

Stop TB Partnership

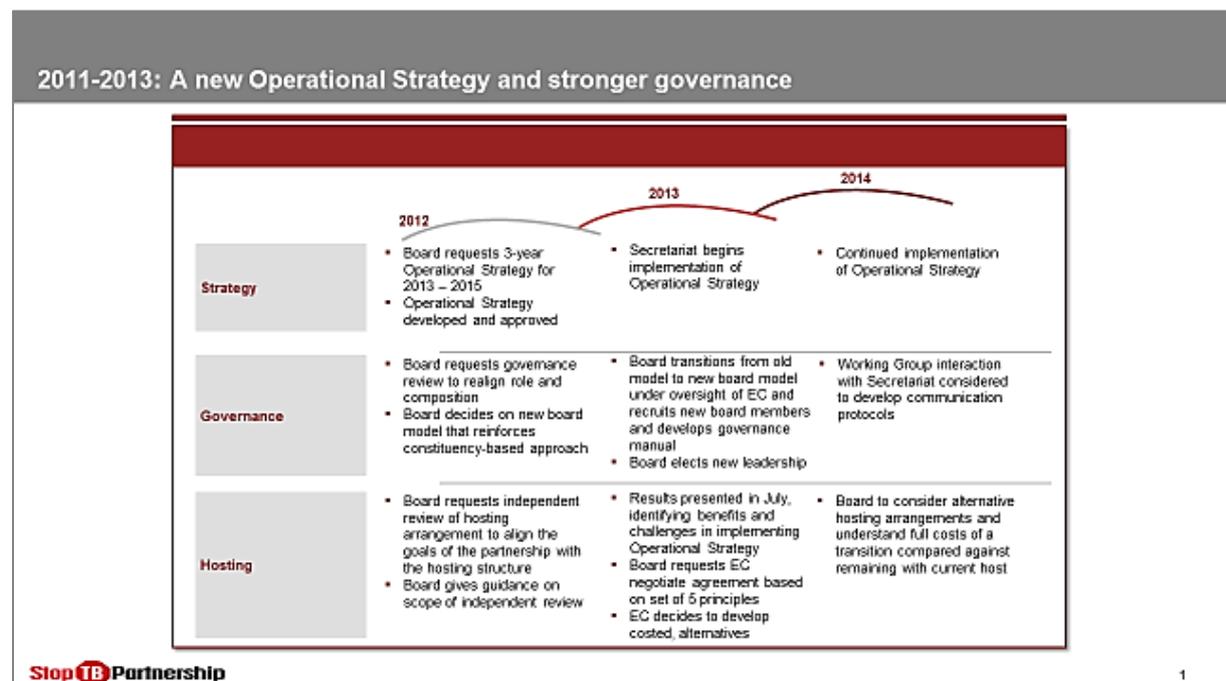
Process to develop Operational Strategy 2016-2020

The current Operational Strategy is valid until the end of 2015 and has guided the work of the Stop TB Partnership Secretariat since 2013.

The Operational Strategy 2013-2015 was the first in a series of reforms to strengthen the Stop TB Partnership and increase its efficiency and effectiveness, including governance reform and transition of Stop TB Partnership Secretariat hosting arrangements from WHO to UNOPS.

In moving forward, there are notably aspects which have changed since the last Operational Strategy was developed, notably:

- The conclusion of the Millennium Development Goals (MDGs) at the end of 2015 and moving towards the SDGs.
- The approval of the END TB strategy by the World Health Assembly with the purpose of ending TB as an epidemic by 2035.
- The Global Plan to Stop TB ends in 2015, and the New Global Plan 2016-2020 is currently under development.
- The Stop TB Partnership Secretariat transitioned to be hosted by UNOSP effective 1 January 2015.
- The evolution of the current economic, financial and social landscape.



Background: Operational Strategy 2013-2015

A. Process for developing the Operational Strategy

The Operational Strategy was developed through 2012 and approved by the Board at its meeting in Kuala Lumpur in November 2012.

The Executive Committee and the Sub-Committee on Governance, Performance and Finance were joined to form an expanded committee to oversee the development of the Operational Strategy 2012-2015, and was developed with significant investment from Board members. With engagement of external consultants was and funded from Secretariat funds as well as directly funded from key donors.

The Operational Strategy 2013-2015 was informed through numerous interviews including a large numbers of stakeholders, Secretariat staff, Board members, Working Group Secretariats and external stakeholders. There was also a large consultation workshop for external stakeholders.

B. Strategic Objectives

The Partnership Secretariat has a strong comparative advantage in global advocacy efforts as a neutral voice in TB advocacy and resource mobilization with the ability to amplify the voices of partners. The Secretariat facilitates and links partners with common areas of interest and creates a platform to facilitate consensus and coordinated advocacy approaches, and provides financial support and grants to a wide-range of partners.

The Stop TB Partnership flagship initiatives GDF and TB REAACH represent two platforms that are providing money for essential support to portfolios

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

1. *Facilitate meaningful and sustained collaboration amongst partners.*
 - a. Develop a strategy for partner engagement communication including segmentation of existing partner base, prioritizing activities for partners to engage with, and identifying target new partner groups to engage.
 - b. Strengthen support to Partnership Working Groups and facilitate collaboration between them.
 - c. Facilitate dialogue, engagement, and consensus around achieving the Millennium Development Goals (MDFS), Global Plan to Stop TB 2011-2015, and on the post 2015 agenda (TB Strategy, Global Plan 2016-202 and post 2015 development targets).
2. *Increase political engagement by world leaders and key influencers to double external financing for TB from 2011-2015.*
 - a. Develop compelling advocacy messages for and with TB advocacy partners and align partner efforts in global advocacy and resource mobilization.

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- b. Influence Global Fund financing and grant management policies through partner coordination and engagement of community advocates.
 - c. Mobilize resources for Global Plan funding gaps through developing new streams of external financing by maintain and broadening the existing TB donor base.
3. *Promote innovation in TB diagnosis and care through TB REACH.*
- a. Continue to support and fund innovation in TB case detection/care.
 - b. Increase support for continuity, scale up, and policy change for successfully interventions.
 - c. Share best practices and successful approaches broadly to lead to evidence based policy change and ensure scale up at country level.
4. *Ensure universal access to quality assure TB medicines and diagnostics in countries served by the Global Drug Facility (GDF).*

Achievements against the Operational Strategy

In every report to the Board, the Executive Secretary has reported against the Strategic Objectives.

More detailed desired outcomes and metrics have been included in the Operational Strategy 2013-2015 – to be achieved by the end of 2015:

1. *Facilitate meaningful and sustained collaboration amongst partners.*
 - On track - 80% satisfaction score in Partnership's annual survey of partners. The overall satisfaction of 77% of respondents was either "completely satisfied" or "satisfied" with the Secretariat's work. 96% of respondents said the work of the Secretariat was either "very important" or "extremely important" in the fight against TB.
 - Achieved - 250 new partners becoming members of the Stop TB Partnership. 387 new partners have joined since 2013.
 - On track - A new Global Plan to Stop TB 2016-2020 developed through coordinated input and consensus among partners and WGs, which partners buy into with goal of 95% of partners stating they support the new Global Plan in partner survey. New Global Plan to Stop TB 2016-2020 currently under development with several face to face consultations scheduled to take place.
2. *Increase political engagement by world leaders and key influencers to double external financing for TB from 2011-2015.*
 - On track - Appropriate presentation of TB in UNITAID strategy and increase in TB proposals/grants. TB featured in 3 of 5 of UNITAIDS's strategic objectives.
 - Not achieved - Increased proposed of Global Fund resources committee for TB in new funding model to at least 25%.
 - On track Ensure that 90% of Global Fund Phase 2 TB proposals will receive their board-approved budget.
 - All CCMs in high impact/priority countries have representation from TB affected communities.

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The Stop TB Partnership analysed data provided by the Global Fund on CCM composition and found that in 2014, 10 of the 20 Global Fund eligible TB High Burden Countries (HBCs) had TB expertise in the CCMs. In order to strengthen TB representation in CCMs Stop TB is committed to:

1. Supporting countries in the selection of TB community and KAP representatives on the CCM.
2. Engaging with other stakeholders such as the Global Fund Secretariat, Roll Back Malaria and UNAIDS to explore synergies for building the capacity of CCMs.
3. Organizing, in collaboration with partners, a workshop to strengthen the capacity of CCM members in TB.

3. *Promote innovation in TB diagnosis and care through TB REACH.*

- Achieved - Over 100,000 additional new TB cases detected.
1.3 million TB patients have been treated in TB REACH intervention areas through the end of 2014. It is expected this figure will continue to grow, as there are still over 60 active projects and the majority of Wave 4 projects started case detection activities in only the last quarter of 2014. Analyses of official NTP notification data show a 37% and 16% increase in treatment initiation among Wave 1 and 2 projects respectively and a preliminary analysis of data from Wave 3 projects show an increase of over 20%.
- Achieved - Increase in percentage of detected cases cured.
TB REACH contributes to improved treatment success rates by detecting TB early, before it becomes severe disease which is complicated to manage clinically, and by ensuring patients are put on appropriate treatment. TB REACH grantees have performed over 575,000 Xpert MTB/RIF tests, resulting in the early detection of over 65,000 drug-sensitive and rapid detection of over 10,000 drug-resistant TB patients. The early and accurate detection of drug resistance means these patients can be linked to appropriate second-line care instead of first being initiated and eventually failing a first-line treatment regimen
- Achieved - Number of TB REACH interventions included in GF or other long term donor plans in the individual countries.
Twenty-five interventions are being sustained or scaled up across 19 countries with funds from the Global Fund and other international donors. Several additional TB REACH interventions have been included in recently submitted Global Fun Concept Notes whose funding outcomes are still pending.

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

- On track - Strategic Rotating Stockpile (SRS) offers fast SLDs supply mechanism when needed and financial flexibility through USAID-funded Flexible Procurement Fund (FPF) allows the waiver for the prepayment condition for order placement in certain situations.
- On track - GDF is providing technical support to countries with regular monitoring missions and a package of services for strengthening forecast, drug management capacity aligned with the establishment of a new Early Warning System for Stock-outs prevention.
- On track - GDF with partners is actively monitoring global supply and demand trends/dynamics and adapting its model to address key challenges, such as capacity of

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countries for procurement and supply management, country financial sustainability when transitioning from donor support and vulnerabilities of the supply chain for TB commodities.

- **Achieved** - Focusing on value for money, GDF contribution to MDR-TB challenges is an increased number of eligible suppliers for TB products, contributing to a healthier market with improved security supply of TB commodities. Increased market competition among suppliers responding to GDF tenders led to further MDR-TB treatment costs decreases from 37 % up to 51 % in 2015 depending of the type of regimens used, representing a total saving of 7 M USD per 10,000 patient treatments (mid-range treatment).
- **On track** - GDF is continuing to serve as a key platform for introduction of GeneXpert and new diagnostics through TB REACH, EXPANDx-TB and TB Xpert Project, and delivered diagnostics worth of US \$ 82 million (doubled from 2011). GDF is now in process of fully internalizing all diagnostics activities as in-house procurement.
- **Achieved** - Serving 133 countries, GDF provided total 26 million patient treatments since its inception including —
 - First-line drugs (FLDs) for 24.5 million adult patients
 - FLDs for 1.3 million paediatric patients
 - Second-line drugs (SLDs) for 152,494 drug resistant TB patients

Operational Strategy 2016-2020: Process and timeline

The Operational Strategy 2016-2020 will build on the current Operational Strategy taking into consideration the achievements since 2013 as well as the changed circumstances such as the END TB strategy, the New Global Plan 2016-2020, the end of the MDGs and the new hosting arrangements of the Stop TB Partnership Secretariat.

Given the extensive consultations which were used to develop the current Operational Strategy, where ever possible the new Operational Strategy will draw from the current one.

The Operational Strategy 2016-2020 will include

- **Reworked** Strategic Goals 1 and 2; the concept behind these Strategic Goals will not change, however these Strategic Goals will be re-phrased to reflect the current environment; and
- **Recommitment** to Strategic Goal 3 and 4.

1. Develop Operational Strategy: April - August

The Operational Strategy 2016-2020 will be developed by the Secretariat under the leadership of the Executive Committee, and prepared for the Board to approve at its December meeting in Cape Town, South Africa.

Board members and partners will be consulted and asked to provide input in the draft Operational Strategy 2016-2020.

In addition, regular teleconferences of the Executive Committee will be used to garner their input into the Operational Strategy 2016-2020.

The Executive Committee will revise the Operational Strategy 2016-2020 before it is presented to the Board.

2. Develop Key Performance Indicators: September – November

Key Performance Indicators (KPIs) will be developed against the Operational Strategy 2016-2020 for the Secretariat. KPIs will also be developed for the leadership bodies of the Board, the Executive Committee and the Finance Committee. This will be developed for the Board to approve at its meeting in December 2015.

The Executive Committee will supervise and provide inputs in the process and will review the final KPIs before they are presented to the Board for approval at its next meeting, November 2015.

Budget

No additional staffing capacities will be needed to coordinate the development of the Operational Strategy 2016-2020.

An external consultant may be hired to help define the key performance indicators drawing on best practice examples from similar organizations.

Total budget required: Up to USD 10,000