagement by world leaders and key influencers to double external financing for TB from 2011 to 2015

a. Develop compelling advocacy messages for and with TB advocacy partners and align partner efforts in global advocacy and resource mobilization

b. Influence Global Fund financing and grant management policies through partner coordination and engagement of community advocates

c. Mobilize resources for Global Plan funding gaps through developing new streams of external financing by maintaining and broadening the existing TB donor base

3. Promote innovation in TB diagnosis and care through TB REACH and other innovative mechanisms and platforms

a. Continue to support and fund innovations in TB case detection/care

b. Increase support for continuity, scale up and policy change for successful interventions

c. Share best practices and successful approaches broadly to lead to evidence-based policy change and ensure scale-up at country level

4. Ensure universal access to quality-assured TB medicines and diagnostics in countries served by the Global Drug Facility (GDF)[3]

The Operational Strategy identifies the outcomes desired against each strategic goal, which will serve as the basis for the Board to monitor progress against this strategy. Given the significant resource constraints facing the Secretariat, there will need to be a re-allocation of resources against the Operational Strategy. It is recommended that some current activities be discontinued, and there will need to be reallocation of some staff and financial resources. This may take up to six months following board approval of the Operational Strategy. The Secretariat will actively mitigate risks and seek the board's guidance as needed.

[3]GDF strategy is being taken up under the oversight of the GDF Advisory Task-Force and a separate document has being presented to the board on this topic. Pending feedback and approval of that strategy, it will be incorporated into this Operational Strategy to ensure an integrated Secretariat strategy

II. BACKGROUND

A. Overview of Tuberculosis

Tuberculosis (TB) is a significant global public health threat. Despite being preventable and curable, the disease is widespread. In 2011, an estimated 8.7 million people became sick with TB and 1.4 million people died from the disease. This includes 500 000 deaths among women and 64 000 deaths among children.[4] The burden of this disease is disproportionately borne by relatively few countries, primarily in the developing world, with the majority of the global TB burden (80%) spread across 22 high-burden countries.[5]

Exhibit 1: Estimated epidemiological burden of TB, 2011

Deaths in high burden countries Thousands	
India	190
Bangladesh	68
Indonesia	65
Pakistan	59
China	47
DR Congo	36
Viet Nam	30
Philippines	28
Nigeria	27
South Africa	25
Myanmar	23
Russian Federation	22
Ethiopia	15
Afghanistan	13
Mozambique	11
Thailand	9.8
Kenya	9.2
Cambodia	9.1
UR Tanzania	6.4
Zimbabwe	6
Brazil	5.6
Uganda	5

Incidence in high burden countries Rates per 100,000 population	
South Africa	993
Zimbabwe	603
Mozambique	548
Cambodia	424
Myanmar	381
DR Congo	327
Kenya	288
Philippines	270
Ethiopia	258
Pakistan	231
Bangladesh	225
Viet Nam	199
Uganda	193
Afghanistan	189
Indonesia	187
Indiac	181
UR Tanzania	169
Thailand	124
Nigeria	118
Russian Federation	97
China	75
Brazil	42

Nevertheless, significant progress has been made. New cases of TB have been falling for several years and fell at a rate of 2.2% between 2010 and 2011. The TB mortality rate has decreased 41% since 1990 and, with the exception of the African and European Regions, the world is on track to achieve the global target of a 50% reduction by 2015. Critical to this progress has been the scale-up of TB prevention and control efforts under the DOTS component of the Stop TB strategy to which the supply of treatments by GDF has contributed significantly.

[4] WHO Global Tuberculosis Report 2012

[5] Ibid

Despite these achievements, existing TB prevention and control efforts will be inadequate to meet the goals laid out in the Global Plan to Stop TB for 2010-2015. While existing efforts will likely be sufficient to reach the incidence and mortality targets, it is unlikely that the goal of reducing prevalence by 50% from 1990 levels will be achieved without a significant acceleration of efforts. To achieve these targets by 2015, TB interventions must be transformed as described in the Implementation component of the Global Plan, by scaling up diagnosing and treating TB and by introducing and scaling up new technologies, notably new diagnostic tests.

In addition to the continued expansion of detection and treatment of drug-sensitive TB, there should be a special focus placed on meeting the TB/HIV and MDR-TB targets, towards which progress has been particularly slow.

Exhibit 2: Global Plan DOTs, MDR-TB, & TB/HIV targets

Global Plan targets, 2011-2015

	Indicator	Baseline 2010[1]	2011	2012	2013	2014	2015
DOTS expansion	TB patients notified and treated under DOTS (Millions)	5.8	6.1	6.3	6.5	6.7	6.9
	Treatment success rate under DOTS (Percent)	87	88	88	89	89	90
MDR-TB	Confirmed MDR-TB cases treated following WHO guidelines (thousands)	46	130	170	210	240	270
	Treatment success rate among confirmed cases of MDR-TB (Percent)	53	65	68	70	73	≥75
TB/HIV	TB patients tested for HIV (Percent)	34	78	89	95	98	100
	HIV + TB patients on CPT (Percent)	77	92	95	97	98	100
	HIV + TB patients enrolled on ART+ (Percent)	46	82	91	96	98	100

Only ~ 1 in 6 (16%) of estimated cases of MDR-TB among reported TB patients diagnosed and treated in 2010

79% of all TB/HIV cases world-wide are in Africa

1 Global report 2011

Source: The Global Plan to Stop TB 2011-2015 , WHO Stop TB Department Presentation to Global Fund TB Disease Committee

MDR-TB remains largely undiagnosed and untreated due to limited diagnostic capacity, limited capacity in managing MDR-TB cases, and high drug prices. In 2011, only 60 000 cases of MDR-TB were notified (meaning that they were diagnosed and treated according to international standards). This is 19% of the total estimated MDR-TB cases. To achieve the Global Plan target by 2015, this needs to reach 270 000. Likewise, significant improvements are required to achieve the Global Plan targets of 100% testing and treatment coverage for TB/HIV co-infection by 2015, including increasing testing of TB patients and increasing treatment of HIV+ TB patients through CPT and ART.

To sustain these achievements beyond 2015, significant efforts need to be made to accelerate Research and Development (R&D) in TB. As described in the R&D section of the Global Plan, in the coming years, new diagnostics, drugs, and vaccines must be developed to revolutionize the prevention, diagnosis and treatment of TB and to lay the foundation for the eradication of the disease in the coming decades.

Achieving both the implementation and R&D targets of the Global Plan will require external financing given continued funding shortfalls. The total cost of the plan per year is US $10 billion. However there is a funding gap of US $3 billion a year for TB care and a gap of US $1.4 billion a year for R&D if the Global Plan targets are to be met.

The majority of TB funding currently comes from domestic sources, a trend that is expected to continue. However, countries vary significantly in their ability to mobilize domestic funding; BRICS and upper-middle income countries, for example, are better positioned to fund their TB control programs than low-income countries. There are numerous examples of countries with their TB budgets covered mostly by external financing, especially the Global Fund to Fight AIDS, TB, and Malaria. Therefore, external funding remains critical to filling country gaps, particularly in low-income countries.

B. The Stop TB Partnership

The Stop TB Partnership was established by the World Health Assembly (WHA) in May 2000, following the Ministerial Conference on Tuberculosis and Sustainable Development in Amsterdam, the Netherlands. It has grown steadily since then and now comprises more than 1200 organizations, including donors, national and international organizations, government and nongovernmental organizations (NGOs), affected communities, and academic institutions working together to reduce the toll of TB worldwide and ultimately achieve a world free of TB.

The Stop TB Partnership operates through a Secretariat hosted by the World Health Organization (WHO) in Geneva, Switzerland and seven working groups whose role is to accelerate progress on access to overall TB diagnosis and DOTS; research and development for new TB diagnostics, drugs and vaccines; and tackling drug resistant- and HIV-associated TB. The Partnership Secretariat is governed by a Coordinating Board that sets strategic direction for the global fight against TB and provides oversight of the Secretariat.

C. Purpose of the Operational Strategy

At its 21st Board meeting in January 2012, the Stop TB Partnership Coordinating Board requested the development of a three year Operational Strategy focused on the role of the Partnership Secretariat.[7] The strategy should identify the role of the Partnership Secretariat in serving the Partnership and contributing to the Global Plan to Stop TB, developed based on its comparative advantages and available human and financial resources.

[7] 21st Board meeting. 1.12-7.0, Bangkok

A Board steering committee has lead and overseen the process, which is comprised of the members of the Executive Committee and the task force on Governance, Performance, and Finance.[8] This group has been chaired by Dr. Jeremiah Chakaya, Chair of the DOTS Expansion Working Group, and member of the Executive Committee and the Sub- Committee on Governance, Performance, and Finance.

Between June and September 2012, the Steering Committee made recommendations in the following areas to form the basis of the Operational Strategy:

- The role of the Partnership Secretariat in serving the Partnership;
- The comparative advantages of the Partnership Secretariat in supporting the Global Plan to Stop TB;
- The areas for prioritization and strategic changes in areas of work the Secretariat is engaged in.

An external consultancy, McKinsey & Company, was commissioned to support the Board Steering Committee and Secretariat to develop the Operational Strategy. The consultancy provided independent analysis through benchmarking, interviews, surveys, workshops, and facilitated discussions of the Steering Committee both in-person and by tele-conference to make recommendations which serve as the basis of the Operational Strategy.

Extensive stakeholder consultation (e.g., interviews[9], surveys, workshops and discussions with the Secretariat) informed the recommendations.

[8] Steering Committee membership includes: Jeremiah Chakaya (DOTS Expansion Chair/STAG Chair), Nevin Wilson (The Union), Amy Bloom (USAID), Cheri Vincent (USAID), Michael Kimerling (BMGF), Erika Arthun (BMGF), Blessi Kumar (Communities/Vice-Chair), Evan Lee (Eli Lilly), Ken Castro (CDC), Mario Raviglione (WHO), Marja Esveld (Netherlands), Lucica Ditiu (Executive Secretary), Mel Spigelman (Chair of Working Group on New TB Drugs)

[9] A list of stakeholders interviewed can be found in Appendix 2

Exhibit 3: Methodology for developing recommendations for Operational Strategy

Align on case for change	Understand the current portfolio	Potential future of initiatives	Recommendations for Operational Strategy
• What do people believe is working and what is not? • What challenges are we trying to solve? • What best practices should we consider?	• What initiatives are currently being undertaken today? • What is their goal? • How much does it cost (financial/ human)?	• Do people believe this initiative has had impact so far? • Does the Partnership have a comparative advantage in implementing this initiative? • What can the initiative potentially achieve towards the 2015 goals? • Are there any new initiatives that should be considered?	• What are the strategic priorities for the Stop TB Partnership Secretariat? • What is the approach to implementation? • What are the KPIs to track progress? • What resources are needed?

Exhibit 4: Stakeholder consultation approach

	Description
Stakeholder interviews	• **Conducted interviews with 70+ stakeholders** including- – 26 Board constituency members – 20 Secretariat members – 6 Working Group Secretariat representatives – 19 External stakeholders (partners, donors, malaria community)
TB Partner meetings	• **Attended TB partner meetings** including- – Post- 2015 target setting (June 16 – 17) – STAG (June 19 – 22) – Zero TB Deaths consultation in Boston (May 31 – June 1)
Steering committee meetings	• Facilitated **5 steering committee calls** to gather input • Held **2 in-person steering committee** meetings – June 16 in Divonne – July 18/19 in Washington, DC (2-day workshop)
Consultation workshop	• Conducted **consultation workshop with 21 partners** on June 15 in Divonne prior to STAG including **seven Board members**
Survey	• Developed and **executed survey** aimed at gaining broad feedback from diversity of stakeholders with varied level of awareness and knowledge of partnership • **Received 182 respondents**

III. OPERATIONAL STRATEGY

The Operational Strategy outlines the Partnership Secretariat's four strategic priorities over the next three years. Given the significant resource constraints facing the Secretariat, this strategy represents significant prioritization and streamlining of the current activities and initiatives being undertaken today. These priorities have been developed based on the recommendation of the Steering Committee of the Secretariat's comparative advantages and available financial resources over the next two years.

These priorities include:

1. Facilitate meaningful and sustained collaboration among partners

2. Increase political engagement by world leaders and key influencers to double external financing for TB from 2011 to 2015

3. Promote innovation in TB diagnosis and care through TB REACH and other innovative mechanisms and platforms

4. Ensure universal access to quality assured TB medicines and diagnostics in countries served by the Global Drug Facility (GDF)

Strategic goal 1: Facilitate meaningful and sustained collaboration among partners

Vision for success: In three years, partners and donors clearly understand and value the role of the Partnership Secretariat and see it as vital to supporting the achievement of the Global Plan 2016-2020. Partners meaningfully collaborate in new ways and contribute actively to Secretariat-led initiatives and strategic discussions facilitated by the Secretariat on achieving the 2015 targets and the post-2015 strategy and targets. Working Groups identify areas of work and provide input on critical strategic issues for TB globally; the Partnership Board takes meaningful decisions based on that input. Working Groups have a standardized reporting approach and there are transparent processes to determine how resources are allocated in the Partnership.

Comparative advantage: The Partnership Secretariat's ability to bring together a wide range of actors and its consensus-based approach has allowed it to foster many successful strategic partnerships across the TB landscape. This track record lends the Partnership Secretariat a unique level of credibility in partnership-building, which it can leverage in deepening existing relationships and building new partnerships. The Partnership has a critical role to play at the intersection of implementation and research partners to ensure the ultimate achievement of Global Plan objectives.

Objectives: Building on these strengths, the Partnership Secretariat will employ the following objectives to achieve this vision for success:

1. Develop a strategy for partner engagement including segmentation of existing partner base, prioritizing activities for partners to engage with, and identifying and targeting new partners

2. Strengthen support to Partnership Working Groups and facilitate collaboration between them

3. Facilitate dialogue, engagement, and consensus around achieving the Millennium Development Goals (MDGs), Global Plan to Stop TB 2011-2015, and on the the post-2015 agenda (TB Strategy, Global Plan 2016-2020 and post 2015 development targets)

Objective #1: Develop strategy for partner engagement including segmentation of existing partner base and identification of new partners

Core activities:

■ Continue to strengthen understanding of TB partner landscape through TB partner database. The Secretariat is uniquely placed to access, collate and centralize information concerning the TB partner landscape. Building on existing partner analyses, the Secretariat will strengthen its database of current and potential partners, which includes organization type, structure, mission, current activities, and future priorities. This database has been updated rigorously over the past year and will be updated on an ongoing basis as the landscape continues to evolve. The Secretariat will provide the Board updates on the overall partner landscape and make recommendations on how to encourage strategic partnerships towards achieving the goals in this strategy and the overall Global Plan.

■ Identify most effective ways to sustain and expand partner engagement using partner segmentation. Utilizing the TB partner database, the Secretariat will segment the partner landscape based on type of organization, contribution to Partnership, level of involvement, area of focus, and major priorities. Based on that segmentation (e.g. community organizations, global policy partners, regional entities), the Secretariat will identify how it can effectively engage, involve and support current and potential new partners through the following approaches:

– Prioritizing partner engagement in Secretariat-led initiatives identified in this Operational Strategy, particularly advocacy and resource mobilization and community empowerment

– “Brokering” engagement between partners and relevant Secretariat teams to further Operational Strategy goals

– Identifying opportunities and gaps for new partners to engage in Working Groups through ongoing and regular dialogue

– Identifying areas of work which have been initiated by the Secretariat and are ready to be passed on to partners, whether due to resource constraints or comparative advantages

■ Support joint working and collaboration across partners based on strategic priorities. Utilizing the TB partner database, the Secretariat will identify areas of shared priorities and potential collaboration and facilitate collaboration between those partners. The Secretariat will support joint working by developing supporting materials, facilitating discussions, capturing key outputs, communicating these to wider stakeholders, and ensuring next steps are followed up.

Objective #2: Strengthen support to Partnership Working Groups and facilitate collaboration between them.

Core activities:

■ Strengthen communication channels between Working Groups and the Partnership. Communication has been identified as major issue with regards to the interactions between Working Groups and the Secretariat, Working Groups and the Board, and Working Group to Working Group.

To address this and based on the recommendation from Working Groups themselves, the Secretariat will appoint a Working Group focal point who will be responsible for:

– Serving as the point-person for the Working Groups to the Secretariat acting as an intermediary and communicator between these entities to communicate the Working Groups latest activities and identify opportunities for new partners to engage

– Liaising with the governance focal point in the Secretariat to ensure that Working Groups are reporting regularly and consistently to the board at meetings and that the board provides feedback or takes decisions based on the issues identified

– Connecting Working Groups as needed with other parts and initiatives of the Secretariat, (e.g. ensuring input on appropriate messaging for new tools)

– Facilitating dialogue between Working Groups on critical Global Plan objectives to ensure coordination of strategic objectives and potential collaboration (e.g. bringing implementation and research partners to discuss early uptake or implementation of new tools)

■ Standardize Working Group reporting and feedback and provide financial/strategic planning support where appropriate. While some Working Groups have developed extensive metrics and reporting mechanisms, they are not consistent across these groups. The Working Group focal point within the Partnership Secretariat will be responsible for:

– Developing a common template for Working Groups to produce their annual workplans and which go to the board. This will be created based on the best practices from existing approaches.

– Developing a clear and consistent process for bi-annual budgeting to address how budgets should be developed, who reviews them (e.g. role of board and Secretariat), how financing gaps will be addressed, and how feedback is provided to the Working Group.

– Supporting Working Groups to develop impact-based performance metrics building on what exists currently.

– Integrating Working Group reporting into Board and Executive Committee annual calendar for governance oversight and discussion to ensure workplans and budgets are reviewed and that Working Groups have a regular opportunity to interact with the Board on important issues.

Objective #3: Facilitate dialogue, engagement, and consensus around achieving the Millennium Development Goals (MDGS), Global Plan to Stop TB 2011-2015, and on the post 2015 agenda (TB Strategy, Global Plan 2016-2020 and post 2015 development targets)

Core activities:

■ Inform and facilitate understanding amongst partners and stakeholders on the achievements and gaps/needs towards the current Global Plan targets and MDGs. The Partnership will play a critical role in facilitating dialogue among partners on prioritization of efforts for maximum impact towards 2015 MDGs and Global Plan targets.

■ Coordinate input of partners into post-2015 agenda (TB Strategy, Global Plan and goals). The Partnership Secretariat is uniquely placed to coordinate partner input into the development of a post-2015 Global Plan and targets given its diverse and extensive network of partners and close relationship with WHO. The Secretariat will actively solicit input from partners by convening partners in meetings, conducing partner surveys, and gathering input from priority stakeholders, particularly from TB affected communities and civil society. Given its proximity to and collaborative relationship with WHO, the Secretariat will also ensure latest technical data is used to inform the dialogue with partners.

■ Build consensus around the post-2015 agenda (TB Strategy, Global Plan and Development Goals). The Partnership Secretariat will play a critical role in facilitating dialogue and consensus amongst partners on post-2015 Global Plan and targets. The Secretariat will keep partners regularly informed on the development of the post-2015 Global Plan and develop communications materials around the strategy and goals and distribute them widely across the Partnership. The Partnership Secretariat will also serve as platform to convene meetings amongst partners to align on this important agenda.

Desired outcomes:

- 80% satisfaction score in Partnership's annual survey of partners
- 250 new partners becoming members of the Stop TB Partnership
- Identification and agreement towards a set of prioritized interventions and country/regions to ensure achievement of the MDG 2015 and Global Plan 2011- 2015 targets
- A new Global Plan to Stop TB 2016-2020 developed through coordinated input and consensus among partners and Working Groupss, which partners buy in to with goal of 95% of partners stating they support the new Global Plan in a partner survey.

Strategic goal 2: Increase political engagement by world leaders and key influencers to double external financing for TB from 2011 to 2015

Vision for success: In three years, the Partnership Secretariat is seen as an essential global advocacy platform for implementation and research priorities in the Global Plan to Stop TB. This will be achieved through its role in facilitating, supporting, and aligning partners around key policy and resource mobilization opportunities. The Secretariat ensures coherent, integrated advocacy messaging targeted to donors, media, and other stakeholders. The Secretariat complements partners in their advocacy and resource mobilization activities by building on its own comparative advantages such as leading advocacy with the Global

Fund, cultivating political and corporate leaders to influence policy dialogues and resource mobilization, and engaging community advocates in global policy dialogues.

Comparative advantage: The Partnership Secretariat is perceived by stakeholders as a neutral voice in TB advocacy and resource mobilization with the ability to amplify the voices of partners. The Secretariat facilitates and links partners with common priorities and creates a platform to facilitate consensus and coordinate advocacy approaches. The Secretariat is well positioned to lead and coordinate advocacy efforts to create an enabling environment for appropriate TB policies that best use resources to maximize health impact with financing and policy agencies such as the Global Fund, World Bank, UNITAID, UNAIDS, and WHO.

Objectives: Building on these strengths, the Partnership Secretariat will undertake the following objectives to achieve this vision for success:

1. Develop compelling advocacy messages for and with TB advocacy partners and align partner efforts in global advocacy and resource mobilization

2. Influence Global Fund financing and grant management policies through partner coordination and engaging community advocates

3. Mobilize resources for Global Plan funding gaps through developing new streams of external financing by maintaining and broadening the existing TB donor base

Objective #1: Develop compelling advocacy messages and facilitate the development of a global brand for and with TB advocacy partners and align partner efforts in global advocacy and resource mobilization

The Partnership Secretariat has a comparative advantage in translating already available data into advocacy messages to ensure that partners have a common voice. Partners have identified this as a significant gap constraining their effectiveness and the Secretariat can play this role by analyzing data, packaging that data, and creating compelling messages.

Core activities:

■ Analyze and package data for partners. Given its proximity to and collaborative relationships with WHO and UNAIDS, the Partnership Secretariat's comparative advantage is its access to the latest technical and financing data. The Secretariat will identify priorities for data analysis relevant for advocacy partners such as by donor, interest groups (e.g. childhood TB, MDR-TB, TB/HIV, etc.), or by geographies to understand what contributions are being made by which stakeholders. The Secretariat can select or commission the data and/or modeling required to develop messages and produce materials for dissemination, for example, advocacy brochures and key message documents such as tailored factsheets on TB financing or on regions/high priority countries.

■ Shape strategy and coordinate approaches with global TB advocacy partners. The Secretariat advocacy team will align global TB advocacy partners to collectively shape strategy, share information, harmonize messaging, and test new ideas. The Secretariat will leverage existing networks (such as the TB Roundtable in the U.S.), will coordinate with

other advocacy networks (e.g. through UNAIDS, Global Fund), and will aim to create a stronger community of global advocacy TB partners.

■ Conduct proactive strategic communications in support of advocacy objectives. The Secretariat will complement these advocacy efforts with strategic and targeted communications activities that aim to shape a favorable policy and resource mobilization environment around key advocacy milestones. The Secretariat will write and produce advocacy materials and identify appropriate channels for dissemination, including:

– Existing Stop TB Partnership channels, for example the website, newsletter, e-alerts

– Print media, for news coverage and placement of opinion pieces, blog posts and photo stories

– Bespoke channels – (i.e. interactive websites for World TB Day, World AIDS Day) as well as social media or sharing information with partners and to reach broader audiences and decision makers through high-profile individuals and wider development networks

– High-level events and briefings

■ Catalyze the development of a "TB brand" to strengthen advocacy, communications, and resource mobilization efforts. Consultations with a variety of experts over the past year have convinced the Stop TB Partnership Secretariat that advocacy and communications for TB are doomed to only partial success because of a key missing ingredient: there is no recognizable and actual TB brand, as there is for other issues. The Stop TB Partnership Secretariat, therefore, in collaboration with the Private Sector Constituency of the Coordinating Board, plans to engage a highly experienced professional group to develop a TB brand and conduct the needed brand research to ensure it will "stick". The rationale is to create an identity for TB that resonates and forms emotional relationships with audiences. A brand will serve as the blueprint for all marketing, communications and advocacy activities. It will flavour all conversation about TB. This initiative aims to:

– Inspire policy and decision-makers and potential donors to take action: policy, funding, education

– Increase TB's share of voice in the international dialogue on global health and development

– Raise awareness among influencers about the toll of TB on people around the world and solutions to the problem

Objective #2: Influence Global Fund financing and grant management policies through partner coordination and strengthened community advocate voices

Engagement with the Global Fund is a top priority for the Partnership to influence policy, strategy and financing discussions to leverage additional TB resources for countries and ensure the continuity of those resources and the efficiency and effectiveness during implementation. The Global Fund is and will be a significant source of resources for accelerated scale-up of new technologies and needed interventions in lower-income countries and can play a catalytic role in middle-income countries.

The presence of the Stop TB Partnership on the Global Fund Board (as part of the Partners constituency), participation in the TB Disease Committee, Phase Two Panel and other board committees, creates several opportunities for the Partnership to influence strategy and funding policies and resolve implementation bottlenecks.

Core activities:

■ Formalize and expand the existing "TB Friends" network as a coordination mechanism for partners to influence Global Fund policy, strategy, and financing. The Secretariat will be responsible for serving as a resource to the wider TB community by:

– Developing TB recommendations related to Global Fund discussions and decisions at board and committee level that partners and the Secretariat can advocate for

– Generating consensus amongst partners around TB recommendations and solutions

– Communicating significant Global Fund development to partners and interpreting Global Fund policies and decisions so that partners can understand the implications and further disseminate the information

■ Based on the input generated through TB Friends, advocate directly with the Global Fund Board and Secretariat, on behalf of and with partners, for appropriate TB policies, resolution of bottlenecks, and approaches to incentivize scale up or early adoption of new technologies. For example, influencing the overall allocation model (countries, disease burden), improving procurement and supply of diagnostics and drugs to address recent challenges of stock-outs, and considering approaches to increase uptake and accelerate implementation of new technologies.

■ Facilitate the empowerment of community advocates to actively participate in Global Fund dialogues at global and country levels (within CCMs) to ensure policies, strategies, and financing are aligned with community needs. This will be done through:

– Identifying community advocates through partner networks and providing a platform for their engagement through the Community Task Force and regional networks of advocates. The Secretariat, together with TB advocates, members of the CTF and TB civil society representatives will work with other partners (especially UNAIDS and the PLHIV networks) to promote the need for and opportunities for community engagement. The Secretariat may also provide some seed funding, through the Challenge Facility, to support partners to map potential advocates and facilitate capacity building and empowerment of networks of community advocates.

– The Secretariat will revamp the purpose of and provide support to the Community Task-Force (CTF) as the coordinating mechanism for community advocates at the global level. In early 2013, the Secretariat and partners will consider how to ensure a proper level of financing and where best to locate the CTF given its resource situation. While it is not within the comparative advantage of the Secretariat to build capability for community advocates, the Secretariat is well placed to facilitate and catalyze this process via relevant partners, and should identify opportunities for community advocates to engage in critical policy dialogues at the Global Fund, at global and CCM level. Based on the success and

lessons learned with the Global Fund after a one year period, the Secretariat and CTF will consider how to expand the influence of community advocates with other policy mechanisms such as with UNITAID and the post-2015 TB Strategy discussions.

Repurpose the Challenge Facility as a tool for partners to build capacity of community advocates to prioritize TB within CCMs and country process for development of National Strategies. Different models will be considered to maximize the seed funds available through the Challenge Facility such as targeting high priority countries or providing matching funds to local organizations.

Objective #3: Develop new streams of external financing to fill Global Plan funding gaps by broadening and maintaining the existing TB donor base

The current financial environment has created significant downward pressure on bilateral ODA budget. With the exception of the UK and Australia, many governments are flat lining or decreasing overseas development assistance (ODA). The Secretariat, with support from independent advocacy experts, has conducted an initial analysis of current and potential new donors based on fit with skills, its capabilities and comparative advantages to mobilize resources, amount of potential available funds, and expected likelihood of successful resource mobilization. This type of analysis will be an ongoing tool for refining the Secretariat approach.

The role of the Secretariat varies in its resource mobilization efforts. In some cases, for example with the Global Fund, the Secretariat leads and coordinates partners, where in most other cases, for example, with most bilateral donors, the Secretariat provides support to other partners who lead those efforts.[11]

Core activities:

■ Develop high level political influencers to create an enabling environment for appropriate TB policies and resource mobilization. The Partnership Secretariat's comparative advantage is to leverage its relationships with partners, particularly BRICS countries, for resource mobilization. The Secretariat will:

– Strengthen BRICS engagement as political influencers. The personal commitment of BRICS political leaders can be leveraged to drive political will and engage political leaders at a global level and provide lead examples for other countries. The Secretariat will follow a three pronged approach:

o Ensure that BRICS countries fully resource their TB scale up needs in TB for appropriate interventions

o Facilitate south - south dialogue between BRICS countries that are planning and funding full scale up TB interventions and those that still have to do it

o Engage BRICS countries as emerging donors and as a global political block

[11] See Appendix 1 for breakdown of advocacy targets, desired outcomes, and role of the Partnership Secretariat

– Engage and strategically leverage the Partnership Coordinating Board and partners to participate in high level resource mobilization missions targeting donors.

o The Secretariat's comparative advantage is in identifying situations where partners can be deployed in support of advocacy and resource mobilization objectives.

o The Secretariat will also work with the Board to ensure that board meeting locations are identified that best serve advocacy and resource mobilization objectives – since the Board itself can be a potentially very powerful advocacy platform depending on where it is held.

■ Engage the corporate sector through the MDG Health Alliance. The Secretariat is also well placed to cultivate corporate sector engagement given the Secretariat's role to bring in new players to the TB space. Through ongoing advocacy in collaboration with the Secretary General's UN Special Envoy for Malaria and Chair of the MDG Health Alliance, the Secretariat has played a leadership role in the establishment of the TB pillar in the MDG Health Alliance.

The Alliance is a newly formed organization of private sector representatives that exists to encourage corporate sector engagement in the MDGs on request of the Secretary General. The Secretariat will lend its core competencies of translating data into compelling advocacy messages, mobilizing and aligning global TB advocacy partners, exploring innovative approaches, and mobilizing key influencers to complement and inform the work of the Alliance.

■ Channel the momentum from the TB & Mining advocacy initiative to raise additional resources from current and new donors. Significant advocacy momentum for TB has been building in the last 18 months towards the SADC Declaration on TB in the Mining Sector signed August 2012 by 15 Heads of State.

– The TB and mining initiative offers a chance to bring attention towards the fact that Africa is not on track to reach the MDG mortality targets and has a disproportionate burden of TB cases and deaths. The SADC heads of states Declaration serves as a wedge issue to further leverage international political and financial support in African Region.

– Therefore, the Secretariat's role will be to: develop messaging platforms on the topic that can be used by partners to build momentum, coordinate advocacy asks and approaches, organize and support high level mission with political champions to key decision makers, and engage companies and business platforms around TB in mining. There are opportunities to increase domestic resources, particularly among countries that signed the declaration, and also engaging with those donor countries that have significant mining operations overseas and in Africa in particular – notably Canada, Australia, and the UK – and also the World Bank.

– The Secretariat will not engage in technical or implementation / programmatic issues related to TB in the mining sector as it is beyond its comparative advantages and resources. Furthermore, it will rely heavily on advocacy partners that have more of a country presence in key target countries.

Metrics

The Secretariat will measure performance against this strategic goal through the following metrics:

- $ of TB funding mobilized for funding gaps (by donor) including additional resources from Canada, Australia, and the UK through TB and mining
- Appropriate representation of TB in UNITAID strategy and increase in TB proposals/grants
- Increased proportion of Global Fund resources committed for TB in new funding model to at least 25%
- Ensure that 90% of Global Fund Phase 2 TB proposals will receive their board-approved budget.
- All CCMs in high impact/priority countries have representation from TB affected communities

Strategic goal 3: Promote innovation in TB control through TB REACH and other innovative mechanisms and platforms

Vision for success: In three years, TB REACH has been able to further increase case detection in a variety of settings using new and innovative approaches. The successful interventions it supports are sustained over the long term, and best practices identified are shared widely.

Comparative advantage: To achieve this vision for success, the Partnership Secretariat can leverage its extensive network of partners to identify areas in TB control where further innovation is needed and create structures to encourage such innovation. The Secretariat is not an implementer, but is best positioned to coordinate and impartially manage funds for partners and promote innovation through bottom up approaches rather than prescriptive actions.

Objectives: Building on these strengths, the Partnership Secretariat will undertake the following objectives to achieve this vision for success:

1. Continue to support and fund innovations in TB case detection/care

2. Increase support for continuity, scale up, and policy change for successful interventions

3. Share best practices and successful approaches broadly to lead to evidence-based policy change and ensure scale up at country level

Objective #1: Continue innovations in TB case detection/care

Despite recent progress in TB case detection and care, there is still potential for more innovation and new approaches, especially in reaching populations with limited or no access to TB services. More than one-third of the nine million people who become ill with TB each year are unable to access acceptable standards of TB services. Not only does this failure to detect and treat TB cases result in preventable suffering and deaths,

but it also stymies TB control efforts. TB REACH directly tackles this problem by incentivizing innovation in TB case detection and care for hard-to-reach populations. Core activities:

■ Implement future financing opportunities- “waves 2, 3 and 4.” Wave 2 includes 30 million USD in funds to 45 partners, 30 of whom are implementing the initialrollout of Xpert MTB/RIF and other technology innovations. Partners funded under Wave 3 will begin activities in early 2013 and TB REACH will leverage funding to support the UNITAID TBXpert Project in 21 countries as well as a general wave of funding like Waves 1 and 2. Wave 4 will be announced in 2013 and begin early 2014. All projects will continue to be supported by an external M&E agency to ensure high quality data and improve project functioning.

■ Open a new track of funding focused on innovative interventions in priority and vulnerable groups with a special focus on TB in mining, and potentially TB in children and TB/HIV.

■ Leverage support from other initiatives/donors. Currently TB REACH is supporting the UNITAID-funded TB Xpert project, which will allow TB REACH grantees to access over 100 GeneXpert machines and 600,000 tests at no additional cost, leveraging CIDA funds for greater program performance. Future work will look for other opportunities.

Objective #2: Increase continuity for successful interventions

Currently, the continuity of interventions of many projects (even when successful) beyond the grant period is not guaranteed. The existing one year grant period with an additional year if successful, provides for demonstration of results but may be too short to ensure scale up of successful interventions by other funding sources. Although TB REACH is not designed to provide sustainable funding, a clear success of the TB REACH initiative will be the demonstration that local innovations can be translated into policy change and scale up.

Therefore, TB REACH will focus efforts on the following core activities:

■ Increase follow-up with grantees after grant period has ended. The TB REACH Secretariat will document different aspects of projects that can be useful to disseminate to a wider audience including domestic policymakers, a scientific audience, and partners and donors active in the country. TB REACH will work with grantees to document successful interventions and prepare peer reviewed reports. TB REACH will also provide different platforms to disseminate the positive results and lessons learned for the projects that may be useful to partners in other countries as well local partners.

■ Facilitate inclusion of intervention into other donor funding, including Global Fund applications. The TB REACH team will use existing relationships and contact with Global Fund and other donors, WHO HQ, regional and country offices to advocate for successful interventions to be used and scaled in country based on evidence produced by the grantees. Importantly, the grantee is not necessarily the target for continued funding, but instead the objective is to ensure the successful intervention is continued and scaled up.

Translate increase in case detection into epidemiological impact (prevalence, mortality) by modeling exercises. TB REACH will work with other partners and the advocacy team at the Secretariat as well to use the data that is collected in the different funding Waves to develop peer reviewed publications, advocacy reports and contribute to the global policy discussions around the impact that increased case detection and different interventions could have on TB Control.

Objective #3: Share best practices and successful approaches more broadly to increase case detection in priority countries

TB REACH has been highly successful in incubating effective interventions in TB case detection and care. The Partnership Secretariat is in a unique position to bring these successes and best practices to other countries and regions. Moreover, the model that TB REACH provides can be replicated and expanded to be used as a vehicle to provide funding opportunities to a wide variety of partners working in different aspects of TB control or even other disease areas.

Core activities:

- Disseminate best practices in high priority countries where successful projects can benefit case detection. A major effort will be made to document different approaches in a comprehensive compendium that will be disseminated by the Partnership to be used to provide real examples of how different types of case finding interventions can be operationalized across a wide range of settings with different partners. As the WHO is producing TB screening guidelines in early 2013, a document that accompanies these guidelines with practical guidance with evidence from implementers will be useful for NTPs and their partners.

- Work with partners and National TB managers to create in-country demand for innovative case detection approaches and broader roll-out programs. Conduct a series of meetings and workshops in collaboration with other partners in TB REACH supported countries to provide a forum to discuss and disseminate results with NTPs, partners and other policy makers.

- Identify new funding mechanisms (e.g., Global Fund, partners, co-funding) The Secretariat, with its reach at a global level with different funding agencies including UNITAID, Global Fund, and other donors will identify opportunities to leverage current TB REACH funding into other opportunities as the recent success UNITAID-funded TBXpert Project. Additionally, as part of the Secretariat activities, active participation in Global Fund discussions around TB funding, applications and coordination is ongoing. TB REACH will ensure that all grantee experiences from TB REACH interventions will be communicated to CCMs as well as during Phase 2 reviews and other opportunities as they arise.

- Share best practices with the global community. Through the work of the communications and advocacy teams at the Secretariat as well as the TB REACH website, scientific publications, international conferences, participation in national program reviews and other forums, TB REACH will work to ensure that the lessons learned from TB REACH will be widely distributed.

– The Secretariat is working closely with a number of grantees to help write and publish their experiences in peer-reviewed journals. One peer-reviewed article has already been published in The Lancet ID, and over the coming 6-9 months, 4-8 more articles will be published, providing strong evidence that the approaches work and should be continued.

– In 2013, a field guide will be published of case studies in improving case detection with detailed stories from a number of different projects on how these interventions can be implemented and scaled-up. This field guide will be a useful companion document to the WHO TB Screening guidelines that should be published in 2013 as the guidelines are technical in nature and practical experiences on implementation will be useful for on the ground activities.

Metrics:

- Over 100,000 additional new TB cases detected
- Increase in percentage of detected cases cured
- Number of TB REACH interventions included in GF or other long term donor plans in the individual countries

Strategic goal 4: Ensure universal access to quality assured TB medicines and diagnostics in countries served by GDF

The mission of GDF is ensuring universal access for quality assured TB medicines and diagnostics for GDF clients. The vision of GDF is to offer an efficient, transparent, cost-effective, coordinated one-stop mechanism for an uninterrupted supply of quality-assured TB medicines, diagnostics, and tools to patients in need worldwide.

GDF is a critical component of the Partnership Secretariat.

Given ongoing work developing a strategic framework for GDF under the oversight of the GDF Advisory Task-force, GDF was not addressed as part of the work to develop this Operational Strategy to avoid duplication.

Rather, a draft strategy for GDF is being presented to the Partnership Board as a separate discussion point.

Following the 22nd Board meeting and the Board's direction, the GDF strategy will be incorporated into this Operational Strategy under this goal, to ensure an integrated and cohesive strategy for the Partnership Secretariat.

IV. STRATEGY IMPLEMENTATION AND PERFOMANCE MONITORING

A. Implementation

Based on the direction from the Operational Strategy Steering Committee, the Secretariat has already begun early implementation of the strategy in certain areas. Specifically, the Secretariat has accelerated advocacy with the Global Fund and UNITAID through the following approaches:

■ The Secretariat is supporting key political influencers such as the Minister of Health of Swaziland to influence the upcoming Global Fund board meeting which will consider the overall allocation model in TB. The Minister will join the Partner's Constituency and represent the Stop TB Partnership at the Global Fund board.

■ UNITAID is currently developing its 2013-2016 strategy and the Secretariat, with WHO, engaged the Working Groups on New Tools and other partners to provide significant input around the TB strategic goals.

■ The Secretariat has become deeply involved with the Global Fund Phase 2 process and new funding requests to link current grantees to CCMs, national TB Programs, and other possible funding including PEPFAR. A number of approaches (interventions in Laos, Kenya, Tanzania, Lesotho) have already secured longer term funding for different interventions, and the Secretariat is supporting Pakistan, Ethiopia, DRC and other areas to ensure successful approaches can continue.

Given the significant resource constraints facing the Secretariat, there will need to be a re- allocation of resources against the Operational Strategy. Some current activities being undertaken by the Partnership Secretariat have been recommended to be discontinued given resource constraints. These will require conversations with donors, in case they are interested to specifically fund these activities and other partners to take these activities up. Specifically, the following activities will be de-prioritized:

■ Celebrity engagement: The Steering Committee felt in the context of limited resources, that engaging celebrities at both global and country should be de-prioritized as this was not perceived to be a comparative advantage of the Secretariat. The independent group of advocacy experts (ACG) also provided feedback that celebrity engagement requires extensive human and financial resources and that independent advocacy partners are likely better placed to do this work than the Secretariat.

■ UN Special Envoy: Both the Steering Committee and ACG recommended that the Secretariat no longer provide specific resources to support the activities of the UN Special Envoy for Tuberculosis after the term of the current of the current envoy expires at the end of this year. The Partnership should seek to identify a self-funded Special Envoy learning from RBM's experience with the UN Special Envoy for Malaria.

■ Advocacy, communications, social mobilization (ACSM): The Partnership Secretariat's comparative advantage has been identified as advocacy at the global level. However, there is a tremendous need for advocacy at country level to be scaled up, and the Steering Committee recommended ACSM as a concept be reviewed to be disaggregated into its different components and clearly defined. Based on this recommendation, the Partnership Secretariat has begun this work. Going forward, this work can be taken up by a partner with country presence. The Board may consider continuing this work at the Secretariat if donor is interested to funding the full activity and human resources costs associated with this program area.

■ National partnerships: Following a principle that the Secretariat's comparative advantage is not at country level, support to national TB partnerships will be significantly scaled down. The Secretariat will serve as a clearinghouse for guidelines and best practices as part of its partner coordination role, however, direct technical assistance to countries to develop national TB partnerships will not be provided by the Partnership Secretariat. Should resources become available to finance this effort including the full activity and human resources costs, the Board may re-consider approaches to provide technical assistance to national partnerships.

In addition to discontinuing activities, there will need to be reallocation of some staff and financial resources, which may take up to six months following board approval of the strategy. Based on the reallocation and implementation work-planning, the Secretariat will revise its budget in line with the direction of the Operational Strategy and present it for approval to the 23rd meeting of the Coordinating Board.

B. Potential risks and challenges to implementation

The Secretariat faces risks and challenges in implementing the Operational Strategy. These risks and challenges include:

■ Resource reallocation challenges. In order to ensure the implementation of the Strategy, the Secretariat will need to go through a process to streamline the organization, which is known as a "reprofiling" exercise. This process is foreseen to take up to six months of effort based on the experience of WHO department's reorganization. Given the Partnership is a hosted-entity within WHO; it is required to follow the host organizations guidelines regarding restructuring. This may result in delays in implementation.

■ Funding for the Secretariat core budget needs to be ensured. The Partnership Secretariat is currently facing a resource shortfall, which is the rationale for a significant restructuring exercise. Even with a streamlined organization, at the current level, there is approximately a USD 275,000 resource gap to implement these activities in 2013 and an even greater gap for 2014. Therefore, the Partnership Secretariat urgently requires resources to implement the full range of activities identified in this Operational Strategy through additional donors and ensuring that donors contributing for 2013 maintain or scale up their contributions for 2014.

Slow implementation of governance recommendations. The Executive Secretary will need guidance from the board, through the Executive Committee, during the restructuring process and to address the resource constraints in the event this strategy needs to be prioritized further. At the same time, the Partnership Board is considered streamlining its governance structure and reconstituting itself to be more efficient and effective. Delays in implementation of that decision or the transition to the new structure would have significant implications on the oversight and support from the board to the Secretariat during a likely challenging period over the next six months.

The Secretariat will actively mitigate against these risks and challenges and report on them to the Executive Committee regularly, identifying whether board level engagement is required or changes to the strategy may be needed.

C. Approach to performance management

Performance management is a systematic, iterative process by which an organization improves the way it achieves its goals. It is the primary way to ensure an organization is on track to accomplish its objectives. It supports managerial and board decisions with a solid

fact base and integrates managing projects and managing people while balancing short-term objectives as well as longer term goals for an organization.

Performance management sets metrics (Performance indicators) that help measure progress towards objectives. These metrics are tracked by management and the board to inform actions by both entities particularly to accelerate further with high performing implementation or make changes if performance is below target.

The Operational Strategy identifies the outcomes desired against each strategic goal, which will serve as the basis for monitoring progress against this strategy.

- Strategic goal 1: Facilitate meaningful and sustained collaboration amongst partners

– 80% satisfaction score in annual survey of partners

– 250 new partners becoming members of the Stop TB Partnership

– Identification and agreement towards a set of prioritized interventions and country/regions to ensure achievement of the MDG 2015 and Global Plan 2011-2015 targets

– A new Global Plan to Stop TB 2016-2020 developed through coordinated input and consensus among partners and Working Groups, which partners buy in to with goal of 95% of partners stating they support the new Global Plan in a partner survey.

- Strategic goal 2: Increase political engagement by world leaders and key influencers to double external financing for TB from 2011 to 2015

– $ of TB funding mobilized for funding gaps (by donor) including additional resources from Canada, Australia, and the UK through TB and mining

– Appropriate representation of TB in UNITAID strategy and increase in TB proposals/grants

– Increased proportion of Global Fund resources committed for TB in new funding model to at least 25%

– Ensure that 90% of phase 2 TB proposals will receive their board-approved budget.

– All CCMs in high impact/priority countries have representation from TB affected communities

- Strategic goal 3: Promote innovation in TB diagnosis and care through TB REACH

– Over 100 000 additional new TB cases detected

– Increase in percentage of detected cases cured

– Number of TB REACH interventions included in GF or other long term donor plans in the individual countries

- Strategic goal 4: Ensure universal access to quality assured TB medicines and diagnostics in countries served by the GDF

The Board will review progress against GDF indicators on a bi-annual basis and based on this information, provide guidance to the Secretariat on any changes that may be required. The Executive Committee will monitor progress more regularly and provide guidance to the Secretariat on an integrated performance management system. In addition, the Executive Secretary will use these indicators as the basis for a refined Secretariat performance management system that will track and link individual and team progress and outcomes towards the achievement of strategic goals.

Appendix 1: Stakeholders consulted

Consulted stakeholders

Board
- Blessie Kumar
- Rifat Atun
- Jeremiah Chakaya
- Nils Billo
- Melvin Spiegelman
- Michael Kimerling
- Erika Arthun
- Herbert Schilthuis
- Minister Benedict Xaba
- Mario Raviglione
- Diana Weil
- Hao Yong
- Evan Lee
- Peter Gondrie
- Rick O'Brien
- Marja Esveld
- Zuhair Hallaj
- Tom Schinick
- Michel Greco
- Montserrat Meiro-Lorenzo
- Philippe Jacon
- Cheri Vincent
- Amy Bloom
- Sarah Nichols
- Ken Castro
- Paul Delay

Working Group Secretariats
- Haileyesus Getahun Gebre (TB/HIV)
- Karin Weyer (GLI)
- Mukund Upleker (PPM)
- Alessandra Varga (diagnostics)
- Cherise Scott (drugs)
- Ernesto Jaramillo (MDR-TB)

External stakeholders
- Dr. Anant Vijay
- Lee Reichman
- Lucy Chesire, TB Action Group, Kenya
- Mark Milano, TAG
- Jaap Broekmans, STAG Chair
- Denis Broun, UNITAD Executive Director
- Todd Summers, GF Strategy, Investment & Impact Committee Chair
- Mark Eddington, GF Grant Management Cluster Head
- Debrework Zewdie, GF Deputy General Manager
- Gabriel Jaramillo, General Manager, Global Fund
- Mohammed Yassin, TB adviser, Global Fund
- Thandar Lwin, Deputy Director, National TB Program, Myanmar
- Themba Dlawini, National TB Program Manager, Swaziland
- Melanie Renshaw, ALMA
- Louis de Gama, RBM community
- Suprotik Basu, UN Special Envoy for Malaria office
- Thomas Teuscher, RBM
- James Banda, RBM
- Richard Carr, RBM

Secretariat interviews

Executive Secretary – Lucica Ditiu

Executive Secretary's Office
- Vittorio Camarota

Strategic Planning and Advocacy
- Joel Spicer
- Shirley Bennett
- Daniela Mohaupt
- Sophie Mueller

National and Regional Partnerships
- Giuliano Gargioni
- Elisabetta Minelli
- Young-Ae Chu
- Julia Geer

Communications
- Judith Mandelbaum
- Sam Nuttall

TB REACH & Global Fund
- Suvanand Sahu
- Jacob Creswell
- Jenniffer Dietrich

Global Drug Facility
- Andrea de Lucia
- Thierry Cordier Lassalle
- Kaspar Lunte
- John Loeber
- Paloma Marroquin Lerga

+ Workshop conducted with full GDF staff team

Participants to June 15 consultation workshop

- Amy Bloom - USAID
- Nils Billo - International Union Against Tuberculosis & Lung Disease
- Jeremiah Chakaya – Kenya Medicial Research Institute
- Lucy Chesire – TB Action Group
- Ken Castro - CDC
- Louis de Gama – Princess of Africa Foundation
- Maarten van Cleeff - KNCV Tuberculosis Foundation
- William Coggin - Office of the US Global AIDS Coordinator
- Blessina Amulya Kumar - Community Treatment Action Group
- Michael Kimerling - Bill & Melinda Gates Foundation
- Evan Lee - Eli Lilly and Company
- Dermot Maher - The Global Fund
- Robert Matiru – UNITAID
- Catherine Palmier - Permanent Mission of Canada to the UN
- Carlos Passarelli – UNAIDS
- Viorel Soltan - Center for Health Policies and Studies
- Melvin Spiegelman - Global Alliance for TB Drug Development
- David Traynor – ITPC
- Jennifer Woolley - Aeras Global TB Vaccine Foundation
- Mohammed Yassin - The Global Fund
- Alimuddin Zumla - University College London