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FINANCING THE GLOBAL PLAN TO STOP TB
Resource Mobilization Strategy and Action Plan

Part I. Context

Introduction

This strategy document describes how the Stop TB Partnership will mobilize sufficient resources to implement the Global Plan to Stop TB (2006-2015). Building on the earlier Long Range Resource Action Plan (LRMAP), the strategy document sets out the priorities and objectives of the Partnership with respect to mobilizing resources and indicates specific actions that need to be taken by national governments, donor agencies and other partners to scale-up and secure the resources needed to fully implement the Plan.

The Global Plan to Stop TB represents a comprehensive, radical and innovative approach to TB control. The quantum of resources needed to implement the Global Plan is of a different order of magnitude to anything contemplated by the Partnership during previous planning cycles. Without adequate resources the Global plan can not be implemented as envisaged and the benefits of controlling and eventually eliminating TB will not be realized. The Partnership therefore plans an intensive results based resource mobilization campaign.

The aim of this Resource Mobilization Strategy is to define and agree approaches that will lead to sustainable resources and funding for TB control and research. Our efforts may be based on the 2005 resolution on "Sustainable financing for Tuberculosis Prevention and Control" that was adopted by the World Health Assembly (WHA58.14). The resolution calls for commitments by Member states to mobilize sustainable resources and to measure financing for TB control.

Context of Resource Mobilization for TB Control

Resource Requirements

To reach a situation of sustainability and fully fund the Global Plan, endemic countries will need to allocate substantially more funds from domestic sources Based on the Global Plan, if current funding levels are kept, full financing of the Global Plan will require an additional:

- Domestic funding: US$22.5billion
- Bilateral and Multilateral funding for
  - New Tools US$ 6.1 billion;
  - Technical Assistance and others: US$ 2.2 billion

This will entail a more than doubling of both domestic resource financing and direct donor funding over that available in 2005.

Resource Availability

Substantial funding has become available at national level through fiscal instruments like the HIPC initiative, SWAPs, PRCs, and international funding through GFATM. This, aswell as other

initiatives like EU funding, HDI of Japan, and special approaches developed for African development like NEPAD, TICAD III, or forums such as the Africa Commission should make accessing the level of funding demanded by the Global Plan to achieve the MDGs related to TB feasible - even for resource poor countries that have been in economic regress. This contention is further supported by pledges to increase ODA by donor countries. It is anticipated that more countries will allocate the target 0.7% of their GNP for development assistance during the course of the Global Plan (2006-2015). A key aim of the advocacy and resource mobilization efforts outlined in the strategy will be to influence the proportion of this additional funding that can be made available for TB control.

The majority of specified external TB funding is allocated directly from development agencies to countries, with a rising share allocated through multilateral channels (particularly GFATM). The Global Fund is of substantial and growing significance in TB funding. GFATM funding was additional to other TB funding, at least to 2003, as the amount allocated via other sources rose and then stabilized. The latest figures now seem to indicate an absolute decline in non-GFATM funding. Given the growing importance of GFATM, the Stop TB Partnership needs to monitor and influence GFATM funding and policy development. Highly endemic resource poor countries require technical assistance to write GFATM proposals; to prepare TB-related strategies and plans; and to strengthen their monitoring and evaluation systems. Technical assistance is most often provided by partners within the Stop TB Partnership, notably WHO, KNCV, CDC, IUATLD; RIT and others, so a flow of funds to these partners need to be safeguarded to ensure effective implementation and monitoring of GFATM-resourced plans.

It should be noted that only a small proportion of funding for TB is earmarked for research and development. Bilateral donor agencies with a focus on basic development in countries tend not to fund R&D. Foundations with more flexible mandates are more willing to consider R&D funding. However, this does mean that R&D funding can be volatile. Building diversity and stability in the funding base will be critical. Specific new strategies should be put in place to access additional funding for R&D.

It is encouraging to note that the levels of funding earmarked for TB have risen substantially and consistently in recent years. Estimated funding flows to support TB control increased to US$1.2 billion in 2005 (from US$ 900 million in 2002). HBCs (notably Brazil, China, the Russian Federation and South Africa) themselves provide most of the TB funding required by their national programmes while other countries rely more on grants from donors, including GFATM. However, it is becoming more difficult to obtain comprehensive information on specific external funding for TB activities. The TB community needs to understand how resources are allocated at national levels, within wider funding and sector wide mechanims. TB needs to be sufficiently skilled and prepared to ‘compete’ with other development priorities in both endemic and donor country policy making.

Funding Priorities

The goal of this Resource Mobilization Strategy and Action Plan is to close the resource gap as outlined in the Global Plan to Stop TB. The resource gap over ten years is US$30.8 billion with respect to a total requirement of $56.1 billion. This gap figure presumes that existing "soft commitments" are realized.

The approximate annual target for resource mobilization is therefore US$ 3 billion annually.

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PRIORITIES for resource mobilization are:

1. Filling funding gaps for **country level programs**.
2. Mobilizing resources to meet country demands for reliable **commodity supply**.
3. Mobilizing resources for the **research and development** efforts.
4. Mobilizing resources for **technical assistance**, of all types, to countries.
5. Mobilizing resources and fill specific funding needs for the work of critical **partners**, including the Partnership Secretariat.

Part II. Strategic Objectives and Actions

The strategy for financing the plan has been developed to agree the approach that Stop TB Partners need to take at global and at country level. For the strategy to be implemented all partners committed to the realization of the Global Plan, should mainstream resource mobilization as a strategic priority. Resource Mobilization cannot be considered the role of any one specific Partner. All partners should aim to raise funds for their own activities and contribute, wherever possible, to growing the "pie" available for TB control globally.

The major focus and purpose of political advocacy will be the delivery of a supportive environment able to make adequate resources available from domestic and external sources. Advocacy must ensure that national governments, and existing and potential donors recognize the challenges of TB (as laid out in the Global Plan), consider TB control and research to be good investments in both health and development terms and give high priority to supporting the Stop TB Partnership.

Guidance will be provided by the Resource Mobilization Advisory Group of the Stop TB Coordinating Board and the ACSM Working Group. It is envisaged that the Board RM Advisory Group be revitalized and commit itself to working on an ongoing basis with the ACSM Working Group in identifying opportunities and facilitating the implementation of the Resource Mobilization Strategy. A subgroup on Resource Mobilization may evolve under the auspices of the ACSM Working Group.

The three strategic **objectives** of Resource Mobilization will be to:

1) Build national commitment and capacity to fund domestic TB programmes in target countries.

2) Attract new donors and supporters through improved communication and innovative fund-raising techniques.

3) Nurture current donors with good communications and consistent outreach.

To deliver on each of these core objectives, our **strategic approach** to resource mobilization will be to systematically develop five key components:

1. **Knowledge** – expanding our knowledge and awareness of funds flow and donor health priorities to better target and frame projects and proposals.

2. **Systems** – ensuring our planning, budgeting, accounting, reporting and monitoring reach the highest standards of professionalism and efficiency making the global TB movement a preferred partner of donor agencies and national governments.

3. **Contacts** – prioritizing our needs and ensuring the Stop TB Partnership meets and influences the right people, in the right places at the right time.

4. **Communications** – ensuring that the Stop TB Partnership speaks with a coherent voice based on agreed core messages and goals, to build consensus and demand for Stop TB priorities and to communicate accomplishments.

5. **Capacity** – ensuring that TB personnel involved in resource mobilization activity at global, regional and country level are able and confident, through training, monitoring and brokering of Technical Support.

Part III. Action Plan

The Strategy and Action Plan has been prepared on the premise that resource mobilization is a long term process dependent on maintaining a strong advocacy presence and a consistent investment in raising money. While priorities, objectives and approach, it is assumed, will remain constant over the course of the Global Plan, the actions proposed will need to be implemented in conjunction with the ACSM WG global advocacy plan over the next 2 years.

After discussions and approval by the Coordinating Board of this strategy and broad action plan, an **operational plan,** will be prepared by the Stop TB Partnership Secretariat with clear links to the strategic plan of the ACSM Working Group. It will have assigned responsibilities for each action and a timeframe for delivery. The operational plan timeline with deliverables, indicators and a detailed activity schedule would be updated each biennium.

Additional staffing may be needed to fully deliver on the actions outlined.

Prioritized annual funding needs (**Estimated Resource Requirements**) will be identified and published bi-annually by geographic and thematic area. These ERRs will allow Stop TB Partners to agree funding gaps and key resource mobilization messages in advance to enhance coherence.

Objective 1: Build national commitment and capacity to fund domestic TB programmes in target countries

In addition to general advocacy work to raise the profile of Stop TB globally, the Stop TB Partnership will identify 10 target countries (with a high burden of TB, financial gaps for TB programming and the potential to at least partly fund the gap from domestic resources) and work to build national commitment and capacity to fund TB control. Working with existing Stop TB advocacy and RM projects (Action etc), methods will be piloted and, after lesson learning and adaptation, rolled out and scaled up.

Actions to support this objective are set out below:

Knowledge

1.1 Support the preparation of country specific RM strategies identifying opportunities at national level to leverage funding from domestic and donor sources (if requested by TB programme or Stop TB partners/partnership at national level). Ensure and encourage countries to approach the Embassies and development agencies of decentralized granting donors (DFID, USAID, JICA, EU etc)**.** Conduct up to ten Field Missions to support the development of national Resource Mobilization plans.

1.2 Identify national processes for drafting PRSP and other development planning instruments. Make available a guideline on best practices for including TB control in these instruments.

1.3 Work with national authorities to determine the national resource allocation process to provide support and advocacy to address and overcome specific impediments to secure a fair share of these resources for TB control

Systems

1.4 Support the development of national ten year plans for TB control consistent with and guided by the Global Plan approach. Conduct field missions to support national ten year planning process based on existing templates.

1.5 Support the integration and alignment of TB control plans with national plans for Health Systems Strengthening**.**

Contacts

1.6 Build and make available a contacts database of key players by country and at sub-national level where applicable, to include Ministry of Health, Finance, Development, Donors, Parliament, media etc.

1.7 At Global level, instigate the Consultative Task Force, as outlined in the MOU with the Global Fund. Specifically take steps to have regular meetings with GFATM staff in Geneva.

Communications

1.8 Continue to work with CCMs and technical partners to develop GFATM proposals for TB, MDR-TB and TB/HIV. Annual briefing programmes supported by field visits and facilitated by National TB Programme, to ensure that Country Coordination Mechanism (CCM) members are aware of and supportive of TB.

1.9 Ensure National Partners or Partnerships develop country specific advocacy and communication strategies that mainstream and support resource mobilization and a national events calendar

1.10 Assist regional Stop TB Partnerships in developing region-specific advocacy and communication strategy and events calendar.

Capacity Building

1.11 Establish a system for a) Training and b) Brokering Technical Assistance from among partners to facilitate more efficient and effective resource mobilization activity at country level (for National TB Control programmes and Stop TB partners). Make available a pool of trained resource mobilization advisers to assist technical support to target country partner governments to assist with GFATM, and other proposal processes.

Objective 2: Attract new donors and supporters through improved communication and innovative fund-raising techniques.

In order to secure wider commitment to public health in general and TB funding in particular, The Partnership will take action to stress the message that an investment in TB control is worthwhile from a health, social and economic perspective. In addition, a global advocacy campaign will be launched to raise the profile of TB, for those donors who have to date not been attracted by the existing TB control proposition. This will argue strongly in favour of the new products and approaches set out in the Global Plan (of note are the R&D opportunities, health systems strengthening/pro-poor/human rights approaches) to leverage additional funds. In addressing new donors we must recognize where there is a confluence of interest not just conflicts of interest.

We will approach each donor with flexibility and an open mind; recognizing that building new relationships takes time.

Actions to support this objective are set out below:

Knowledge

Our knowledge base of untapped multilateral and bi-lateral donors is weak. The Partnership must develop an understanding of the political realities and the practical implications of pursuing funding from these new sources. Only then can we exploit opportunities to access these potential new donors.

New Donors - Multilateral/European Union.

2.1 Securing funding from the EU can be extremely rewarding but highly complex. Ensuring the RM activities are founded on a solid knowledge base with regard to EU processes and procedures will be critical. The Partnership has agreed that EU activity should be focused on a limited number of key funding areas. The first stage of EU advocacy will focus on negotiations on the budget envelopes and spending priorities for 2007-2013 to be finalized in October 2006. Focal points will establish regular contact with officials implicated (learn, monitor and influence policy) in three key areas:

- **External Action**
  - Development - with a focus on Africa, Caribbean and Pacific (ACP)
  - European Neighbourhood Policy (Eastern Europe)
- **Health** - with a focus on "Investing in People" & ECDC (Stockholm)
- **Research**

- Relations with DG SANCO (in Luxembourg) and ECDC (in Stockholm, Sweden) should be prioritized for the European specific health agenda.

2.2 A high level partnership mission should visit the European Union in the Autumn 2006. Meetings to be undertaken with Commissioners, Members of the European Parliament, Permanent Representations and HBC Ambassadors to the EU (including ACP secretariat). A seminar be held to promote and mark closer relations with the European Union - e.g. European Parliament exhibition/MEPs briefing and a briefing of NGO partners in Brussels (in collaboration with OSI) would complement this visit.

New donors - Bilateral

2.3 In 2007, **Germany** will assume the EU presidency and host the G8 (near Rostock). We must particular efforts to mobilize German advocates to secure a greater understand and reach at BTZ, KFW, GTZ and beyond the Federal level to the Länder. We will hold a Stop TB Partnership Coordinating Board in Germany in 2007, supported by a High Level Mission.

2.4 Promoting understanding of development approaches and developing new distinct projects to attract "horizontalist donors" - in particular collaboration with the **Nordic** countries may be more readily developed on the basis of TB components supporting to health systems strengthening, community engagement and/or research and development. A High Level Mission to be undertaken to Nordic countries by end 2007.

2.5 Our knowledge base is again weak with regard to potential funders from the **Middle East** region. A comprehensive analysis to understand opportunities in the Middle East and Gulf Region should be undertaken. The analysis should focus on the socio-political environment for framing policy making and address the influence of umbrella bodies such as the Organization of Islamic Conference (OIC).

In-Kind donations - Industry

2.6 Many companies, particularly with branches in highly endemic HIV/AIDS countries have developed policies and activities to address HIV/AIDS in the workplace which do not include TB components. The value of adding TB/HIV policy and activities in those companies appears evident. Through the World Economic Forum (WEF), an analysis of industrial sectors whose profitability is highly affected by TB/HIV co-infection should be made and companies with branches in high prevalence countries addressed with improved advocacy activities. A similar exercise could be undertaken for MDR-TB with companies operating in Eastern Europe and the former Soviet Union.

Innovative New Mechanisms

2.7 Though at this stage, the Partnership does not propose to suggest a distinct TB innovative financing mechanism (i.e. no Pepfar for TB); we must ensure that the Global Fund is adequately resourced (as well as partners providing GFATM-related technical assistance). In addition, promote understanding and engagement with new initiatives as they are being framed. Our engagement must be in the early stages of policy development. E.g. the "Millennium Challenge Account," France's "development levy" on air travel or

the International Financing Facility (IFF). TB must be in at the ground floor on the development of new ideas.

Systems

2.8 The Stop TB Trust Fund is designed to facilitate the efficient flow of funds to support a range of activities by Stop TB partners around the world. Continue to grow and adapt the Trust Fund to provide a cutting edge funding pool for provision of TB supplies by GDF, technical assistance, research and development, global advocacy; and network coordination of TB patients and affected communities. Negotiate long term donor grant agreements with donors that show an interest in contributing to TB control for using the Trust Fund as a vehicle for TB Control. Ensure the sustainability of Trust Fund mechanism through the development of a MOU with WHO.

2.9 Establish consistent collaboration with UNAIDS, Roll Back Malaria (RBM) and other programmes for mutually supportive fundraising. Hold joint planning meetings annually.

Contacts

2.10 Establish strategic alliances between Stop TB Partnership and other institutions and initiatives that: allocate financial resources, generate institutional and public support, or mobilize resources for development in general and public health in particular.

- Hold personal meetings at both Policy and Operational levels in the identified institutions to see how TB control fits, or can fit into their priorities.
- Sign Memorandum of Understanding with non-funding agencies.
- Specifically action will be taken to target the following institutions and initiatives using carefully developed approaches that are in line with their mission, mandate, and vision: The UN System (UNICEF, UNDP, UNHCR, ILO, etc); Development banks (World Bank (WB), African Development Bank (AfDB), Asian Development Bank (ADB), Inter-American Bank, European Bank for Reconstruction and Development (EBRD), and Islamic Development Bank (IDB)); World Economic Forum, Global Alliance for Vaccination and Immunization (GAVI); IMF, UNAIDS, PEPFAR, MAP, OECD.
- Following the signing of the MOU between the Partnership and GFATM, we should take further practical steps to strengthen and operationalize this relationship.

2.11 Develop a target list of high net-worth individuals and explore possibilities of developing appropriate contacts with this group of individuals including identifying avenues for their contributions. The list should target DAC and endemic country residents.

2.12 Work with the World Economic Forum to develop a prioritized list of corporate contacts based on confluence on interest (geography, sector, philanthropic approach etc)

C**ommunications**

2.13 Develop tools to use internet for fund raising.
- Invest in making the Stop TB website a tool for fund raising;
- Secure legal clearance and then incorporate a donation module into the website to facilitate donations; and
- Offer to add link to STB partners that can accept donations on-line.
- Reactivate the RM directory

2.14 Improve consistency of communications with fraternal organizations (such as Rotary, Roundtable, Lions, Kiwanis) that may be interested in TB and initiate contact with them at appropriate levels.

2.15 Prioritize 10 Private Foundation/ Trust Funds to request new or additional support. (e.g. Wellcome, Google, Lily, Rockfeller etc)
- Develop a tailored approach for specific foundations/trust funds based on their policies, priorities, and timing for considering grants; and
- Establish personal communications with identified foundations/trust funds with a systematic follow up of appeals made to them.

Capacity Building

2.16 Facilitate the organization of Regional Ministerial Summits for TB in the major epidemiological blocks (notably Africa, Europe and Asia). Regional summits represent an opportunity of bringing together endemic countries with new and existing donors and could leverage both additional domestic and external commitments. The process could culminate in a global Financing Summit for TB control, probably in the framework of the Partners' Forum 2007.

Objective 3: Develop donor relationship with good communications and consistent outreach.

Stop TB appreciates its existing donor base and is well aware the movement will need to call on our current donors to increase their funding levels to meet the Global Plan requirements. We must aim to base our requests to our friends on joined up advocacy and communications, reliable and regular engagement and an understanding of changing political and economic realities. We will develop distinct Stop TB products and propositions that respond to their need. In the case of existing donors (perhaps more than any other category) the continued development of our reputation for dynamic partnership, successful implementation and open and transparent monitoring, reporting and accounting are critical.

Actions to support this objective are set out below:

Knowledge

3.1 Develop a Library of Evidence to drive Resource Mobilization: analysis of available TB data, in focus countries where advocacy networking is increasing, so as to produce scientific publications and policy briefs to bolster advocacy messages. It can be demonsrated that evidence of TB burden, emerging drug resistance, TB treatment cost-effectiveness, as well as large-scale impact (eg, in China, Indonesia and Peru) can help drive increased investments.

3.2 Maintain baseline data and undertake ongoing intelligence gathering on donors and resources contributed by them. Specific actions may include:

- Monitoring of magnitude and trends in funding for TB from bilateral and multilateral donors. Conducting regular donor surveys
- Preparation of donor profiles on all DAC donors, including priorities for funding, basis of decision-making and key points of contact (at global and regional level).
- Maintain a calendar on key donor meetings and events and align high level events resource mobilization operations to those meetings and events; and
- Donor friendly documentation made available: Annual report of the Partnership, Estimated Resource Requirements for the partnership, Secretariat Business Plan.
- Database of updated technical summaries of the major work areas of the Partnership to share with donors.

3.3 Establish a partnership network of expert focal points on particular donor governments/agencies (with relevant experience working with that government/agency and with relevant language skills).

Systems

3.4 Revitalize Resource Mobilization Directory as an online database and resource for partners including intelligence on major and emerging donors by category, private sector collaboration and best practice.

3.5 Ensure harmonization of RM efforts; create and share an online RM calendar to include major planned events at global, regional and national level. This will be combined with a "Visits Schedule" to include Stop TB missions (assessment and political) and a calendar of visits and High Level Missions for Stop TB to enable local staff to plan meetings with key people for RM in those locations. Develop, wherever possible, coordinated project proposals and reporting.

Contacts

3.6 Visit all DAC donors once every 2 years. Develop a strategic approach for soliciting support from each identified donor. This will be based on the donor profile including timing, most effective means of contact, priorities, briefing meetings and making of appeals for contributions in an appropriate manner in areas in which the donor has indicated an interest. Particular efforts should be made to engage with parliamentarians. High Level Missions to at least four DAC countries (existing donors) a year, following preparatory contacts. In 2008, Japan will host the G8, in support. the Coordinating Board should plan a High Level Mission late in 2007.

3.7 Coordinate communication campaign/messages to targeted governments based on the Global Plan and Estimated Resource Requirements. Send a Bi-annual letter enclosing the ERR requirements to donor governments

Communications

3.8 Target key bilateral donor countries for information/communication campaigns on the importance of TB control and the Global Plan, focus on media, parliamentarians, NGOs.

3.9 Develop the Stop TB brand image and awareness. Clearly articulated message and priorities; universally accepted brand imagery. Development of branded materials and "give aways" for use in RM campaigning - determine the type of products that will appeal to national governments, donors, commercial enterprises and high net-worth individuals for seeking their contributions in cash and kind and active participation in the work of the Partnership.

Capacity Building

3.10 Develop a resource mobilization focal point network in each major partner organization. Ensure training is available to boost the skills of partners in resource mobilization to enable them to support this ambitious resource mobilization agenda.

CONCLUSION

The Global Plan to Stop TB represents a comprehensive, radical and innovative approach to TB control. This action plan is a response to that and, if fully implemented, represents an intensive results based resource mobilization campaign that leverages existing Partnership networks and will appeal to existing and potential donors. The aim is to establish sustainable long term funding for TB control. This will be a difficult task that requires a considerable investment in personnel and in financial terms. Speciality areas may require additional planning (GLC, Lab, etc). However, this strategy and the associated broad action plan outline the key steps needed to fund the Global Plan and to put us on course to a TB free world.

Estimated Summary Budget (2 year):

Staff	US$	500,000
ERR	US$	100,000
Objective 1:	US$	1.19 Million (or US$ 5.59 million*)
Objective 2:	US$	693,000
Objective 3:	US$	445,000
Total:	**US$**	**US$3 Million** (or US$7.3 Million*)

*If ACSM is considered a driver of resource mobilization activity, an estimated investment of 1% of overall ACSM activity should be budgeted. This is particularly true in Regions/countries with large identified resource mobilization concerns. Additional funding is therefore likely to be required once country specific RM strategies are developed.

Next Steps

1) Strategy adopted by the CB (April 06)
2) Operational Plan Prepared (Sept 06)
3) Operational Plan Implemented and Monitored (Sept 06-08)

ANNEX 1

TERMS OF REFERENCE - RESOURCE MOBILIZATION ADVISORY GROUP

On behalf of and under the aegis of the Coordinating Board, the Resource Mobilization Advisory Group will:

1) Guide the Secretariat in developing and implementing the RM Strategy operational plan.
2) Work with the ACSM WG on implementing Resource Mobilization activity.
3) Provide advice and support to the development of a programme of High Level Missions.
4) Support access to new donors by facilitating visits to DAC countries governments.
5) Advocate with endemic countries to improve country level financing flows for TB control
6) Report back to the Board on resource mobilization activity on a regular basis.