

**GLOBAL PARTNERSHIP TO STOP TB
STOP TB PARTNERSHIP SECRETARIAT
2003 WORKPLAN AND BUDGET
EXECUTIVE SUMMARY**

The Stop TB Partnership Secretariat is a small group of staff housed in WHO whose function is to support the Stop TB Partners and its Coordinating Board. It has three areas of work namely: Partnership, Global TB Drug Facility and Advocacy and Communications. It is supported by a small administrative unit to facilitate the management of the Global Partnership through the support of its governing structures..

The specific objectives for each area of work for 2003 are as follows:

(1) Partnership

- To sustain and enhance the global partnership to Stop TB
- To establish and expand regional and national partnerships
- To increase synergy of output between the Working Groups in support to reaching the 2005 Global Plan target
- To monitor the progress of the Global Plan to Stop TB
- To increase the flow of resources in support of reaching the Global Plan targets

(2) Global TB Drug Facility

- To facilitate DOTS expansion: supply 2.8 million patients treatments
- To catalyse improvements in national and international TB drug manufacturing and rational use
- To facilitate improvements in monitoring of DOTS programme
- To facilitate improvements in drug management in DOTS programme
- To expand GDF scope to include products for diagnosis of TB, and treatment of Malaria and TB-HIV

(3) Advocacy and Communication

- To identify advocacy and communications priorities for the Stop TB Partnership at global and regional levels
- To plan, organize and coordinate advocacy and communications activities to support the global Stop TB mission
- To develop mechanisms to address information needs of Stop TB Partners
- To develop mechanisms to provide advocacy and communications support at country level
- To develop and implement partnership mechanisms to evaluate the effectiveness of advocacy and communications efforts.

Highlights of Products and Activities for each area of work

1. Partnership

1.1 Enhance performance of global partners

The Global Partners' Forum is the main gathering of all Stop TB partners. The 2003 Forum will take place in India and will be hosted by one of the partners. The evaluation of the Global Partnership will be a large undertaking this year.

1.2 Functional expanded regional partnerships (AFRO and SEARO)

The STB partnership is rooted in all regions as an unique action-oriented forum for the implementation of tuberculosis control activities. Clearly significant inter-regional differences regarding tuberculosis make it essential that specific components with high regional relevance are highlighted. Regional partnerships aim to realise closer collaboration between countries and agencies and to benefit from each other experiences (success and failures). Such expanded partnerships will include non-governmental and supra-national partners with regional interests. The outcome of these expanded partnerships is greater cohesion and increased political awareness among the countries linked with free technical exchanges that will benefit patients.

1.3 Functional expanded national partnerships in all 22 high burden countries

The transition of tuberculosis control, from a governmentally owned National Tuberculosis Programme to a much wider association of stakeholders, requires in most countries organizational change and political sensitization. In many countries, coordinating bodies do exist with the sole purpose to exchange information. However, these collaborations must be extended to include sharing arrangements for all activities, as one agency is unlikely to succeed on his own.

1.4 Joint outputs of all Working Groups in support of reaching the Global Plan 2005 targets

The working groups, up till now each addressing well defined areas of work, contribute in the confines of their area of expertise. However as the targets become increasingly challenging, it is clear that a single approach is unlikely to result in sustainable achievements. In the dynamics of the changing environment of tuberculosis (HIV, MDR TB, health systems, poverty), the need for the development of new and appropriate tools is essential to stay ahead. These new tools must be suitable and affordable to face the challenges in the field. The working groups will therefore increasingly work together in joint projects to ensure that adequate cross fertilisation takes place between the implementation working and the research & development working groups.

1.5 Contributions of current and new partners are in line with the reaching of the 2005 Global Plan targets

To carry out goals of the Global Partnership, new partnerships need to be built and current partnerships need to be strengthened. Continued discussions and feedback from partners provide the Secretariat information for its activities and products. To position the Stop TB partnership strongly as part of health and development issues, strategic alignment need to be in place with other global initiatives and donors.

1.6 Annual Status Report on the progress of the Global Plan to Stop TB

Monitoring of the global plan is being undertaken and the progress of the activities in the Global Plan to Stop TB will be reported in the annual report of the World's Effort to Stop TB, 2003 to be available during the World TB Day 2003.

1.7 Increase of resource flow to meet the Global Plan targets

This will involve extensively the use of the newly developed Resource Mobilization Directory(in a database format) as a tool in sourcing for projects from all the working groups and having these projects approved and listed for donor funding/support. This tool would be accessible on-line and would seek to engage additional partners to assist in meeting other areas of commitment within the global plan targets.

2. Global TB Drug Facility

2.1 Demand assessment and demand creation for GDF services (grants and direct procurement)

As the scope of the GDF expands to include diagnostics (and other products), the GDF plans to conduct needs assessment for these products, including an analysis of the main constraints faced by NTPs in ensuring an uninterrupted supply of diagnostic supplies and equipment, estimates of likely demand, and ways in which the GDF can support countries in this area.

Staff time will also be spent in establishing procedures for direct procurement by major donors (including the GFATM) and in assessing potential demand for second line drugs in collaboration with the Green Light Committee.

2.2 Application and review process for GDF grants

The GDF secretariat will manage the application and review process (including applications for direct procurement as well as grants). This process includes trimesterly meetings of the Technical Review Committee, and country visits to selected applicants to brief on GDF conditions of support, and carry out a baseline assessment of drug management capacity.

2.3 Whitelist of pre-qualified manufacturers of quality TB products

The WHO Department for Essential Drugs and Medicines is managing the pre-qualification process for manufacturers of TB drugs on behalf of the Interagency Procurement Committee and the GDF. This list will be updated continuously, with the aim of having at least five pre-qualified manufacturers for each product, and will be used for all GDF tenders.

2.4 Coordination of GDF supply agents and monitoring agents

Contracts for agents for procurement, quality control, and pre-shipment inspection will be issued in early 2003, following a limited international competitive bidding process in late 2002. Coordination of procurement related activities will be ensured through a shared website, regular video conferences, and trimesterly GDF 'Super team' meetings of contractual agents.

2.5 Grants of first line TB drugs for GDF

The GDF aims to provide 2.8 million patient treatments in 2003 (based on projections to reach the global targets by 2003 in the GDF strategic plan). Approximately half of these will be provided as grants using GDF funds, and the remainder through the GDF direct procurement mechanism. It is likely that the GFATM will become the major source of funding for direct procurement in 2003.

A stock pile of GDF drugs is being established, enabling the GDF to reach its target of getting drugs to countries within 30 days of placing an order, and 90 days of receiving an application.

2.6 Global TB drug market survey

The Global TB Drug market survey of quantities, specifications and quality of TB drugs used in public and private sectors will be repeated annually, to monitor the impact of the GDF on products, cost, quality and national manufacturing. This survey will be contracted out to a competent agency.

2.7 Product packaging development

The GDF promotes standardisation of products in a form that simplifies logistics (including ordering, storage, distribution and monitoring), promotes rational use by health workers, and encourages compliance by patients. Complete patient treatment packages will be the core products supplied by the GDF. A comparative assessment of different approaches to packaging will be carried out (using independent funding) by WHO/TDR on behalf of the GDF.

2.8 *GDF monitoring to ensure compliance with GDF terms and conditions*

Careful monitoring of countries essential as part of routine technical support to assist countries reach the global targets by 2003, and ensure that GDF products continue to be used in accordance with GDF conditions of support. GDF monitoring is fully integrated into routine DOTS monitoring, and all reports are assessed by an independent desk audit agency, to ensure completeness, credibility and consistency of information provided, before the TRC makes recommendations on continuation of support.

2.9 *Strengthened national TB drug management*

Although GDF responsibility for drugs ends at the port of entry, our concern continues right up to the patient. Effective drug management is therefore crucial, and the GDF works in this relatively neglected area to catalyse and facilitate support to countries from Stop TB partners with expertise in this field.

2.10 *Pre-qualification of suppliers of diagnostics equipment and non-consumables*

The GDF will utilise an internationally recognised pre-qualification process for suppliers of TB diagnostics, similar to the one currently being conducted by WHO/EDM for TB drugs. The aim is to have at least five pre-qualified manufacturers for each core product (including microscopes and consumables).

2.11 *An expanded GDF catalogue to include products for the diagnostics of TB, and treatment of malaria and TB-HIV*

The GDF has been requested to expand its catalogue to include products for other diseases, including Malaria and TB-HIV. This process will be carried out in collaboration with the technical partners responsible for these areas, and funded by them.

2.12 *GDF advocacy and resource mobilization*

GDF will develop advocacy products including a 6-monthly newsletter and advocacy pack containing fact sheets and CD ROM:

2.13 *GDF internal management*

Effective management of GDF resources - human and financial - will be supported by development of standard operating procedures for GDF activities, and operations management studies that will look at ways of further reducing lead times.

3. Advocacy and Communications

3.1 *Strategic guidance for advocacy and communications*

To maintain cohesion of messages and effort among the Stop TB partners, members of the task force on communications and advocacy meet several times yearly to review ongoing activities and plan new initiatives. The focus in 2003 will be expansion of social mobilization initiatives to support DOTS expansion and implementation of the regional networks for media and political advocacy.

3.2 *Media and political advocacy*

Stop TB is building regional media networks to design and implement strategies for increasing coverage of TB as a priority public health issue. In North America and Western Europe, the principal aim is to effectively communicate the progress being made in global TB efforts, and in Africa and Asia to highlight DOTS expansion and social mobilization. Parallel to the media networks, Stop TB will work with Results International and other partners on political advocacy initiatives to strengthen donor support and the commitment of high-burden countries' governments to accelerate DOTS expansion.

3.3 *World TB Day*

The theme of the World TB Day 2003 will be "People with TB" with the slogan "DOTS Cured Me -- It Will Cure You, Too!". Public events will spotlight the participation of TB patients who have been cured with DOTS and who will continue to act as TB advocates through the course of the year.

3.4 *Public awareness and information dissemination*

Stop TB will continue to produce a range of regular information products -- website, web alerts, communiques, newsletters, annual reports -- as well as ad hoc materials to support special TB events. The focus and content of these products will be shaped by an assessment of Stop TB's current activities by an outside consultant, to be completed by mid-November 2002.

3.5 *Information mechanism/Information Technology (IT) support*

There is a reliance on information technology support and products to enable the flow of information throughout the Partnership. Due to increased demands from the partners for more sophisticated information in a more timely fashion, an overhaul of the Stop TB website is required as well as an investment in a more stable Information Technology infrastructure.

3.6 *Community mobilization to support DOTS expansion*

Stop TB will guide and coordinate year-long social mobilization initiatives to support DOTS expansion in Bangladesh, India and Kenya, and together with partners it will devise mechanisms to expand social mobilization to six additional high-burden countries (HBCs) in 2003.

3.7 *Evaluation, assessment and documentation*

Stop TB will devise mechanisms to continually assess the relevance and effectiveness of its communications and advocacy activities, and to document the impact of the new social mobilization initiatives on case detection in the three targeted HBCs.

4. Administration

A small secretariat is maintained to coordinate and provide administrative support to activities performed by the Secretariat within WHO and to ensure that it is line with the established policies and procedures of the host institution. The administration also provides monitoring and financial reports to partners and Coordinating Board.