



Stop TB Partnership

Review of the Structure, Function and Inter-relationship of Partnership Working Groups

**Interim Options Paper for the
Coordinating Board Meeting,
29 October 2006, Jakarta, Indonesia**

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November 2007

EXECUTIVE SUMMARY

Review terms of reference and approach

The Board commissioned a review to propose options for changes in the number, structure, function or inter-relation of the Working Groups (WGs), guided by two key principles:

- optimising implementation of the Global Plan, and the constituent WG strategic plans;
- ensuring continuity of responsibility for implementation of the activities set out in WG strategic plans in the event of changes in the number or function of the Working Groups.

The Board requested an interim options paper to support discussion at its November meeting. A final paper with recommendations reflecting the discussions will then be prepared.

The methodology included review of documentation, over 60 interviews, and a questionnaire to all partners in the Partners' Directory and all members of WGs producing 44 responses.

The focus of this report is on areas with scope for improvement in how WGs take forward implementation of the Global Plan 2006-2015. The broader context highlights appreciation of how much the Partnership has achieved and of its future potential. Overall, the Stop TB Partnership is recognised in external studies as one of the best global health partnerships.

Key themes from interviewee and questionnaire responses

Among a wide range of responses, there are three dominant themes:

▪ **Action and Accountability**

Working Groups are responsible for implementing the activities set out in their strategic plans that collectively constitute the main body of the overall Global Plan. In general, the Working Groups are seen as having done an excellent job in developing strategies, policies and plans.

Now successful realisation of the Global Plan by 2015 requires a change to implementation mode. Work on policies and plans will still be needed. But there is general recognition of the need for greater emphasis on collective urgent action and accountability for scaling up interventions at country level and delivery of new tools.

This will demand more systematic processes and infrastructure, and a more coordinated approach to practical action across the groups and the Secretariat.

Recommendations

1. Where necessary (and subject to changes in Working Group structure), WGs' full 10 year strategic plans should be revised as quickly as possible to an agreed timetable.
2. Each Working Group should post its finalised full strategic plan on its website for ease of access by members and interested parties. Ideally the plans should be published.
3. For implementation purposes, high level strategic plans need to be supplemented by shorter-term Working Group operational plans which set out measurable targets and timetabled deliverables, the practical action to be taken to achieve them, and who/which body is to undertake the action.
4. To improve coordination across WGs, the Partnership should experiment with a simple matrix-style inter-Working Group operational plan for the next planning period. A matrix of priority activities (showing who is responsible for them, and other contributors) should be sufficient to highlight gaps, overlaps, key interactions and time-critical targets with consequences for other Partnership bodies.
5. Each Working Group should produce an annual performance report, covering performance against its operational plan, achievement of milestones, and the trajectory toward its longer-term targets.

Options for discussion

6. The Board will wish to consider options for structural modifications designed to improve coordination, communication, and accountability among the WGs including:
 - holding formal six-monthly meetings of all WG Chairs (with WG Secretaries) and the Partnership Executive Secretary to review WG/Secretariat plans; provide performance reports; identify synergies, overlaps and gaps among WGs and the Secretariat; and share news.
 - AND/OR establishing a Monitoring and Evaluation Committee chaired by an independent partner and including wider members to monitor and evaluate Partnership performance
 - AND/OR retaining the Retooling Task Force to ensure a practical focus for cross-cutting issues among the WGs and effective preparations for introduction of new tools to 2015. There is an option for the Task Force to take on wider monitoring functions, given its close involvement with at least some aspects of WG performance.

▪ ***Communications, coordination and collaboration***

A recurring theme in comments from respondents of all types is the need for:

- *better communications*: among members of an individual Group/subgroup, among Groups and subgroups, and with Partners not participating in any WG. In addition, respondents want more dynamic and interactive approaches to communications.
- *stronger coordination* of activities among Partnership bodies
- *greater collaboration*, both among Working Groups and with wider agencies such as UNAIDS.

Options for consideration

7. Constituency-based approaches and cross-membership of groups have a role to play. Many respondents propose better use of web-based facilities (acknowledging access is sometimes a problem for some partners). Working Groups and subgroups should consider:

- posting a one-pager with action points and responsibilities on their website after each meeting. As a minimum, the note should be accessible to all members of all Working Groups/subgroups and the Stop TB Coordinating Board.
- posting breaking news on the Working Group website
- circulating an e-newsletter regularly, as some Working Groups do now
- creating a live, on-line public forum for each Working Group, run by the Working Group secretariat, to facilitate more active participation from partners.
- monthly online conference sessions for all partners, run by the Partnership Secretariat and based on questions provided by WGs, to foster interaction.
- establishing a mail box to which partners can send suggestions for improving the future work of the Partnership.

▪ ***Financial and human resources - for the Global Plan, and for Working Groups***

Option

8. Raising sustained funding to implement the Global Plan is seen as a key success factor, but it is not clear to partners how this process is to be managed overall. Option: a Financing Working Group or Task Force with a comprehensive and concrete oversight of mobilising, monitoring and use of funds.

Recommendations

9. With the shift to implementation, some groups – particularly subgroups – are struggling to find the resources (both financial and human) to undertake or complete activities. The Partnership's overall approach to financing activities is beyond the scope of this review, but should be considered as part of the forthcoming evaluation.
10. All Working Groups should exercise effective internal financial control and use of funds. As a minimum, in the interests of Stop TB Partnership Trust Fund accountability, all Working Groups should provide a clear plan for, and timely report on, their use of Trust Funds.
11. Ideally, the annual Working Group performance report proposed in recommendation 5 should include a financial report covering funding from all sources.
12. Effective implementation of Working Group strategic plans may require more, dedicated, secretariat capacity. When the Coordinating Board has determined future WG structure and functions, a quick assessment of individual WG/subgroup secretariat capacity against needs and likely funds should be undertaken.

Options for the functions, number and structure of Working Groups

A review three years ago concluded that while the working groups were areas of existing activity co-opted in to the Partnership and not developed as part of a prospective process, by and large they do cover the main areas of TB control, in relation to both operations/implementation and to research and development. That remains broadly the view today. Respondents seem generally satisfied with WG functions except for communications.

Suggestions for possible new Working Groups include those for the African and the Eastern European Emergencies; Social and Economic Factors; Financing; and 'Basic' Research.

On balance, there seems more support for retaining the current structure of Working Groups, possibly with one or more modifications, than for more radical mergers or increases in the number of Groups.

Some interviewees argue for a reduction in the number of Working Groups as a matter of principle, (with five as the preferred maximum number). Others feel strongly that what matters is functionality, and that seven WGs as now is manageable. Other proposed options include upgrading selected cross-cutting subgroups (eg Laboratory Strengthening) to full WGs; and locating leadership on health system strengthening with the TB/HIV WG, which might itself be co-owned by a major AIDS partner.

Options

The main options are summarized briefly in the table below. Section VII and Annexes 1-4 of the main report provide more details of the key arguments. The Board will wish to discuss the options, and any additional proposals it wishes to offer.

Action for the Board

- i) The Board is invited to discuss the recommendations and options set out in this paper. On the basis of its discussion, a final recommendations paper will be produced by 12 December 2006.
- ii) The Board is invited to establish a small group, **or** ask the body charged with oversight of the 2007 evaluation, to review the recommendations in the final paper, and advise the Board at its meeting in Berlin.

Stop TB Partnership Review of structure and functions of Working Groups
Interim options paper for the Coordinating Board, November 2006: Karen Caines

Table: Summary arguments for and against main structural options

Main options	Arguments made in support	Arguments made against
1. Retain current structure of 7 Working Groups	<p>i) Current structure has generally served Partnership well to date. Covers key areas of activity. Can tackle main criticisms about improved focus on action, accountability, coordination and communication by other means.</p> <p>ii) Global Plan 2006-2015 is based on current structure; detail for action is in plans developed by current WGs</p> <p>iii) major restructuring will be disruptive of relationships/action. Likely to lose a year in agreeing new structure, TORs, membership, Chair(s), plans etc.</p>	<p>i) 7 WGs are too many for Board to coordinate. Increases costs and size of Board meetings.</p> <p>ii) merger of Implementation WGs and/or R&D WGs necessary to reflect new Stop TB strategy, improve coordination and collaboration etc.</p> <p>iii) minority argument for more WGs, eg to include Lab strengthening, PPM, a Financing WG etc.</p> <p>iv) if structural solutions can help secure improvements, best to restructure now, not nearer 2015.</p>
2. Retain current structure with modifications, eg:	i) for reasons given above, retain basics of current structure. But modify to improve performance	
a) transform TB/HIV WG into African Emergency WG or establish subgroup	i) to improve action/accountability in the two regions where MDG achievement is least secure.	i) may suggest that tackling TB in the rest of the world is less important.
b) transform MDR-TB WG into European Emergency WG or establish subgroup	ii) 'to move from policy development towards implementation'.	ii) TB/HIV WG needed to maintain momentum with HIV community
c) six-monthly meetings of WG Chairs(with Secretaries) + Exec Sec	i) to assist WG coordination, communication, collaboration, M&E. ii) implement past decision	iii) action in Europe rests with the new European Regional Stop TB Partnership <i>[proposal generally welcomed, regardless of whether a separate M&E Committee established]</i>
d) establish Monitoring and Evaluation Committee	i) enhanced accountability critical. ii) some external pressure needed in addition to Chairs/Sec meeting	i) yet another body to service ii) M&E function can be performed by Chairs/Sec mtg plus Board oversight
e) retain Retooling Task Force OR convert to M&E WG	i) RTF will be needed longer-term. ii) could take on M&E function	i) <i>[proposal for keeping TF welcomed]</i> ii) M&E might need different expertise
f) TB/HIV WG to be co-owned with a major HIV partner	i) would consolidate action on TB/HIV with HIV community	ii) STBP should collaborate with HIV community but needs its own focus
3. Reduce no. of WGs		
a) merge Implementation WGs plus ACSM at country level into a single Implementation WG	i) integrated implementation approach in line with Stop TB Strategy and most country activities	i) unmanageable structure, with continuing need for about 9 subgroups ii) 'downgrading' TB/HIV & MDR-TB premature and presentationally sensitive
b) merge R&D WGs into a single R&D WG	i) over-arching WG to set priorities,+ coordination, common approaches ii) increasing recognition of shared concerns, eg clinical trial sites iii) cd tackle basic research issues	i) another layer of infrastructure ii) the individual R&D WG communities tend not to overlap iii) coordination/communications can be achieved by other means
c) single Implementation WG and single R&D WG	<i>As above, plus</i> would maintain symmetry of Board representation	<i>As above, plus</i> symmetry less important than functionality.
d) as (c) and create Social and Economic Factors WG	i) impact on TB incidence will require addressing wider issues ii) specific need for greater focus on preventive/ social and economic factors	i) concept of a single Implementation WG should cover all aspects, including social and economic factors
e) as (d) but retain TB/HIV WG with leadership on health systems strengthening (HSS)	i) clear focus needed for contribution to HSS. TB/HIV WG could link effectively with HIV activism on HSS.	i) single Impl. WG should cover TB/HIV ii) HSS approaches on HSS should wait until WHO's Task Force on HSS completes its work in 2007.
4. Increase no. of WGs		
a) add Financing WG	i) effective financing strategies and monitoring fundamental to success	i) primarily a reluctance to increase the number of WGs
b) add Basic Research WG?	<i>Handling of basic research is a separate Board agenda item</i>	
c) convert cross-cutting subgroups to full WGs in a flatter structure, eg - Laboratory strengthening - PPM - Infection control - Childhood TB - TB and poverty	i) Their issues are generally cross-cutting, beyond DEWG. WG status would facilitate links with relevant WGs. ii) DEWG subgroups crucial to achieving 2015 targets or for social justice, but feel undervalued and under-resourced. WG status and Board seat would bring greater status/ influence.	i) Board cannot manage multiple WGs on this scale, nor absorb associated increase in number of Board seats ii) acknowledged problems can largely be resolved by alternative means, such as a matrix plan. iii) Funding is a wider problem, not resolved simply by becoming a WG.

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Retain current structure of 7 Working Groups - but review DEWG functions and title

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REVIEW OF STOP TB PARTNERSHIP WORKING GROUPS: INTERIM OPTIONS PAPER FOR THE COORDINATING BOARD

I: Introduction and Terms of Reference

Introduction

1. This document provides an interim **options paper** on the review of the Stop TB Partnership Working Group, to support discussion by the Coordinating Board at its meeting on 29-30 November 2006. It summarises key findings, makes some recommendations and indicates in Annexes 1-4 a number of options for Working Group structure.

Following the Board meeting, a **final paper with recommendations** which reflect the Coordinating Board's discussions will be prepared by 12 December 2006.

Review terms of reference

2. At its meeting in Abuja in April 2006, the Coordinating Board noted the observation of several Working Groups about **the appropriateness of the existing structure in responding to the needs of the Global Plan to Stop TB 2006-2015**. It requested the Secretariat to recruit a consultant to examine, with the Working Groups, the way forward in preparation for an external evaluation of the Partnership in 2007.

3. The Terms of Reference for this review state that 'a key strategic issue for the Partnership is how to ensure that it is best placed to implement the Global Plan. This implies an optimum structure and function of the Working Groups, that are responsible for implementing the activities (as set out in their strategic plans) that collectively constitute the main body of the overall Global Plan'.

4. The **specific objectives** of the review are:

- i) to review the current structure, function and inter-relation of the seven Working Groups and their linkage to other parts of the Partnership architecture, judged against their mission, Terms of Reference and contribution to the overall goal and targets of the Partnership.
- ii) to propose **options for changes in the number, structure, function or inter-relation of the Working Groups**, guided by two key principles:
 - the need to **optimise the implementation of the Global Plan**, and the constituent Working Group strategic plans.
 - the need to **ensure continuity of responsibility** for implementation of the activities set out in the Working Group strategic plans in the event of changes in the number or function of the Working Groups.

Methodology

5. The methodology for the review included:

- reviewing documentation, including Terms of Reference of Working Groups; Stop TB Partnership manual of operating procedures; records of meetings of Coordinating Board and of Working Groups and their core groups; financial data where available.
- attending meetings in October and November 2006 of the DEWG, MDR-TB and TB/HIV Working Groups (joint meeting); the New TB Diagnostics Working Group; the New TB

Drugs Working Group; and the ACSM subgroup on Global Advocacy for Resource Mobilisation¹.

- seeking interviews with Board members; Working Group, Core Group and donor agency representatives; and other selected individuals, and asking Board members to nominate interviewees
- sending the review questionnaire to all partners in the Partners' Directory and to all members of Working Groups
- interviewing the secretariats of all Working Groups and DEWG subgroups, and selected members of the Partnership secretariat.

Over 60 interviews were conducted. 44 questionnaire responses were received.

Review responses

6. The questionnaire sent to partners and Working Group members, and used as an interview template, sought respondents' views on:

- *critical factors* for the successful implementation of Global Plan 2006-2015
- what they *valued* in current Working Group operations
- any necessary *improvements* in the *functions, structure, representation and inter-relationships* of the Working Groups
- functions critical to successful implementation *not covered* by terms of reference of existing Stop TB Partnership bodies (including the Secretariat)
- how best the Partnership structure can accommodate *new ideas* and areas of focus
- any other comments.

A summary of selected interviewee and questionnaire responses by question is attached at Annex 5, and a list of interviewees and respondents is at Annex 6.

Sections II-V of this main report examine the main themes from the responses, and recommend proposals and options for the Board's consideration.

Section VI considers Working Group functions and section VII sets out options for Working Group structure, for the Board's consideration.

This paper focuses on major issues for immediate consideration by the Coordinating Board. Other issues may need to be considered by the Working Groups themselves and the Partnership evaluation of 2007.

7. The focus of this report is on areas where there is **scope for improvement** in how the Working Groups take forward implementation of the Global Plan 2006-2015. Inevitably therefore, it may sound negative.

The report needs to be read against the background of many comments expressing appreciation of how much the Partnership has achieved and of its future potential. The quality of the contributions made by partners is recognised: "a remarkable collection of people donating time, effort, trust". Overall, the Stop TB Partnership is recognised in external studies as one of the best global health partnerships. The UN Secretary General, Kofi A. Annan, as recently as 20 November 2006 described the Partnership publicly as '*a model of consensus-building, innovation and collaboration*'.

¹ The New TB Vaccines Working Group did not hold a meeting during the duration of the review.

II: Key themes from interviewee and questionnaire responses

- **Action and accountability**
- **Communications, coordination and collaboration**
- **Resources - for the Global Plan, and for Working Groups**

8. Among a wide range of responses from interviews and questionnaires, there are three dominant themes:

- ***Action and Accountability***

In general, the Working Groups are seen as having done an excellent job in developing strategies, policies and plans².

Now successful realisation of the Global Plan by 2015 requires a change to implementation mode. Work on policies and plans will still be needed. But there is general recognition of the need for greater emphasis on collective urgent action and accountability for scaling up interventions at country level and delivery of new tools. This will demand more systematic processes and infrastructure, and a more coordinated approach to practical action across the groups and the Secretariat.

- ***Communications, coordination and collaboration***

A recurring theme in comments from all types of respondents is the need for:

- *better communications*: among members of an individual Group/subgroup, among Groups and subgroups, and with general Partners not themselves participating in any Working Group
- *stronger coordination* of activities among Partnership bodies
- *greater collaboration*, both among Working Groups and with wider agencies

- ***Resources - for the Global Plan, and for Working Groups***

Raising sustained funding to implement the Global Plan is seen as a key success factor, but it is not clear to partners how this process is to be managed overall.

With the shift to implementation, some groups – particularly subgroups – are struggling to find the resources (both financial and human) to undertake or complete activities.

III: Action and Accountability

The critical factor for success: "a more outcome-oriented method of working with clear goals, realistic deadlines and assignment of tasks to an individual/organization which is made accountable [for meeting targets]" - *questionnaire response*

The full Working Group strategic plans 2006-2015

9. The key aim is successful implementation of the Global Plan and the constituent Working Group strategic plans. As noted in this review's Terms of Reference, it is the Working Groups which are responsible for implementing the activities (as set out in their strategic plans) that collectively constitute the main body of the overall Global Plan.

² There are specific issues about the strategic plans for the MDR-TB and TB/HIV Working Groups which are covered in paragraph 10 below.

10. A necessary first requirement for action is **clarity about the status, and promulgation, of the full WG strategic plans**, which were completed in October 2005:

- The Global Plan itself, with its very summary versions of WG plans, has been widely promulgated.

But only the Working Groups on New TB Drugs and DOTS Expansion have published their full strategic plans³. The subgroup on ACSM at country level has published a 10 year framework based on part of the ACSM plan.

- Some Working Groups do not have their full strategic plans on their own Working Group website.
- The Global Plan recognised that any ten-year plan would need to be adjusted in the light of changing circumstances. It is understood that two Working Group strategic plans are already to be revised:
 - the MDR-TB WG strategic plan to reflect recent XDR-TB developments
 - the TB/HIV WG Strategic Plan to support operationalisation and allow for greater involvement of the HIV community.

In addition, a plan for the ACSM subgroup on Global Advocacy for Resource Mobilization is being developed.

Recommendations:

- Where revision is necessary (and subject to changes in Working Group structure), full WG strategic plans should be revised as quickly as possible. A timetable should be set.
- Each Working Group should post its finalised full strategic plan on its website for ease of access by members and interested parties. Ideally the plans should be published.

Operational planning

11. The Working Group strategic ten-year plans are necessarily high-level. They set out the strategic vision, directions and objectives.

Recommendation

12. For implementation purposes, they need to be supplemented by **shorter-term Working Group operational plans which set out measurable targets and timetabled deliverables, the practical action to be taken to achieve them, and who/which body is to undertake the action.**

The intensive work done for the Global Plan should allow the operational plans to be produced quickly and without undue burden on Working Groups. Planning should be the basis for action, not a cause of delay.

13. Concerns have been raised about:

- the need for stronger coordination among the Working Groups and their subgroups, given the interactions between the activities of different Groups; and
- the locus of cross-cutting subgroups which may have an institutional home under one Working Group (usually the DEWG, at present) but which need to work with a number of Working Groups⁴.

³ Stop TB Partnership Working Group on New Drugs Strategic Plan, October 2005; DEWG Strategic Plan 2006-2015, WHO, October 2006

⁴ For example, subgroups on Laboratory Strengthening, PPM, Childhood TB and TB and poverty.

There is enthusiasm for finding ways of working across the groups to ensure a more coordinated approach to practical action.

Recommendation

It is worth experimenting with a **matrix-style inter-Working Group operational plan** for the next planning period. It should cover Working Groups, cross-cutting bodies (eg cross-cutting subgroups and Task Forces), and the Partnership Secretariat. The work should be taken forward to a short timetable by the groups collectively, on the model of the Retooling Task Force.

The Plan need not be over-elaborate. A matrix of **priority activities** (showing who is responsible for them, and other contributors) should be sufficient to highlight gaps, overlaps, key interactions and time-critical targets with consequences for other Partnership bodies. This packaging of activities might be more attractive to donors and assist those areas of work which are crucial but less in the public eye than others.

Accountability

“Implementation is vital...The whole issue is accountability: partners and countries together taking responsibility for action. We should build on DEWG’s form of ‘stimulative accountability’ with the 22 HBCs...the time is ripe...this is the logical next step”
Interviewee

14. There is a recognised sensitivity in addressing monitoring and accountability for Working Groups within a voluntary global health partnership – especially one with the principle that ‘the Working Groups have an identity and technical mandate distinct from the Partnership as such’⁵.

Nonetheless, there seems an overwhelming view among respondents, including Working Group Chairs and members, that the time has come for a few systematic accountability mechanisms in relation to implementing Working Group plans to secure the 2015 targets.

Recommendation

15. Each Working Group should produce an **annual performance report**⁶. In describing Working Group activities and finances within the year, it should detail performance against its operational plan, achievement of milestones, and the trajectory toward its longer term targets. The report should be made to the Working Group and to the Partnership’s Coordinating Board where appropriate follow-up measures can be discussed, as necessary. It should then be publicly available on the Working Group’s website.

Options for Board consideration

16. The Board will wish to consider options for appropriate oversight mechanisms. The Board is asked to determine its preference(s) in considering overall structural issues under section VII.

- One proposal commanding widespread support is for **formal six-monthly meetings of all Working Group Chairs (with Working Group Secretaries) and the Partnership Executive Secretary** to review Working Group/Secretariat plans; provide performance reports; identify synergies, overlaps and gaps among Working Groups and the Secretariat;

⁵ *Draft Manual of Procedures for the Stop TB Partnership*, 15.08.06

⁶ This proposal and options in paragraph 16 for oversight mechanisms should be considered in relation to the Board paper being prepared by the Partnership Secretariat on monitoring and evaluation of implementing the Global Plan.

and share news⁷. This would have the additional benefits of addressing coordination and communication problems.

A variant would be to include the Chairs of cross-cutting Working Groups. In principle, this could be helpful, but there is an issue about the consequent size of the meeting.

- An alternative - or supplementary - proposal is to establish a **Monitoring and Evaluation Committee** to monitor and evaluate Partnership performance. This Committee might or might not include Working Group Chairs as members, but would certainly be chaired by an independent partner and include wider members to provide external pressure for improved performance.
- It has alternatively been suggested that **the Retooling Task Force** should be retained to ensure a continued focus for cross-cutting issues among the Working Groups, and that it might also take on wider Monitoring and Evaluation, given its close involvement with at least some aspects of Working Group performance. It might need different expertise and a stronger locus to be effective in this role.

17. One of the aims of effective global health partnerships is to keep bureaucratic procedures low, and the intent of these proposals is not to generate pieces of paper to satisfy an annual bureaucratic need. It is to promote Working Group plans as living documents guiding targeted activities, to ensure that measurable progress is being made, to share the assessment with Working Group members, and to identify where the Board and the wider Partnership may be able to assist in overcoming obstacles.

IV: Communication, Coordination and Collaboration

Communications

18. Communications is typically a source of complaint in organisations. It is rarely seen as good enough. But the level of dissatisfaction expressed about Working Group communications generally is considerably higher than expected. This is important in a partnership where rapid, collective sharing of information is part of its essential purpose.

Communications among members of an individual Group/subgroup

19. Overall respondents identify communications as the area where they most want improvement. They value the publication of policies, best practices, and periodic reports of achievements and developments. These are generally set-pieces.

What they want in addition is:

- a *more dynamic approach* to communications, including ensuring that breaking news about Working Group matters is available quickly (just as major breaking news about TB matters is covered on the excellent general Stop TB Partnership website homepage)
- a *more interactive approach* to allow group members to share updates, feedback comments and contribute to group work and thinking.

There is a suggestion that some communications from partners to Working Groups go unanswered.

Options for consideration

⁷ The recommendations of Dr Hopewell's 2003 review included one for an annual meeting of the chairs and focal points of all working groups. *Recommendations to Improve Operations of the Stop TB Partnership Working Groups*, Document 6A, Stop TB Partnership Coordinating Board meeting, 10-12 October 2003, The Hague, Netherlands.

20. The answer for most respondents lies in **better use of web-based facilities** (acknowledging that access is sometimes a problem for some partners). Specifically, Working Groups and subgroups should consider:

- after each meeting, posting on their website a **one-pager with action points and responsibilities**. If thought necessary to restrict it to a share point site, the note should be accessible to all members of all Working Groups/subgroups and the Stop TB Coordinating Board.
- posting **breaking news** on the Working Group website
- all groups circulating an **e-newsletter** regularly, as some Working Groups do now
- creating a **live, on-line public forum for each Working Group** to facilitate more active participation from partners. This forum should be an integral part of Working Group activity, and therefore run by the Working Group's secretariat with the ability to respond and intervene (rather than, say, central staff in the general Partnership Secretariat).

Mechanisms of this kind would help address a questionnaire comment that 'most Working Groups, with the possible exception of DEWG and TB/HIV, do not function year-round as Working Groups'.

21. Websites are effective only if they are maintained properly. The Stop TB Partnership has a well-designed website, which provides considerable information about the Partnership, general news and announcements, and Coordinating Board activities. However, none of the dates of the many Working Group and subgroup meetings in October and early November 2006 were shown on the Calendar of Events on the Partnership homepage⁸.

The website also has specific, well-flagged sections for each Working Group. At the start of this review, the quality of the Working Group sites was variable but overall disappointing. Most contain the core elements of terms of reference, contact points, meeting dates, key publications etc. But only some give much sense of current developments⁹.

22. One constraint may be overload on group secretariats and in the Partnership Secretariat where there has recently been turnover in the section which services the website. The Executive Secretary has made funds available to some Working Groups in 2006 for website support.

Communications among Groups and subgroups, and with general Partners

"I have been involved with a Working Group for a year or so. I never hear about other Working Groups." *Questionnaire response*

23. Similarly, there has been a chorus of comments about the need for better and swifter communications among Working Groups, their subgroups, and general partners. As an example, one respondent commented that subgroup reports, eg from the PPM subgroup, did

⁸ The November Coordinating Board meeting was also not shown until recently. The Calendar of Events is generally empty, and does not reflect the range of activities being undertaken within the Partnership.

⁹ The TB/HIV, DEWG and ACSM WGs do provide a sense of current Working Group developments. By contrast, the New TB Vaccines WG site is mostly empty. The DEWG subgroups (Laboratory strengthening, PPM, Childhood TB and TB and Poverty) are keen amongst other things to increase their visibility and influence. Their website entries could be one tool in this. At present most have no more than Terms of Reference, and the names of the Chair and secretariat. There is no indication of who is on the groups, of what they are doing or when they are meeting.

not reach the totality of DEWG members, and that feedback was inadequate. Again, most proposed remedies involved using the web.

The options above for improving communications among members of individual Working Groups would simultaneously provide the means to include a wider range of members/partners.

Options for consideration

24. In addition, several respondents suggested establishing **online conference sessions for all partners**, to allow interaction across groups. The Partnership should maintain “an entertaining and dynamic forum on the website, accessible by all members, managed by the Partnership secretariat, with monthly questions provided by Working Group secretariats. The discussion would be summarised and presented to the Working Groups and the Coordinating Board.”

This could be run alongside a proposal for a structured electronic **mail box to which partners can send suggestions for improving the future work** of the Partnership.

25. **A constituency-based approach** is demonstrated by the Community Task Force which aims to ensure that community issues are adequately addressed throughout the Stop TB Partnership structure. It plans, among other things, to support community representatives on Partnership bodies through networking, maintain an e-forum on the ACSM website, hold conference calls, and issue a bimonthly newsletter. This is designed in part to maximise the effectiveness of community task force representatives' contribution to Working Group activities and outputs.

26. **Cross-membership** among groups and sub-groups is an effective mechanism for improving information flows. However, while excellent in principle, this may be less easy to effect in practice, given the pressure of work most partners seem to find themselves under.

27. There is no single solution to the problem of communications. Given the level of dissatisfaction, it would be worth the Partnership and individual Working Groups experimenting with several of the proposals made and evaluating their effectiveness. This will have manpower implications.

28. A reminder from a respondent: English is not the only language.

Collaboration and coordination of activities among Partnership bodies

29. A specific function of all Working Groups is 'to coordinate with other partners, Working Groups or committees to ensure synergy of action'. There is at present no formal system for coordination, which is generally perceived as weak.

Adoption of proposals made above should assist materially:

- experiment with a **matrix-style inter-Working Group operational plan** for the next planning period
- hold **formal six-monthly meetings of all Working Group Chairs (with Working Group Secretaries) and the Partnership Executive Secretary** to review Working Group/Secretariat plans; provide performance reports; identify synergies, overlaps and gaps among Working Groups and the Secretariat; and share news.
- If a **Monitoring and Evaluation Committee** is also established, it would have a detailed overview across Working Groups.

30. There is a demand for **more collaboration** across groups. The Retooling Task Force provides a good model. While recognising that it is still early days, the work of the Task Force, which is addressing specific issues across all relevant Working Groups, has been very well-received. It has engaged an appropriately wide range of representatives, moved work along crisply, and is seen as producing a practical and essential product. The Retooling Task Force points the way to a more integrative approach without compromising individual structures.

Greater collaboration with wider agencies

31. There is also a call for greater collaboration with wider agencies, particularly UNAIDS and other major AIDS bodies. Indeed, one suggestion is that the TB/HIV Working Group might be jointly owned by the Stop TB Partnership and an AIDS body. Other proposed areas for external collaboration are with the Commission on Social Determinants of Health and health system strengthening bodies.

V: Financial and Human Resources

Financing/funding

32. The Global Plan 2006-2015 will require \$56 billion over 10 years. It identified a funding gap of \$30.8 billion, based on Working Group plans and estimates¹⁰. Filling this gap is seen as a critical element in successful implementation.

There is a widespread view that this will require a strong, coherent approach across the Partnership, with **agreed financing strategies, close monitoring of funding flows, and means to ensure that funds are used to maximum effect**, avoiding distortion and poor usage. Mechanisms to ensure such an approach need boosting. The ACSM subgroup on Global Advocacy for Resource Mobilization fulfils only the advocacy functions. One suggestion is for a **Financing Working Group** or Task Force with a comprehensive and concrete approach to oversight of mobilising, monitoring and use of funds.

33. At Working Group and subgroup level, there is concern among members of some groups about the interface between collective Partnership and individual Working Group responsibility for fund-raising.

The Coordinating Board's general line has been that it is not a funding agency. Modest financial support for Working Group coordination and the convening of meetings may be available through the lead agency, the Working Group Secretariat or the Partnership Secretariat¹¹. For example, for 2006, the Partnership Secretariat has to date pledged \$553,000 from the Stop TB Partnership Trust Fund to the Working Groups for such functions and website support. Beyond that, Working Groups themselves have the primary role in raising funds for their activities.

¹⁰ The total of \$30.8bn covers \$24.7bn for Implementation Working Groups (\$22.5 bn for country needs and \$2.2bn for international agencies' technical cooperation) and \$6.1bn for New Tools Working Groups (\$0.4bn for diagnostics, \$4.2bn for drugs and \$1.5bn for vaccines).

¹¹ Information from *Draft Manual of Procedures for the Stop TB Partnership*, 15.08.06. Most Working Group and subgroup secretariat functions are based in WHO. Financing of those functions is the responsibility of WHO which seeks assistance, where appropriate, from partner institutions and the Stop TB Partnership Secretariat. Travel expenses for participation in meetings are shared between WHO and partner institutions, depending on the availability of funds. Historically, the TB Alliance, as the Lead Agency, has provided funding for the operations of the New TB Drugs Working Group (WGND). In 2005, the Stop TB Partnership Trust Fund began to provide a portion of the funding for the WGND annual budget. Financing is now shared between the Stop TB Partnership Trust Fund and the TB Alliance with matching funds.

However, some partners – particularly those in implementation subgroups – feel that this stance is now:

- becoming an unreasonable burden on voluntary, often technical, group members, as the mode shifts to implementation
- inequitable and inefficient, since some areas of activity seem to be less attractive to donors than others, regardless of the importance of the issue to successful implementation.

Recommendations

34. The Partnership's **overall approach to financing activities** is beyond the scope of this review, but should be considered as part of the forthcoming evaluation.

35. Whatever the approach taken, it is important that all Working Groups exercise **effective internal financial control and use of funds**¹².

As a minimum, in the interests of Stop TB Partnership Trust Fund accountability, **all Working Groups should provide a clear plan for, and timely report on, their use of Trust Funds**. This is not currently the case. The New TB Drugs Working Group report provides an exemplary model for such a report.

More broadly, a systematic approach to accountability suggests that the **annual Working Group performance report** recommended in paragraph 15 above should include a **financial report** covering funding from all sources.

Human resources

36. Often the main load of Working Group or subgroup activity depends on a limited number of people, usually in addition to their own job. It is striking how great a contribution individuals make to the Partnership¹³. Chairs come under particular pressure.

There are some signs of fatigue. A common view is that the momentum needed for implementation activities will depend materially on the future capacity of Working Group secretariats, who are in general heavily loaded. WHO provides most Working Group secretariats, despite increasing financial pressures on its Stop TB Department. The TB Drug Alliance has until recently bankrolled the secretariat for the New TB Drugs Working Group. The Executive Secretary has made funds available from the Partnership Trust Fund in recent years to support some secretariat costs.

Effective implementation of Working Group strategic plans in contribution to the Global Plan may require more, dedicated, secretariat capacity. When the Coordinating Board has determined the future structure and functions of its Working Groups, a **quick assessment of individual Working Group/subgroup secretariat capacity against needs and likely funds** would be a useful exercise.

¹² Currently several Working Groups wish to look to the Secretariat for more funding. But as at end October 2006, one Working Group still has \$100,000 unspent from its 2004 and 2005 allocations from the Secretariat. Two other Working Groups are underspent by 48% and 44% respectively on their 2004 allocations.

¹³ Eg among interviewees, one Working Group Chair had been spending 40% of time on Partnership activities, including Board level responsibilities, and has now scaled back. One subgroup member was spending one week in five on Partnership activities.

VI: Functions

Comprehensiveness of Working Group functions

37. In 2002-3, a re-examination of the roles and responsibilities of the then six¹⁴ working groups was led by Dr Philip Hopewell, with the similar objective of enabling the groups to function in a more efficient and effective manner in support of reaching the global targets for TB control. Its working paper concluded that while the working groups were areas of existing activity co-opted in to the Partnership and not developed as part of a prospective process, **by and large they do cover the main areas of TB control**, in relation to both operations/implementation and to research and development.

This **remains broadly the view** of respondents in 2006. In general, respondents were relatively satisfied about Working Group functions, other than in relation to communications and a small number of specific points.

38. A few suggestions have been made for new Working Groups with areas of interest which at least some respondents consider not to be adequately covered at present:

- geographically-focused working groups for regions where achievement of Partnership targets is least secure, namely **Africa and (Eastern) Europe**
- **financing** of implementation of the Global Plan 2006-2015
- **social and economic factors** related to Global Plan objectives
- possibly '**basic**' research.

Options for research are considered in a separate Board paper. Other options are discussed as part of a wider consideration of Working Group structure below.

Current work on Working Group functions

39. The Global Plan 2006-2015 set out the standard functions for all Partnership Working Groups.

Last year's exercise to define Working Group strategic plans, as part of Global Plan development, necessarily required Working Groups to examine their specific functions in relation to achieving the Plan targets.

Several Working Groups – MDR-TB, TB/HIV, the ACSM subgroup on Global Advocacy for Resource Mobilization, and the New TB Vaccines Working Group - are currently reviewing their functions in the course of revisiting their strategic plans, or developing more detailed operational plans. The Chair of the DEWG has indicated the need for a widely consultative review of the functions and title of the DOTS Expansion Working Group in line with developments encapsulated in the new Stop TB strategy, but has expressed a preference for undertaking this after the Board's consideration of structural options.

The outcomes could be taken into account by the 2007 evaluation.

¹⁴ The Advocacy, Communications and Social Mobilization (ACSM) Working Group was established in 2004.

VII: Options for the number and structure of Working Groups

"The Working Groups are the essence of the Partnership and should reflect its sense of vision – with an eye on the horizon, since the structures should not change every few years".
Interviewee

40. *A spectrum of views* - There is a spectrum of views about the optimal number and structure of the Working Groups. On balance, there seems to be more support for retaining the current structure of Working Groups, possibly with one or more modifications, than for more radical mergers or increases in the number of Groups.

Some interviewees argue for a reduction in the number of Working Groups as a matter of principle, (with five as the preferred maximum number). Others feel strongly that what matters is functionality, and that seven WGs as now is manageable.

Suggestions for new Working Groups include those for the African and the Eastern European Emergencies; Social and Economic Factors; Financing; and Basic Research.

There is a proposal that TB/HIV WG should be co-owned with a major HIV partner.

41. *Main options* - The main options with some degree of support are set out in the table below and examined in greater detail in Annexes 1-4. Other permutations are possible.

Table 1: Main structural options for Partnership Working Groups

MAIN STRUCTURAL OPTIONS PROPOSED DURING THE REVIEW
1. Retain current structure of 7 Working Groups (with review of DEWG functions) (<i>Annex 1</i>)
2. Retain 7 Working Groups with modifications to improve performance (<i>Annex 2</i>)
<ul style="list-style-type: none"> ▪ transform TB/HIV WG to African Emergency WG <i>or</i> establish African Emergency subgroup ▪ (possibly) transform MDR-TB WG into European Emergency WG <i>or</i> establish subgroup ▪ six-monthly meetings of WG Chairs + Partnership Executive Secretary ▪ and/or establish Monitoring and Evaluation Committee ▪ retain Retooling Task Force <i>OR</i> convert to Innovations/M&E Working Group ▪ TB/HIV WG to be co-owned with a major HIV partner
3. Reduce number of Working Groups (<i>Annex 3</i>)
<ul style="list-style-type: none"> ▪ merge Implementation WGs (DEWG, MDR-TB and TB/HIV) plus ACSM at country level ▪ <i>and/or</i> merge R&D WGs ▪ merge R&D WGs, merge DEWG and MDR-TB WG, retain TB/HIV WG with a health system strengthening role, and/or create new WG for Social and Economic Factors
4. Increase number of Working Groups (<i>Annex 4</i>)
<ul style="list-style-type: none"> ▪ add Financing Working Group (<i>see paragraph xx</i>) ▪ add Basic Research Working Group? (<i>separate Board agenda item</i>) ▪ convert selected cross-cutting subgroups to full Working Groups, for example: <ul style="list-style-type: none"> - Laboratory strengthening - Public-private mix - Infection control - Childhood TB - TB and poverty

42. *Stop TB Strategy* - One theoretical option might have been to restructure on the lines of the new Stop TB Strategy, with Working Groups for the six individual components:
- pursuing high-quality DOTS expansion and enhancement
 - addressing TB/HIV, MDR-TB and other challenges
 - contributing to health system strengthening
 - engaging all care providers
 - empowering people with TB, and communities
 - enabling and promoting research.

This has not commanded support.

43. *GDF and GLC* – the operation of the GDF and GLC falls outside the remit of this review, but widespread appreciation for the work of these bodies should be noted.
44. *Research Issues* - The Board is considering a separate paper on research issues, outlining two organizational options for promoting the full range of research activities across the Partnership: a Working Group/task force, or a cross-cutting mechanism to coordinate research mainstreaming throughout the Partnership. The Board's decision will need to be reflected in the Board's consideration of future structure.
45. *Timing issues* – A number of respondents suggested that timing is an important factor in the Board's decisions on structure. The majority argument is that now is not a good time for a major restructuring:
- Global Plan activity is largely based on current WGs. Major change will be disruptive and delay necessary acceleration in action if 2015 targets are to be achieved.
 - A distinct TB/HIV Working Group is necessary to maintain the momentum for action now being built up with the HIV community.
 - It is premature to lose a specific focus on MDR-TB, especially given XDR-TB.
 - The ACSM Working Group should be given time to establish itself.
 - Decisions on the Partnership's approach to health system strengthening should await the outcome of the WHO Task Force on health system strengthening in 2007.

On this argument, the Board should retain the basic current structure for the present, though there is scope for some modification. It should then review the structure at an agreed time, (eg 2008 or the mid-term review of the Global Plan 2006-2015 in 2011). Greater use should be made of time-limited task forces rather than subgroups.

The counter argument is that, if there is to be a major reorganisation, it is better done soon to allow the structures to bed down and give maximum benefit before 2015.

46. *Support for 'coordinating' or oversight bodies* – several options relate to 'coordinating' or oversight bodies such as a formal meeting of Working Group Chairs and the Partnership Executive Secretary, a Monitoring and Evaluation Committee or a longer-term Retooling Task Force. If accepted, these will require designated and sustained support. The Partnership Secretariat has a specific remit to maintain close and regular contact with working groups to facilitate coordination and support their work, and may be the natural secretariat for some. It will need to be staffed accordingly.

Coordinating Board consideration of the options

47. The Board will wish to discuss the options, and any additional proposals it wishes to offer. Annexes 1-4 provide more details of the key arguments on the options, which are summarised briefly in Table 2 below.

Stop TB Partnership Review of structure and functions of Working Groups
Interim options paper for the Coordinating Board, November 2006: Karen Caines

Table 2: Summary arguments for and against main structural options

Main options	Arguments made in support	Arguments made against
1. Retain current structure of 7 Working Groups	<p>i) Current structure has generally served Partnership well to date. Covers key areas of activity. Can tackle main criticisms about improved focus on action, accountability, coordination and communication by other means.</p> <p>ii) Global Plan 2006-2015 is based on current structure; detail for action is in plans developed by current WGs</p> <p>iii) major restructuring will be disruptive of relationships/action. Likely to lose a year in agreeing new structure, TORs, membership, Chair(s), plans etc.</p>	<p>i) 7 WGs are too many for Board to coordinate. Increases costs and size of Board meetings.</p> <p>ii) merger of Implementation WGs and/or R&D WGs necessary to reflect new Stop TB strategy, improve coordination and collaboration etc.</p> <p>iii) minority argument for more WGs, eg to include Lab strengthening, PPM, a Financing WG etc.</p> <p>iv) if structural solutions can help secure improvements, best to restructure now, not nearer 2015.</p>
2. Retain current structure with modifications, eg:	i) for reasons given above, retain basics of current structure. But modify to improve performance	
a) transform TB/HIV WG into African Emergency WG or establish subgroup	i) to improve action/accountability in the two regions where MDG achievement is least secure.	i) may suggest that tackling TB in the rest of the world is less important. ii) TB/HIV WG needed to maintain momentum with HIV community iii) action in Europe rests with the new European Regional Stop TB Partnership
b) transform MDR-TB WG into European Emergency WG or establish subgroup	ii) 'to move from policy development towards implementation'.	
c) six-monthly meetings of WG Chairs(with Secretaries) + Exec Sec	i) to assist WG coordination, communication, collaboration, M&E. ii) implement past decision	<i>[proposal generally welcomed, regardless of whether a separate M&E Committee established]</i>
d) establish Monitoring and Evaluation Committee	i) enhanced accountability critical. ii) some external pressure needed in addition to Chairs/Sec meeting	i) yet another body to service ii) M&E function can be performed by Chairs/Sec mtg plus Board oversight
e) retain Retooling Task Force OR convert to M&E WG	i) RTF will be needed longer-term. ii) could take on M&E function	i) <i>[proposal for keeping TF welcomed]</i> ii) might need different expertise for &E.
f) TB/HIV WG to be co-owned with a major HIV partner	i) would consolidate action on TB/HIV with HIV community	ii) STBP should collaborate with HIV community but needs its own focus
3. Reduce no. of WGs		
a) merge Implementation WGs plus ACSM at country level into a single Implementation WG	i) integrated implementation approach in line with Stop TB Strategy and most country activities	i) unmanageable structure, with continuing need for about 9 subgroups ii) 'downgrading' TB/HIV & MDR-TB premature and presentationally sensitive
b) merge R&D WGs into a single R&D WG	i) over-arching WG to set priorities,+ coordination, common approaches ii) increasing recognition of shared concerns, eg clinical trial sites iii) cd tackle basic research issues	i) another layer of infrastructure ii) the individual R&D WG communities tend not to overlap iii) coordination/communications can be achieved by other means
c) single Implementation WG and single R&D WG	<i>As above, plus</i> would maintain symmetry of Board representation	<i>As above, plus</i> symmetry less important than functionality.
d) as (c) and create Social and Economic Factors WG	i) impact on TB incidence will require addressing wider issues ii) specific need for greater focus on preventive/ social and economic factors	i) concept of a single Implementation WG should cover all aspects, including social and economic factors
e) as (d) but retain TB/HIV WG with leadership on health systems strengthening (HSS)	i) clear focus needed for contribution to HSS. TB/HIV WG could link effectively with HIV activism on HSS.	i) single Impl. WG should cover TB/HIV ii) HSS approaches on HSS should wait until WHO's Task Force on HSS completes its work in 2007.
4. Increase no. of WGs		
a) add Financing WG	i) effective financing strategies and monitoring fundamental to success	i) primarily a reluctance to increase the number of WGs
b) add Basic Research WG?	<i>Handling of basic research is a separate Board agenda item</i>	
c) convert cross-cutting subgroups to full WGs in a flatter structure, eg - Laboratory strengthening - PPM - Infection control - Childhood TB - TB and poverty	i) Their issues are generally cross-cutting, beyond DEWG. WG status would facilitate links with relevant WGs. ii) DEWG subgroups crucial to achieving 2015 targets or for social justice, but feel undervalued and under-resourced. WG status and Board seat would bring greater status/ influence.	i) Board cannot manage multiple WGs on this scale, nor absorb associated increase in number of Board seats ii) acknowledged problems can largely be resolved by alternative means, such as a matrix plan. iii) Funding is a wider problem, not resolved simply by becoming a WG.

VIII: ACTION FOR THE BOARD

48. The Board is invited to discuss the recommendations and options set out in this paper.
49. On the basis of its discussion, a final recommendations paper will be produced by 12 December 2006.
50. The Board is invited to establish a small group, **or** ask the body charged with oversight of the 2007 evaluation, to review the recommendations in the final paper, and advise the Board at its meeting in Berlin.

LIST OF ANNEXES

- ANNEX 1 STRUCTURAL OPTION 1:**
Retain current structure of 7 Working Groups
- but review DEWG functions and title
- ANNEX 2 STRUCTURAL OPTION 2:**
Retain 7 Working Groups but with modifications
- ANNEX 3 STRUCTURAL OPTION 3:**
Reduce number of Working Groups
- ANNEX 4 STRUCTURAL OPTION 4:**
Increase number of Working Groups
- ANNEX 5 SELECTED POINTS FROM INTERVIEW AND QUESTIONNAIRE**
RESPONSES
- ANNEX 6 LIST OF INTERVIEWEES AND RESPONDENTS [TO FOLLOW]**

ANNEX 1

STRUCTURAL OPTION 1: RETAIN CURRENT STRUCTURE OF 7 WORKING GROUPS

1. The Stop TB Partnership was established with six Working Groups: DOTS Expansion, MDR-TB, TB/HIV, New TB Diagnostics, New TB Drugs and New TB Vaccines. In 2004, a Task Force on Advocacy, Communications and Social Mobilisation was upgraded to Working Group status.

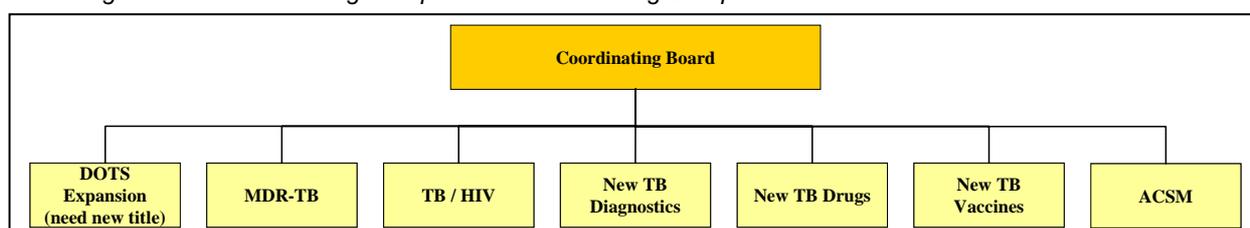
As noted in the main paper, a review of Working Group roles and responsibilities was undertaken in 2002-3. Its working paper concluded that while the working groups were areas of existing activity co-opted in to the Partnership and not developed as part of a prospective process, **by and large they do cover the main areas of TB control**, in relation to both operations/ implementation and to research and development. This remains broadly the view of respondents in 2006.

One theoretical option might have been to restructure on the lines of the new Stop TB Strategy, with Working Groups for its six individual components. This has not commanded support. But there is support for a widely consultative **review of the functions and title of the DOTS Expansion Working Group** in line with developments encapsulated in the new Stop TB strategy, to take place after the Board's consideration.

2. Option to retain current structure but review DEWG functions and title

Arguments made in support	Arguments made against
i) Current WG structure has generally served the Partnership well to date. It covers key areas of activity. Main criticisms about improving focus on action, accountability, coordination and communication can be tackled by other means. ii) Global Plan 2006-2015 is based on current structure; detail for action is in plans developed by current WGs. iii) a major restructuring will be disruptive of relationships/responsibilities/action. Likely to lose a year in agreeing new structures, TORs, memberships, Chair(s), plans etc. iv) representation on Board of current key groups should not be reduced. NB Even if the current structure is retained, the functions and title of the DEWG should be revised.	i) 7 WGs are too many for Board to coordinate. The maximum should be 5. ii) the number increases the cost and size of Board meetings. iii) merger of Implementation WGs and/or R&D WGs is necessary to reflect new Stop TB strategy, improve coordination and collaboration etc. iii) minority argument for upgrading some subgroups to full WGs, including Lab strengthening, PPM, Childhood TB, TB and poverty, a Financing WG etc. iv) if structural solutions can help secure improvements, best to restructure now, not nearer 2015 deadline.

Figure 1: Current Working Group Structure: 7 Working Groups



ANNEX 2

STRUCTURAL OPTION 2: Retain 7 Working Groups but with modifications

1. Probably a majority of respondents feel that the basic structure should be retained, for the reasons given for Option 1 (see Annex 1), but with one or more of a number of modifications to improve performance. The main proposed modifications are set out below. They could also be applied to other structural options.

2. A geographical focus on Africa, and possibly Eastern Europe

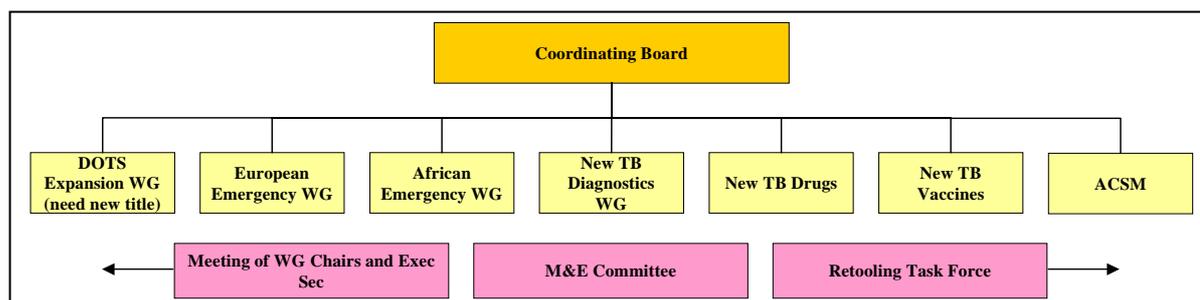
One set of proposed modifications argues for a **geographical focus on Africa, and possibly Eastern Europe**, on the basis that global TB incidence would be declining if not for the trend of the TB epidemics in these two regions. The proposal is to **transform the TB/HIV and MDR-TB WGs into region-specific African and European Working Groups** focused on action rather than policy. Members would be NTP managers/or the director-general of the MOH of the countries concerned, plus other stake-holders and an independent chairman. An alternative structure would be **regional subgroups of the new DEWG**.

Policy development for TB/HIV and for MDR-TB could be handled in **new technical sub-committees of the STAG** (the preferred option since STAG is the policy body), or be dealt with in technical sub-committees of the African and European Emergency Working Groups. In the latter option, the subcommittees should cover all regions and also serve the STAG.

The focus of globally constituted working groups for specific regions would be on bringing to bear country by country everything necessary for implementation of the country plans. This would include financial assistance, technical cooperation, approaches to key health system problems (especially the human resource crisis and inadequacies in laboratory infrastructure) and pressure for political accountability. Selected regions should report annually at a global forum on progress in the region overall and in its "high-burden countries".

<i>Arguments made in support</i>	<i>Arguments made against</i>
2a: transform TB/HIV WG into Africa Emergency WG OR establish Africa Emergency subgroup	
<ul style="list-style-type: none"> ▪ to improve action/accountability in the two Emergency Regions (Africa and Europe) where MDG achievement is least secure. ▪ 'to move from policy development (the mainstay in the current TB/HIV and MDR-TB WGs) towards implementation'. 	<ul style="list-style-type: none"> ▪ may be interpreted as implying that tackling TB in the rest of the world is less important. NB half of all new TB cases are in 6 Asian countries (Bangladesh, China, India, Indonesia, Pakistan, Philippines). ▪ premature and presentationally sensitive to downgrade WGs for TB/HIV and MDR-TB
2b: (possibly) transform MDR-TB WG into European Emergency WG OR establish European Emergency subgroup	
<ul style="list-style-type: none"> ▪ <i>Arguments in support and against as for 2a above</i> 	<ul style="list-style-type: none"> ▪ should be the task of the new European Regional Stop TB Partnership

Figure 2: 7 WGs, with MDR-TB and TB/HIV WGs replaced by European and African Emergency WGs



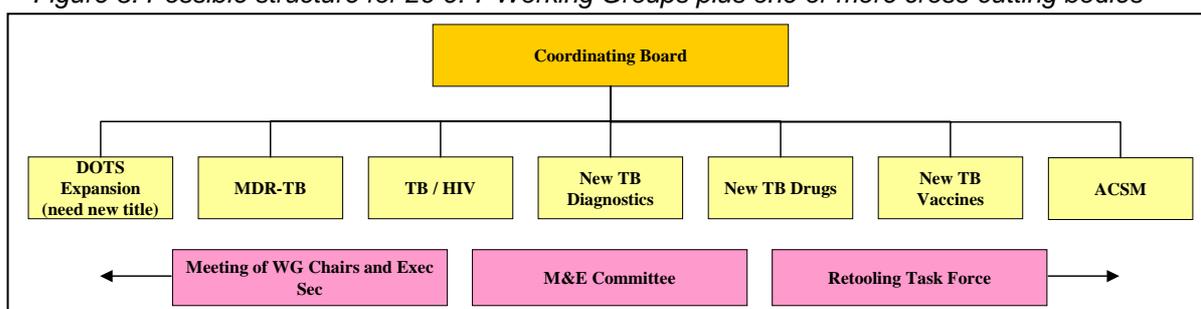
3. Structures to improve coordination, communication, collaboration & accountability

A different set of proposed structural modifications are designed to improve coordination, communication, collaboration and accountability among the Working Groups – key problems identified by respondents in the review. The main options proposed include:

- holding **formal six-monthly meetings of all Working Group Chairs (with WG Secretaries) and the Partnership Executive Secretary** to review WG/Secretariat plans; provide performance reports; identify synergies, overlaps and gaps among WGs and the Secretariat; and share news. A matrix-style inter-WG operational plan would be helpful.
- AND/OR establishing a **Monitoring and Evaluation Committee** to monitor and evaluate Partnership performance. This Committee might or might not include WG Chairs, but would certainly be chaired by an independent partner and include wider members to provide external pressure for improved performance.
- **retaining the Retooling Task Force** to ensure a continued and practical focus for cross-cutting issues among the WGs and effective preparations for introduction of new tools to 2015. One suggestion is that this Task Force might take on the wider M&E functions, given its close involvement with at least some aspects of WG performance.

<i>Arguments made in support</i>	<i>Arguments made against</i>
2c: formal six-monthly meetings of WG Chairs and Partnership Executive Secretary	
<ul style="list-style-type: none"> ▪ Improved WG/Secretariat coordination, communication, collaboration, M&E is vital. Regular meetings to review WG draft plans, performance reports and share news would assist. ▪ Would fulfil earlier decision; and more in line with principle of WG autonomy 	<i>[proposal generally welcomed, regardless of whether or not a separate M&E Committee established]</i>
2d: establish Monitoring and Evaluation Committee	
<ul style="list-style-type: none"> ▪ enhanced accountability crucial. ▪ some external pressure on WGs needed in addition to Chairs/Exec Sec meeting. 	<ul style="list-style-type: none"> ▪ yet another body to service ▪ M&E function can be performed by Chairs/Sec meeting plus Board function.
2e: retain Retooling Task Force OR convert to Innovations/M&E WG	
<ul style="list-style-type: none"> i) Retooling Task Force doing a good job; will be needed longer-term. ii) some envisage it taking on cross-cutting M&E function instead of M&E Committee. 	<ul style="list-style-type: none"> ▪ <i>[proposal for keeping Retooling Task Force generally welcomed]</i> ▪ might need different expertise and stronger locus to be effective in M&E.
f) TB/HIV WG to be co-owned with a major HIV partner	
<ul style="list-style-type: none"> ▪ would consolidate action on TB/HIV with HIV community, enhance momentum 	<ul style="list-style-type: none"> ▪ STBP should collaborate with HIV community but needs its own focus

Figure 3: Possible structure for 2c-e: 7 Working Groups plus one or more cross-cutting bodies



ANNEX 3

STRUCTURAL OPTION 3: REDUCE NUMBER OF WORKING GROUPS

1. Some interviewees argued for a reduction in the number of Working Groups *as a matter of principle*, with five WGs emerging as the preferred maximum number. Others felt strongly that what mattered was functionality and that seven WGs as now was manageable.

2. *Allow ACSM WG time to prove itself*

Several respondents queried the ACSM WG. But it was established after other WGs, has only just finalised its governance and should be given time – eg 2 years - to prove itself.

3. *Single Working Groups for Implementation and/or R&D*

The most commonly proposed changes leading to reductions in WG numbers were:

- **merging the DOTS Expansion, MDR-TB and TB/HIV WGs into a single Implementation Working Group, together with the ACSM at country level component AND/OR**
- **merging the New TB Diagnostics, New TB Drugs and New TB Vaccines WGs into a single R&D Working Group**, and including basic research issues and possibly operational research (though alternatively operational research could be the responsibility of an Implementation Working Group).

Merger of the three Implementation Working Groups was explicitly discussed at Versailles in October 2005. Differences of view were mostly about timing rather than long-term vision. A key argument in favour of the WGs coming together is the desirability of a more integrated Partnership approach to implementation in line with the new Stop TB Strategy and with most TB control activities at country level. However, early merger may not be opportune, and would certainly need sensitive handling. Closer engagement on TB control during 2006 with the HIV community – and the need for yet closer engagement – suggest now may not be the moment to move away from a Working Group with an explicit focus on TB/HIV. Similar arguments have been made in relation to the MDR-TB WG in light of the emergence of XDR-TB, though others argue that XDR-TB highlights the need for a more effective integrated approach.

<i>Arguments made in support</i>	<i>Arguments made against</i>
3a: merge Implementation WGs and ACSM at country level into single WG	
<ul style="list-style-type: none"> ▪ integrated implementation approach in line with Stop TB Strategy and most country activities ▪ work on ACSM at country level has closer links with implementation activities than with global advocacy. 	<ul style="list-style-type: none"> ▪ unmanageability of structure, with continuing need for possibly 9 subgroups. ▪ TB/HIV WG needed to maintain momentum being built with HIV community ▪ political sensitivity about appearance of downgrading TB/HIV and MDR-TB WGs
3b: merge R&D WGs into single WG	
<ul style="list-style-type: none"> ▪ over-arching R&D WG to set priorities, ensure coordination, common approaches ▪ increasing recognition of shared concerns, eg clinical trial sites ▪ could embrace basic research issues 	<ul style="list-style-type: none"> ▪ another layer of infrastructure ▪ the individual R&D WG communities tend not to overlap significantly ▪ coordination/communications can be achieved by other means, especially given a Chairs meeting and a Retooling Task Force
3c: merge Implementation WGs and ACSM at country level into one WG and merge R&D WGs into another WG	
<p><i>[arguments as above] plus</i></p> <ul style="list-style-type: none"> ▪ would maintain symmetry (eg of Board representation) between implementation and R&D groups. 	<p><i>[arguments as above] plus</i></p> <ul style="list-style-type: none"> ▪ a view that symmetry is much less important than functionality. Argument for merger of one set of WGs does not of itself require merger of the other set.

Figure 4 :Possible structure for 3a: single Implementation WG plus ACSM at country level

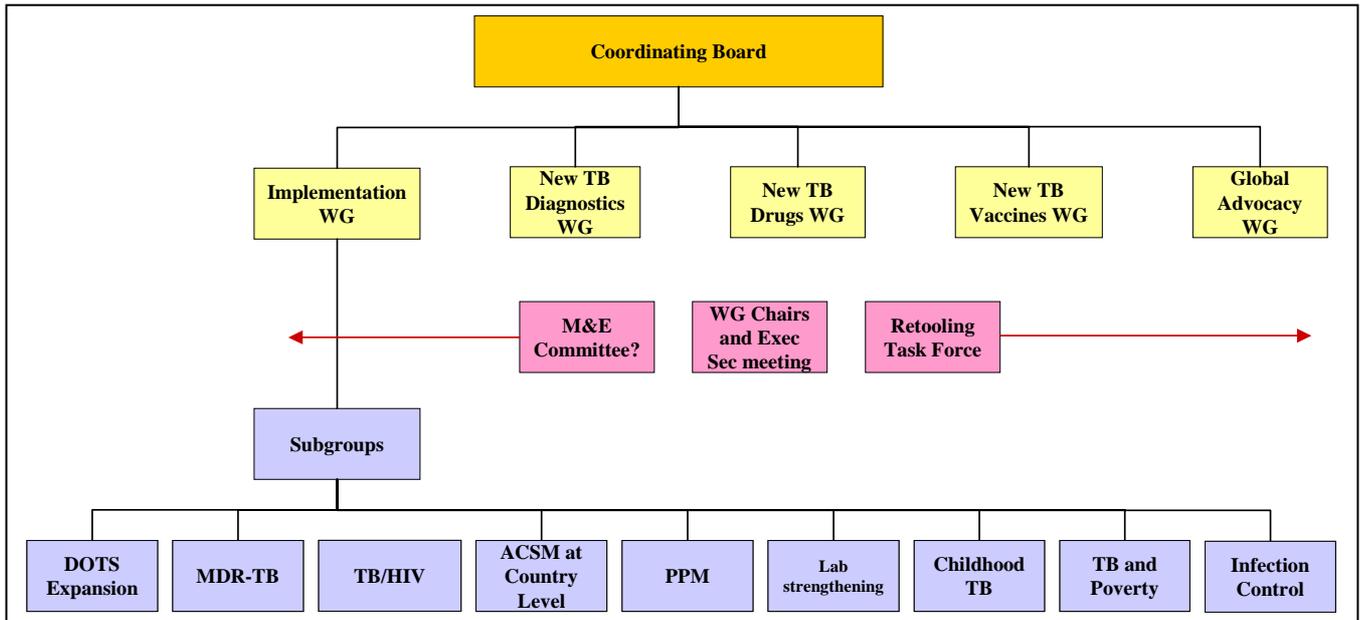


Figure 5: Possible structure for 3b: single R&D Working Group

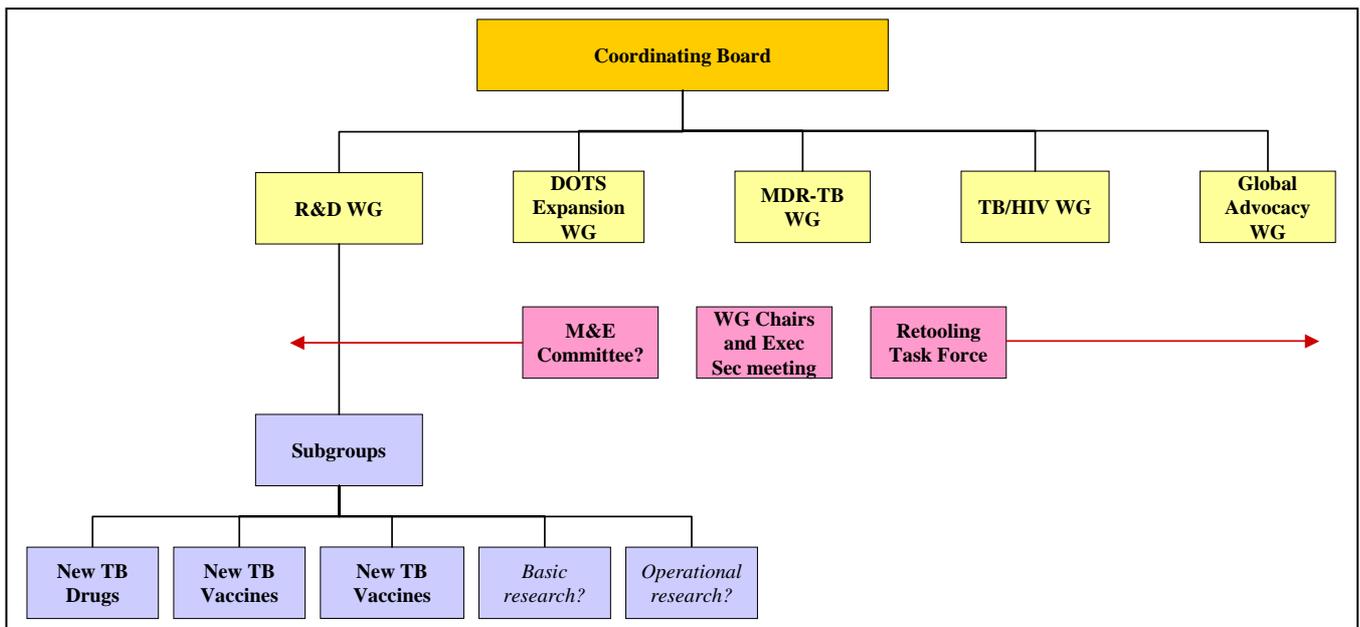
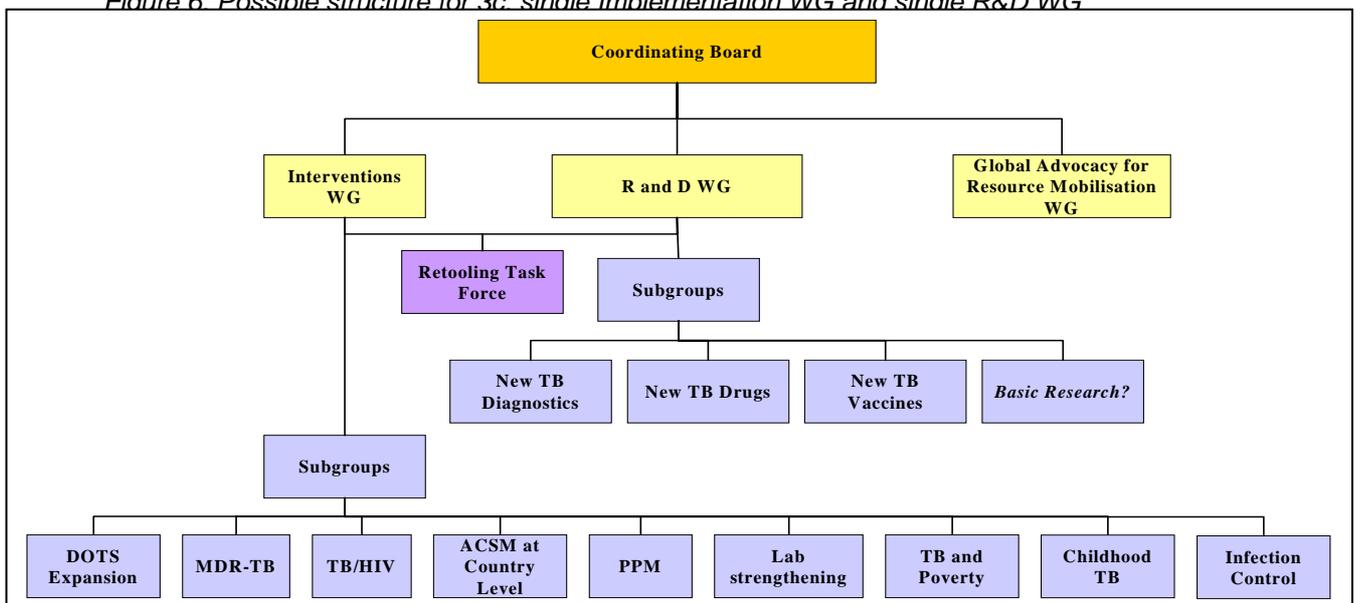


Figure 6: Possible structure for 3c: single Implementation WG and single R&D WG



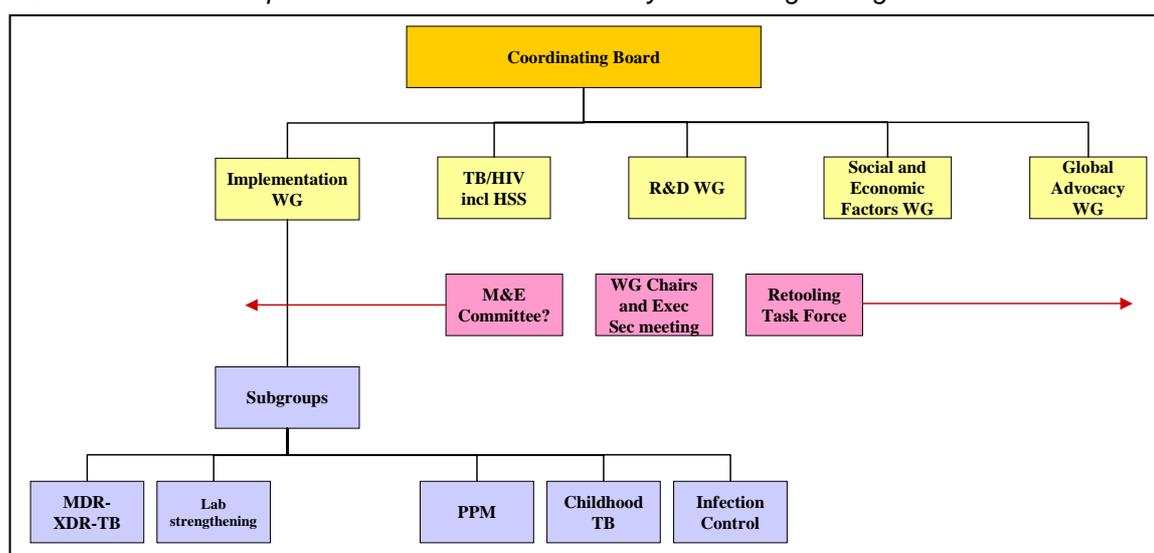
3. Addressing wider issues (social and economic, health systems)

A different view agrees that there should be no more than 5 Working Groups, but argues that they should reflect a wider range of issues that will need to be addressed if the desired impact on TB incidence is to be achieved. Specifically, the Partnership should have a **focus at Working Group level for the social and economic factors** that influence TB and TB prevention heavily. This would incorporate current work on TB and poverty, and social mobilisation.

It is also argued that there should be a **stronger focus within the Partnership on health system strengthening**. Ideally this might be developed in concert with the HIV community. It has been suggested that the TB/HIV WG could provide leadership on this area within the Partnership and a bridge to wider action.

<i>Arguments made in support</i>	<i>Arguments made against</i>
3d: create a new WG for Social and Economic Factors	
<ul style="list-style-type: none"> ▪ on current results, real impact on TB incidence not large even where targets achieved. Need for greater focus on prevention/social and economic factors. ▪ Appropriate interventions could be developed over time. 	<ul style="list-style-type: none"> ▪ Associated concept of a single Implementation WG should cover all aspects, including social and economic factors.
3e: retain separate TB/HIV WG, with responsibility for leadership on Partnership contribution health systems strengthening (HSS)	
<ul style="list-style-type: none"> ▪ need clear focus for Partnership contribution to health system strengthening. TB/HIV WG could link effectively with HIV activism on HSS. 	<ul style="list-style-type: none"> ▪ a single Implementation WG should cover TB/HIV ▪ Partnership approaches on HSS should wait until WHO's Task Force on HSS completes it work in 2007.

Figure 7: Possible structure for 3d-e: a Working Group for Social and Economic Factors, and TB/HIV WG to develop lead role in relation to health system strengthening



ANNEX 4

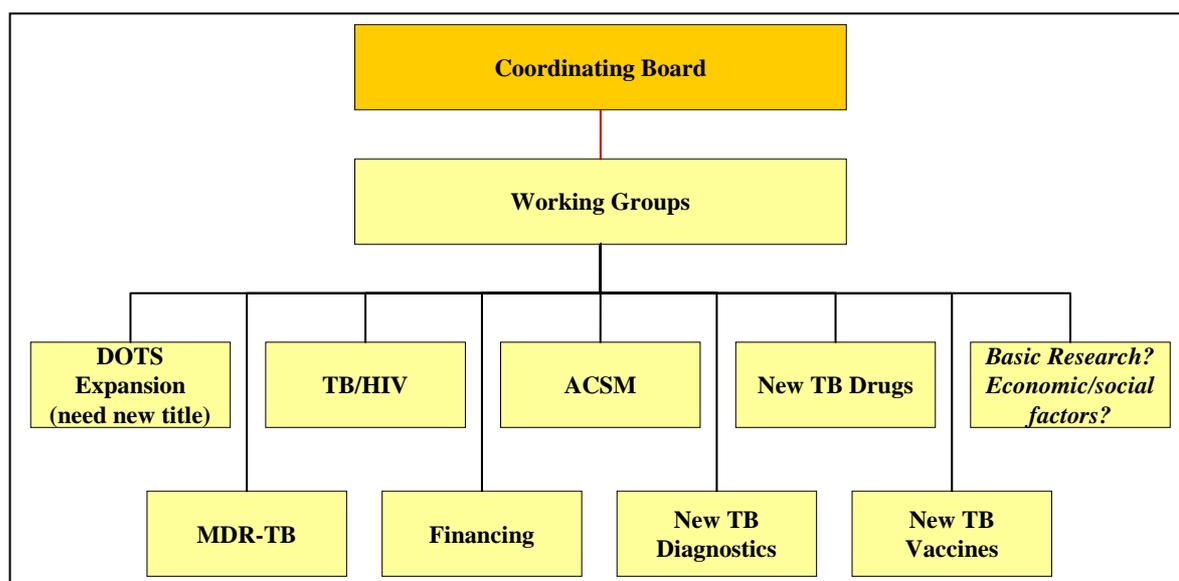
STRUCTURAL OPTION 4: INCREASE NUMBER OF WORKING GROUPS

1. A sizeable majority of respondents feel that in principle there should be no increase in the current number of seven Working Groups.

There are, however, proposals for a new **Financing Working Group** (see paragraph xx in main paper), an **Economic and Social Factors WG** (see Annex 3) and a possible option of a **Basic Research WG** (separate Board paper). A decision to establish any such WG without off-setting reductions among the current WGs would lead to an increase.

<i>Arguments made in support</i>	<i>Arguments made against</i>
4a: add Financing Working Group	
<ul style="list-style-type: none"> ▪ effective financing strategies and monitoring are fundamental to successful implementation 	<ul style="list-style-type: none"> ▪ primarily a reluctance to increase the number of WGs
4b: (possibly) add Basic Research Working Group	
<ul style="list-style-type: none"> ▪ <i>handling of basic research is being considered under a separate Board agenda item</i> 	

Figure 8: Possible structure for options 4a and b: retain all current Working Groups and add a Financing WG (plus possibly Basic Research WG or Economic and Social Factors WG)



Upgrade selected subgroups to Working Groups

2. A minority proposes **an increase in the number of Working Groups**. In most cases the proposals are designed to secure a Board seat and hence greater status, influence, visibility, funding etc for specific areas of Partnership activity which are at present felt to be undervalued and under-resourced in relation to the contribution they have to make in implementing the Global Plan.

This is felt particularly strongly by some cross-cutting DEWG subgroups, (eg the Laboratory Strengthening Subgroup which has close links with R&D as well as Implementation WGs and deals with an issue increasingly recognised as rate-limiting on progress in TB control).

A subsidiary argument made is that the hierarchical disposition of cross-cutting groups as subgroups is antithetical to the Partnership's values of equity and inclusivity. It is argued that **all such groups would become Working Groups in their own right.**

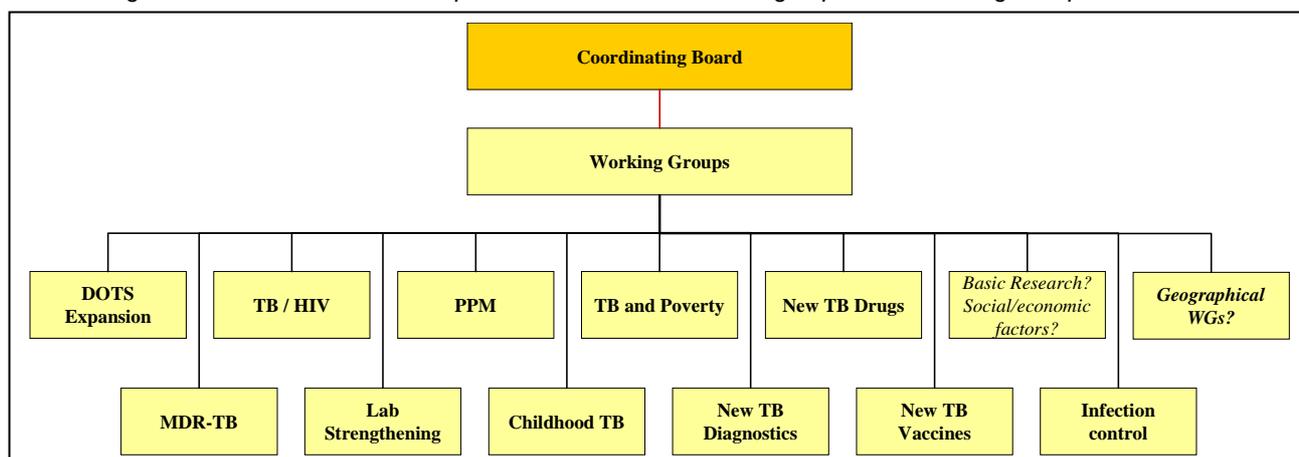
The outcome would be some 11 WGs, and more if other proposals were accepted. This would require robust systems for coordination and communication. It should also entail a reconsideration (during the 2007 evaluation) of the size or functions of the Coordinating Board. The Board's current 34 members would grow to 39 (possibly more) if all WG Chairs continued to have a seat. A Board of this size is likely to struggle with exercising its coordinating and decision-making functions.

If this proposal is not pursued, other solutions should be developed. NB: if the Board opts for a single Implementation WG with multiple subgroups, differences in comparative status will largely disappear. There should be appropriate representation on the Implementation WG. Evidence suggests that the current DEWG subgroups receive as much funding from the Partnership Secretariat as if they were full WGs, so their financial position would not necessarily change materially.

What may be helpful, regardless of the status of groups, is **a matrix plan for WG/subgroup activities, showing key activities and who is responsible for them.** An experiment with this approach is suggested in paragraph 13. This packaging of activities might be more attractive to donors and assist those areas of work which are crucial but less in the public eye. It would also strengthen coordination and accountability across the various groups.

Option 4c: convert selected subgroups to full Working Groups, for example	
- Laboratory strengthening	
- PPM	
- Infection control	
- Childhood TB	
- TB and poverty	
Arguments made in support	Arguments made against
<ul style="list-style-type: none"> ▪ The issues are generally cross-cutting, beyond DEWG. WG status would facilitate links with all relevant WGs. ▪ Some subgroups (eg Labs, PPM) are crucial to achieving the 2015 targets; others are important in terms of equity and social justice. At present they feel undervalued and under-resourced. 	<ul style="list-style-type: none"> ▪ The Board will not be able to manage multiple WGs on this scale; nor absorb the increase in number of Board seats. ▪ It is acknowledged that there are some problems but they can largely be resolved by alternative means, such as a matrix plan. Funding is a wider problem, not resolved simply by becoming a WG.

Figure 9: Possible structure for option 4c: convert selected subgroups to full Working Groups



SELECTED POINTS FROM INTERVIEW AND QUESTIONNAIRE RESPONSES

Introduction

The questionnaire was sent electronically to all partners in the Partners' Directory, all members of Working Groups, members of the Coordinating Board and others. 44 written replies were received – a low response. The questionnaire also provided the structure for interviews.

The key themes from the responses are reflected in the main report. This annex provides greater detail about responses under the various headings. Examples given focus primarily on the operation of Working Groups rather than technical TB control issues.

Inevitably, there are some contradictions in responses. What one person values, another may think needs improvement.

Concerns about Working Groups' communications and about coordination among Working Groups echoed through responses. Comments were expressed under several different questionnaire headings.

5(i): What do you see as the *critical factors* for the successful implementation of the Global Plan to Stop TB 2006-2015, with its constituent individual Working Group strategic plans?

Action and accountability – multiple references. Examples:

- 'A more outcome oriented method of working with clear goals, realistic deadlines and assignment of tasks to an individual/organization who/which is made accountable if targets are not met. At the moment too much talk, too many meetings and not enough results oriented'.
- 'implementation is vital..the whole issue is accountability: partners and countries taking responsibility for action. Build on DEWG's form of 'stimulative accountability' with 22 HBCs...The time is ripe...this is the logical next step'
- 'Accountability is a fundamental issue: Working Groups should be responsible for monitoring progress on plans, (with Secretariat focal point) and report to Board. Board (and wider Partnership?) collectively responsible for assisting with problems etc.'

Resource mobilization, often combined with *political will* - multiple references, eg

- 'Strong political commitment, greater social awareness, overcoming \$31bn funding gap'.
- 'The most important factor will be meeting the financial requirements set out in the Plan'.

Empowerment and representation of communities – several references, eg

- 'Accountable representation and meaningful participation of civil society...In terms of element five of the Stop TB Strategy (*Empower people with TB, and communities*), the current operation is a failure'.
- 'Increased community participation for programme design, delivery and monitoring'.
- 'The structure and plan should have ownership from infected/affected TB patients which is impossible while they are not involved in implementation'.

Technical assistance – several references, eg:

- 'National TB Control Programs are overstretched and understaffed...To implement the new strategy, countries need technical assistance'.
- 'Intensifying and maintaining monitoring missions and TA to countries in order to ensure they feel watched and supported, and are held accountable'.

Action and capacity-building at country level – several references eg

- 'Clear regional and country-level plans for implementation'.
- 'Individual WG plans must link up with NTP managers'.
- 'Capacity building at country level (i.e. laboratory network, quality assurance, adequate access to urban poor)'. /'The lack of quality assured laboratory services is a major hindrance'. / 'need for quality staff'
- 'Sharing publication and dissemination of good practice and progress to stimulate laggard countries to pick up and join in'.
- 'Developing strategies and new technologies (diagnostic, drugs) to reach the poor and most marginalized populations (with the highest TB burdens) and improve their cure rates'.

Selected other points

- 'To allocate people fully dedicated to the management of specific working groups and of specific tasks within working groups'.
- 'A procedure to bring innovations in an accelerated way to markets, bringing accessibility for the patients and rewards for the innovator companies'.
- 'Specific mobilization of funding for the TB & Poverty Action Plan'.
- Securing support from 'the DEWG so that the policies on the management of childhood TB be more widespread'.
- 'Clearer linkage with the work of the Commission on Social Determinants of Health'.
- 'Clearer linkage with health systems strengthening'.
- *Several comments about Working Group communications and coordination.*

5(ii): What features, if any, do you value in the current operation of the seven Working Group(s), including functions, structure and inter-relation with other Stop TB Partnership bodies?

Development and dissemination of materials, information updates

- 'Development of technical policies, advocacy and promotion around each of the themes'.
- 'Periodic reports of achievements and developments, with publication of best practices and practical recommendations'.
- 'My staff and I really appreciate the timely and accurate information that Stop TB Partnership has now made available to us.' [*Appreciation for information received but same respondent complained that attempts to communicate with the Partnership and several of its Working Groups were ignored. "This is totally unacceptable behaviour"*]

Representation

- 'Good efforts to include all stakeholders including patient organizations'.
- 'Initially when I was asked to participate, I thought there were way too many people on the [TB/HIV] WG. But over the years I have come to appreciate the need to bring voices from the individual countries to the global arena to contribute, and to learn from different experiences. Then the resolutions coming from the WG are sent up to a core group that refines and massages the actions necessary for the way forward'.
- 'Properly planned; broad-based with involvement of intellectuals and organizations'.
- 'Broad representation – thus can quickly harness wide-ranging opinions and mould them into policies'.

Governance

- 'Governing structure is well implemented'.
- 'Focussed TORs - which have resulted in adoption of policies & ideas'.
- 'The presentations of Working Group progress to the Board. This top down approach sometimes supports building pressure for policy decisions and implementation and setting up future directions'.
- 'Regular feed back and discussion on progress within CB; concrete translation to country level because operational partners are participating in Task Forces'.
- 'The transparency and accountability of each Working Group' But NB another respondent's comment: 'My experience thus far has been that the WG is really not transparent. People are "left off" invitation lists, and others repeatedly volunteer for tasks but are nonetheless excluded'.

Several specific references to New Tools work, eg

- 'Opportunity for discussion and debate about the need to maximise the use of existing tools and the need to develop new tools'.
- 'I value the fact that the [New Diagnostics Working Group] provides a regular forum for sharing information and tries to instil a spirit of activity and movement in the field of diagnostics'.
- 'The structure and functions of this [New TB Drugs] WG were well organised'.

Selected other points

- 'Some very dedicated individuals from stakeholders, including development agencies'.
- 'The value of a small subgroup [Childhood TB subgroup of the DEWG] lies in the fact that the group can influence and change policy but needs to be part of a large group [DEWG] to ensure that policies advocated by the subgroup are implemented'.
- 'Involvement in the Working Groups helps me to advise others about how to fit their work into the larger framework of global policy developments'.
- 'Regular meetings, teleconferences and follow ups, except Childhood TB and TB and Poverty Working Group'.
- 'Growing awareness of the need to collaborate with HIV programmes'.

Question 5 (iii): What *improvements*, if any, would you like to see in (a) *the functions of the Working Groups*?

In general, respondents were relatively satisfied about Working Group functions, other than in relation to communications and a number of specific points.

- 'The functions of the Working Groups are quite comprehensive at present..[they have] addressed all possible avenues, including private sector organization.'
- 'The functions are clear and finely drawn.'

Better communications within Working Groups

- 'For better coordination, an **e-newsletter** should be circulated regularly among the members of the group.'
- 'create a **live online public forum for each WG** to facilitate more active participation/ input from partners, to be run by WG secretariat...members can post their findings. Such forum is monitored by the working group secretariat'
- 'Reports and communications to be more timely.'
- 'The Vaccine Working Group has a poor website.'

More responsive to partners

- 'To date our communications most often never seem to be answered... The Global Stop TB organisms must use all of their efforts to **greatly improve the ability to have dialogue** between the partners and working groups. It must be remembered that the partners have affiliated themselves with this organization with the purpose of using their expertise to help the organization to resolve the international disaster known as Global TB.'
- '**Communication needs to be simplified** to be more inclusive both at strategic and operational levels.'

Specific Working Group comments

- 'most Working Groups do not function year-round as Working Groups, with the possible exception of DEWG and TB/HIV.'
- 'The ACSM working group continues to focus primarily on communication (rather than social mobilization or advocacy).'
- 'The ACSM Working Group should segment different target groups, with separate plans and targets for each.'
- 'The Vaccine Working Group could be more active in coordinating events...it is a critical time for the Stop TB vaccine working group to foster interactions within the TB community.'
- 'New TB Drugs WG functioned very well in drawing up the plan for new drug development.'
- 'We need to find a way of embedding the work of the TB & Poverty Subgroup within the plans and aspirations of all the Working Groups.' *Similar comments related to the Laboratory Strengthening, PPM and Childhood TB subgroups.*

Selected other points

- There should be 'more interaction with other international initiatives.'
- 'Country level NTPs [should] involve working group members in [their] activities and planning..[Working Group members should share their information] at country level with NTP, local WHO and UN agencies.'
- Working Groups should be 'temporary, reflecting this in clear timelines and milestones for outputs and phasing out.'
- 'Human resource development issues are not emphasized enough'.

5 (iv): What *improvements*, if any, would you like to see in (b) the *structure* of the Working Groups, either individually or as a group. If you favour a reorganisation of the current structure of Working Groups, Subgroups and Task Forces, what specific suggestions do you recommend?

Respondents' views on the main options on structure have examined in Annexes 1-4. They are not therefore covered in detail here.

No major restructuring

A substantial number of responses did not favour major restructuring, eg

- "If it ain't broke, don't fix it". Is the structure broke?
- 'I am not in favour of a re-organisation. I think we should work harder to build on the structure that we have.'
- 'I would not change the structure too much as any change will mean stalling current progress, but Working Groups need to work more efficiently with clear and measurable objectives.
 - All WG chairs/leaders should be trained in management/ chairing meetings
 - Working Group chairs should have good internet/phone connections
 - Core groups should be able to meet face to face with well prepared agendas at least twice per year between a main meeting at the World Conference
 - Working Group meetings with more than 20 people are not Working Group meetings, these are small conferences which do not allow business [to be conducted.]'

Proposals examined in Annexes 1-4

- Working Groups for African and Eastern European TB emergencies
- Integration of Implementation Working Groups
- Integration of R&D Working Groups
- An 6 monthly-meeting of Working Group Chairs and the Executive Secretary *and/or* a Monitoring and Evaluation Committee
- Continuing locus for the Retooling Task Force *OR* Working Group
- Upgrading some subgroups to full Working Groups, eg 'Childhood TB WG should be a separate WG, not a subgroup, and should have funding to support its mandate'; 'Laboratory Strengthening should be a full WG'.
- Shared ownership of the TB/HIV WG with some body representing HIV/AIDS community
- Possibly a Basic Research Working Group.

Selected other points

- Do not restructure now but review the structure again in (a) two years; or (b) at the mid-term review of the Global Plan 2006-2015 in 2011.
- 'There should be no more additional Working Groups'.
- 'For TB/HIV WG I see good justification to continue for another 2-3 years until all 22 HB countries have integrated TB/HIV well in their workplans, and until all HB TB/HIV countries have sound TB/HIV programs being scaled-up. After that, TB/HIV can be down-graded to a TB/HIV subgroup that will continue focussing on development of new or revised technical policy and development of the evidence base through operational research, and good analysis of surveillance data'
- 'the three R&D WGs could merge in a new tools WG with specific subgroups for each of the tools, and an extra (sub)group that would work on market placement and pricing mechanism to increase accessibility and affordability while delivering value to the innovator companies.'
- 'ACSM should be subsumed under the Secretariat under the supervision of the Coordinating Board.'
- 'How Task Forces come into being or are prioritized and funded does not seem to be a transparent process.'

5 (v): What *improvements*, if any, would you like to see in (c) *representation on the Working Groups*?

A clearer framework for, and recognition of, membership

- 'The WG should have a **clearer framework for membership**. Many people come and go, with little continuity.'
- 'Clarification of membership - at present it is very open and fluid, but there may be utility in setting up more formal criteria for membership.'
- The members of the Working Groups in each country should be properly recognised through some sort of certification. National Tuberculosis Control programmes (NTP) should be advised to involve the members in all their activities
- 'Make the process for getting involved be more transparent.'

Active representation

- "Membership is currently on personal title without adequate feedback or input from wider **constituencies** represented. Members must be obligated to provide feedback and request input from the wider world they represent."
- '**Civil society' will now have three seats [on the Coordinating Board]**, under the two vague headings of 'NGOs' and 'communities'. We propose a refinement of these headings to the following:
 - **NGOs from developed nations;**
 - **NGOs from the developing countries;**
 - **Community (people living with TB, former patients or frontline TB health workers).**

Modeled as a miniature version of the Global Fund civil society structure, it allows each constituency to develop a consultative process, terms of reference and a methodology for open elections, democratic standards and monitoring. It allows for a delegation of shared responsibilities so that each working group or area of focus can have the meaningful participation of civil society, functioning together in common cause. This will facilitate the elected Board members being directly connected to the development of plans for increasing participation 'on the ground'.

- 'It has been very difficult for members of the Community Task Force to effectively contribute to WG activities and outputs.'

Wider representation

- 'Every group should have **at least two TB patients (one male and one female) from grass root communities**... Patients are not part of problem, they are part of solution, they are not useless, they are useless.'
- 'The move to include community representatives on the working groups is admirable. However to make this representation meaningful, the working groups need to build the capacity of the community representatives, eg through inviting submissions from the community groups about how to build capacity and to provide mentors from within the working groups.'
- '**High burden countries should not be the only criteria for Working Groups; also include high incidence countries**' (*several comments*)
- 'More representatives from national programmes and nationals working with other initiatives to increase reality check; through interaction via websites or teleconferences scope can be increased to [secure] more representation from the ground' *but also* 'It is all right for the representatives of the technical agencies but program managers are traveling probably too much to participate in one or more of the separate WGs.'
- 'There is currently little scientific representation in the Working Groups.'
- 'expand representation of partners involving in the biotech industries'
- 'Include social scientists'.
- 'more HIV representatives on TB/HIV WG' *but also* representation is 'fine for TB/HIV and PPM subgroup'.
- 'New TB Drugs WG was adequate in its representation of all aspects of new drug development.'

5 (vi): What *improvements*, if any, would you like to see in (d) *inter-relationships* among Working Groups and with other Stop TB Partnership bodies (including Task Forces, and the Coordinating Board)?

This question provoked a chorus of comments about the need for **better and swifter communications** and **greater coordination among Working Groups and their subgroups**, eg

Better communications among Working Groups and with other Partnership bodies

- 'Currently there is no proper system within groups for communication and information sharing. Most of the groups do their work without sharing or informing other groups.'
- 'Subgroup reports, like PPM, do not reach the totality of the DEWG members and feedback is inadequate.'
- 'There are many common activities among the working groups on new vaccines, diagnostics and drugs that could benefit from **more interaction and communication among the groups**'.
- 'I have been fairly involved with a Working Group for a year or so. I never hear about the other Working Groups'.
- 'after each Working Group meeting, **a one-pager with action points and responsibilities should be posted** on a share point site which can be accessed by all members of all Working Groups and the Stop TB Coordinating Board.'

Greater interaction and coordination

- 'Communication and coordination between the various bodies can be improved. The Coordinating Board can insist on joint undertakings to tackle vital or new issues.'
- Need for 'more joint productions and co-hosting of important themes'
- 'There is a tendency for subgroups to clamour for full Working Group status. There is not enough emphasis on coordination among the WGs for the full anti-TB effort.'
- 'At a level other than the coordinating board, **information from the Working Groups should be brought together and synthesized into action-oriented planning. Maybe..the chairpersons of the WG should meet** under guidance of a cross-cutting delegation. This should then be presented to the Coordinating Board for approval and endorsement and future orientation. Bring the Coordinating Board more on a vision level, less on operational aspects'.
- 'establish **online conference sessions for partners and the various working groups**. These groups appear to often not be fully aware of the various developments and research projects being performed by the various partners...this would be a way to speed things up and avoid wasteful project duplication.'
- 'The once-a-year joint meeting of some of the Working Groups may have an integrating effect, but the agenda becomes very superficial and sketchy when you integrate more than one WG meeting'.
- 'Working Groups and Board interrelationships are strengthening with time.'

5 (vii): Are there any *functions critical to successful implementation of the Global Plan to Stop TB 2006-2015* which are not covered by the terms of reference of current Stop TB Partnership bodies (including the Secretariat)? If so, please define the functions. What structure would you like to see to accommodate them?

The majority of respondents feel that **functions are appropriately covered** by the existing terms of reference of current bodies.

Others suggested the following:

- An internal **coordination mechanism**: 'A small advisory committee to the Stop TB partnership without executive power should overview the work plans and action points of all Working Groups and make sure that there is no overlap and synergies, as well as collaboration'. Membership: 'one from WHO, one from an international NGO, one from a developing agency, one from a high burden country, one from a private foundation'.
- **systematic monitoring and evaluation of progress**:
 - 'no monitoring and evaluation systems exist to monitor the progress of the working group members. Regular follow up of group members for progress review by the chair reporting to WHO and Partnership'.
 - 'A monitoring and evaluation committee that will measure in a continuous way the progress and that will indicate what action needed, even if action is to be undertaken in the operational field i.e. in the countries, this should be coordinated with the country representatives on the coordinating board. Interventions should then be scheduled and undertaken by different partners from the partnerships (not just WHO TB dept)'.
- **basic science and operational research** as well as new tools research.
- **TB in prisons**
- **Sub-regional partnerships** (the Maghreb, West Africa, East Africa etc)
- **'Integration and improved dialogue with other (related) public health and human resource issues**. I don't think another round of workshop meetings would be helpful. Perhaps the secretariat could be charged with stimulating the debate. A small scholarship/essay prize and space on the website and at conferences/meetings would be a place to start'.

5 (viii): In the future, how best can the Partnership structure accommodate new ideas and new areas of focus?

Use the web

- 'Maintain an **entertaining and dynamic forum on website, accessible by all members**, managed by the Partnership Secretariat with monthly questions, provided by the working group secretariats. Discussion to be summarized and presented to the Working Groups and the Coordinating Board.'
- 'Establish a **mail box to which partners can send suggestions for improving future work** of the partnership. Suggestions should be sent in a structured way to areas of work of the Partnership and one for new/other issues not currently covered by any of the WG or task forces. Partners are allowed to send a max of 5 suggestions per year. Suggestions need to reach the mailbox 1 month ahead of the next Stop TB Partnership Board meeting and Secretariat should present any new ideas to the Board for discussion and action'.
- 'By improving communication and live dialogue between partners vis a vis working groups. In the end this will improve the decision-making process and also speed up the introduction of new technologies in dealing with Global TB. Create **live online computer chat forums** involving partners and the various working groups..to facilitate more active participation and information input'.
- '**Message board of region-based needs, priorities and action plans** to help avoid NGO duplication of efforts'.

Meetings

- 'I don't see much opportunity for feedback right now. Perhaps **focus group meetings** might be a valid way to get some feedback from participants.'
- 'By continuing consultations within and between the WGs. Annual meetings of [all] the WGs [together] would be extremely helpful'.
- 'The **existing fora** such as IUATLD meetings, the Coordinating Board and the Partners Forum provide sufficient opportunity to channel this'.
- 'The principle of the **WG can accommodate new ideas** and can push them forward. Try to keep this'.

But NB one comment 'Often there is a lack of willingness by the powers that be to listen to new ideas. I do not know how to give others a voice in the planning process'.

5 (ix): Any other comments?

- **Not just English;** ‘Je pense que bien l’anglais soit la langue dominante il faut songer à inclure d’autre langue comme le français, le portugais et l’arabe qui sont en plus de l’anglais les langues officielles dans les pays africains. Pour permettre à tout le monde de comprendre les messages de L’Association STOP TB.’
- ‘The Partnership [should] ensure that its functions at regional and national level **do not duplicate** what is already there (eg Regional WHO offices).’
- ‘It would be good to **raise the profile of TB though schools**. Small initiatives like art or essay competitions can have a large impact. Perhaps this could be taken forward by the Advocacy, Communications WG.’
- ‘The Partnership has become a pathfinder in many areas and most prominently in PPM. We need continuously to **involve more partners – eg in social sciences**. We have to work for the impact measurement of the Partnership on **overall health system strengthening** globally’.
- ‘The seven Working Groups seem to have clear specific objectives and operations. In reality, health workers are limited at front-line health facilities. WGs such as DEWG and ACSM should pay special attention to **coordination work other than TB** at front-line facilities.’
- ‘The **broadening of the GDF** to include second-line TB drugs and pediatric formulations in FDCs is a very positive development.’
- ‘The **Coordinating Board needs to be slimmed** down to turn it into a more effective tool for guidance and endorsement. Some of the functions should be brought in another level eg, a monitoring and evaluation committee.’

STOP TB PARTNERSHIP: REVIEW OF WORKING GROUPS

LIST OF INTERVIEWEES AND RESPONDENTS (as at 20 November 2006)

1. Interviewees (64 at 20 November 2006)

Jeremiah Chakaya	Coordinating Board
Thelma Tupasi-Ramona	Coordinating Board
Giorgio Roscigno	Coordinating Board
Maria Freire	Coordinating Board
Michel Greco	Coordinating Board
Paul Somerfeld	Coordinating Board
Jaap Broekmans	Coordinating Board
Mario Raviglone	Coordinating Board
Jacques Baudouy	Coordinating Board
Catherine Hankins	Coordinating Board
Kenneth Castro	Coordinating Board
Nils Billo	Coordinating Board
Irene Koek	Coordinating Board
Peter Small	Coordinating Board
Stefaan van der Boorgh	Coordinating Board
Roberto Tapia-Conyer	Coordinating Board
Susan Bacheller	DEWG (also ACSM subgroup on Global Advocacy)
Sheila Davie	ACSM, Global Advocacy subgroup
James Deane	ACSM, Global Advocacy subgroup
Gijs Elzinga	Ex-Chair, TB/HIV WG & ex-Coordinating Board member
Anne Fanning	ACSM, Global Advocacy subgroup
Christina Foley	CIDA (donor)
Tim France	ACSM, Global Advocacy subgroup
Barry Furr	New TB Drugs WG
Case Gordon	MDR-TB WG
Philip Hopewell	Chair, PPM DOTS subgroup
Ronald Kayanja	ACSM, Global Advocacy subgroup
Vinand Nantulya	Co-chair, Retooling Task Force
Edward Nardell	New TB Drugs WG
Jintana Ngamvithayapong-Yanai	MDR-TB WG
Alasdair Reid	TB/HIV WG and UNAIDS
John Ridderhof	Chair, Laboratory Strengthening subgroup
Nina Schwalbe	Co-chair, Retooling Task Force
Dilip Shah	DFID, (donor)
Bertel Squire	Chair, TB and Poverty subgroup
Beatrijs Stickers	ACSM, Global Advocacy subgroup
Renata Vacker	ACSM, Global Advocacy subgroup
<i>Email correspondence</i>	
Pervaiz Tufail	Community Task Force
Javid Syeh	Community Task Force

Secretariats

Partnership secretariat

Marcos Espinal
Sarah England
Anant Vijay
Louise Baker
Rachel Bauquerez
Valerie Diaz

Working Group and subgroup secretariats

Leo Blanc	Secretariat, DEWG
Amy Piatek	Secretariat, DEWG
Mohamed Aziz	Secretariat, Laboratory Strengthening subgroup
Krystyna Ryszowska	Secretariat, Laboratory Strengthening subgroup
Mukund Uplekar	Secretariat, PPM subgroup
Knut Lonroth	Secretariat, PPM subgroup
Dermot Maher	Secretariat, Childhood TB subgroup
Ernesto Jamarillo	Secretariat, MDR-TB
Eva Nathanson	Secretariat, MDR-TB
Haileyesus Getahun	Secretariat, TB/HIV
Paul Nunn	Ex- Secretariat, TB/HIV
Andrew Ramsay	Secretariat, New TB Diagnostics
Barbara Laughon	Secretariat, New TB Drugs
Heather Ignatius	Secretariat, New TB Drugs
Uli Fruth	Secretariat, New TB Vaccines
Carole Francis	Secretariat, Global advocacy subgroup
Thaddeus Pennas	Secretariat, ACSM at country level subgroup

WHO

Christopher Dye
Diana Weil

2. Questionnaire respondents (44 at 20 November 2006)

Name	Organisation
<i>Multiple Stop TB WGs</i>	
Amos Kutwa	Ex-DEWG, TB/HIV, PPM; <i>tech adviser, NTCP, MOHSS, Namibia</i>
Case Gordon	MDR-TB, ACSM: <i>XDR/MDR survivor, president 2 NGOs, France</i>
Mark Harrington	TB/HIV Core, ACSM: <i>Exec Director, Treatment Action Group, USA</i>
Felix M.L. Salaniponi	TB/HIV, PPM, MDR-TB, TB and poverty <i>MoH, Malawi</i>
DEWG	
Hassan Sadiq	National Manager, NTP Pakistan (chaired DEWG)
Hernan Reyes	Medical Coordinator, Health in Detention, ICRF
Pervaiz Tufail	<i>Patients' Representative (Core Group), Pakistan</i>
Michael Voniatis	WHO Medical Officer, Stop TB, Philippines
<i>Childhood TB Subgroup</i>	
Robert Gie	Chair, Childhood TB Subgroup: <i>head Paediatric Pulmonology, Stellenbosch University, South Africa</i>
<i>TB and Poverty Subgroup</i>	
Bertel Squire	<i>Chair, TB and Poverty Subgroup; Reader in clinical tropical medicine, Liverpool School Tropical Medicine, UK</i>
Ger Steenberg	Dutch diplomatic service, Viet Nam; ex-STB Partnership secretariat
MDR-TB WG	
Alan Hinman	Senior Public Health Scientist, Task Force for Child Survival and Devt, USA (NGO rep on interim CB)
Asif Mutjaba Mahmud	Ass prof, Nat Inst Diseases of the Chest, Mahakhali, Bangladesh
Case Gordon (multiple)	
TB/HIV WG	
Cornelia E Davis	Senior Technical Advisor Infectious Diseases/east Africa, USAID
Paula Fernandes	Global Health Prog Mgr, Assoc Public Health Laboratories, USA
Lisa Nelson	Director, Global AIDS Program (GAP), Mozambique CDC, U.S. Department of Health and Human Services
Jeroen van Gorkom	(Core Group) Deputy Director TB CAP, KNCV, Netherlands
Mark Harrington (multiple)	<i>[core group]</i>
Amos Kutwa (multiple)	
ACSM	
Elena McEwan	Co-chair, TB Working Group, The Core Group, USA
Marta Schaaf	World Lung Foundation, NYC, USA
Case Gordon (multiple)	
Mark Harrington (multiple)	
New TB Diagnostics	
Antonino Catanzaro	University of California and Board of Directors, Cellestis, USA
Greg Manning	Australian Int Health Institute, New Delhi (Community rep)
Ruth McNerney	London School Hygiene and Tropical Medicine (Core Group)
New TB Drugs WG	
Michael Cynamon	Prof Medicine, SUNY Upstate Medical University, USA
Mukesh H. Shukla	CEO, Ayushi Biotech, India
Denis Mitchison	Em Prof, Dept Cellular & Molecular Medicine, Univ of London, UK
Amina Jindani	Sen lect, Dept Cellular & Molecular Medicine, Univ of London, UK

Questionnaire respondents (continued)

Name	Organisation
<i>New TB Vaccines WG</i>	
Michael Brennan	Ass Dir Research/OVRR/CBER/FDA, USA
Pierre Vandepapeliere	Dir, Early Clinical RD, GSK Biologicals, Belgium
Xueqiong Wu	Dir, TB Research lab, Beijing, China
<i>Partners' Directory</i>	
Albert Yeboah Obeng	Foresight Generation Club, Ghana
Jyothirmayee Kidambi	2 NGOs Andhra Pradesh, India
Robert-A Ollar	President, Raogene, USA
Shabir Ahmed Rather	Founder, NGO Iqra Foundation, Jammu and Kashmir, India
Jayapaul Tatapudi	Gen Sec, RIGHTS NGO, Andhra Pradesh, India
Aboubacar Sidiki Daffe	Président de L'Association Combattre la tuberculose, Senegal
Arif Paul	President, STEP Organization, Pakistan,
Zeaur Rahim	Head TB lab, Int Centre Diarrhoeal Disease Research Bangladesh
Amarendra Mahapatra	Asst Dir, Reg Medical Research Centre, Bhubaneswar, India
Sofiane Alihalassa	NTP Manager, Algeria
Carol Dukes-Hamilton	Associate Professor of Medicine, Duke University, USA
<i>Coordinating Board</i>	
Nils Billo	Exec Dir, IUATLD, France
Stefaan van der Borght	Medical Adviser, Heineken Health Affairs
Harry van Schooten	Sen Health Advisor, Min Foreign Affairs, Netherlands
Yasuo Sugiura (for Dr Toguchi)	Dep Dir, Intl Affairs Divn, Ministry of Health, Labour & Welfare, Japan