Business Engagement Strategy for the Stop TB Partnership's Private Sector Constituency

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A strategic plan and recommendations for the Stop TB Private Sector Constituency on how to enhance participation by the private sector, based on interviews with key stakeholders, documents review, and comprehensive analysis.

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EXECUTIVE SUMMARY & RECOMMENDATIONS

1. Rationale

The Stop TB Partnership, a network of more than 800 partners from all sectors concerned with eliminating TB, has seen increasing commitment from the private sector in helping the Partnership to meet the goals of the Global Plan to Stop TB. The Partnership's Private Sector Constituency (PSC) commissioned this study to: 1) analyze existing activities and opportunities for Private Sector engagement in achieving the Global Plan goals and identify ways in which health and non-health care companies can further contribute to helping achieve the Global Plan target; and 2) produce a strategic paper with recommendations and guidance for the Stop TB Partnership and the Private Sector Constituency on how to expand and more deeply engage the private sector constituency members .

2. Evaluation Methodology

The consultant reviewed background materials provided by the Private Sector Constituency, the Stop TB Partnership and the World Economic Forum, including documentation from the Global Business Coalition, McKinsey &Co., and the Global Fund, among others. Additional information was gathered from carrying out extensive website, data and article reviews. The consultant interviewed or received input from over 25 key people among the stakeholder groups, particularly the Core members of Private Sector Constituency, key contacts in the Stop TB Partnership, Bill & Melinda Gates Foundation, the World Economic Forum, Global Business Coalition, UNAIDS, and Roll Back Malaria's Private Sector Delegation. The consultant also analyzed Private Sector Constituency member representation in the various Partnership bodies. [1]

MAJOR FINDINGS AND RECOMMENDATIONS

Private Sector Constituency Achievements

In the five years since the private sector first gained a seat on the Coordinating Board, the Private Sector Constituency's membership has grown, its Core group convenes regularly, and its participation now extends widely throughout the Stop TB Partnership bodies and at all major Stop TB events. Thanks to the financial support of the Gates Foundation in funding the focal point at WEF, and to the ongoing expenditures for participation carried by the private sector members themselves, the following gains have been made:

- Active involvement by Private Sector Constituency in key strategic and policy discussions on Coordinating Board, Executive Committee, Steering Committee on Global Plan Progress, Advocacy Advisory Committee.
- Participation in Working Groups: DOTS Expansion Public-Private Mix, TB and Poverty, New Drugs, New Vaccines, New Diagnostics, MDR-TB, Business Advisory Committee for GDF, Retooling Task Force.
- Representation of a constituency of 110 private sector partners (per Stop TB Partners' Directory, as of 20 August 2009).
- Private Sector Constituency meetings: every two months teleconference calls with Core, semester face-to-face meetings.

[1] Partnership bodies include: Coordinating Board, Executive Committee, Steering and Advisory Committees, the Working Groups to accelerate progress in seven areas: DOTS Expansion, TB/HIV, MDR-TB, New TB Drugs, New TB Vaccines, New TB Diagnostics, Global Laboratory Initiative (new), subgroups and task forces.

- Partnership meetings: Seattle (Pacific Health Summit), Rio (Partners' Forum), Beijing, Cairo, Berlin, Geneva.
- Collaboration with WEF, GBC, McKinsey (independent evaluation 2008), European Diagnostics Manufacturers Association.

Challenges to Greater Business Engagement

Momentum has built up expectations to take the Private Sector Constituency to the next level in terms of making a positive impact on the Partnership. The general consensus from the current interviews, which confirms the points expressed at past Private Sector Constituency meetings, is that much potential exists for enhanced engagement when the following chief challenges can be met:

- Shared vision is unclear and an action agenda lacking.
- No clear value proposition exists for Private Sector Constituency membership.
- Communication is lacking among Private Sector Constituency representatives in Working Groups and other Partnership Bodies; private sector members are operating independently.
- Organizational resources missing due to focal point discontinuation by previous funder.
- Financial pressures among partners due to economic crisis may deter companies' social spending and make them seek better impact and recognition for investment.

Recommendations Arising from Consultancy

The consultant has developed a strategic plan to address these challenges and provides ideas and frameworks (suggested timeframe in parenthesis) for putting them into practice with the main elements summarized below:

1. **Improve information flow and communication** among Private Sector Constituency members in Partnership bodies (Nov 2009 - Mar 2010).

   Integrate the individual goals of members into a *unifying Private Sector strategy or articulated shared vision*. Gain commitment from the private sector representatives in each Partnership body to provide a brief summary of key agenda items, points, decisions from each meeting or conference call. Summarize and distribute at least quarterly to Private Sector Constituency members.

2. **Draft and adopt Private Sector Constituency Principles of Engagement and a Partners Charter** to clarify vision and **value proposition** for membership (Mar – Sept 2010).

   Develop guidelines in which members are given a clear value proposition about what they are expected to contribute and what they will receive in return. Based on the interviews, members value information and benefits differently depending on what segment they belong to. Health-related companies want access to latest developments in TB control, treatment, and research and development and some non-health companies are interested in issues related to TB in the workplace. Both groups wish to have better value in terms of corporate social responsibility impact.

3. **Maximize representation strategically** in Working Groups and other Partnership bodies by Private Sector Constituency (Mar – Sept 2010).

   Based on unified strategy in #1 above, reevaluate positioning on various Partnership bodies and seek to place members into key groups, preferably achieving Core status. Encourage members to

observe, get to know and be known, as this is the best opportunity to *learn where private sector skills and resources would be most appreciated and be most effective*. Increase collaboration with Public-Private Mix Subgroup of DOTS Expansion Working Group.

4. **Engage members, evaluate proposals** and resource implications for concrete action proposals gathered by consultant (Mar - Dec 2010).

   Building on the increased engagement of the first three elements, create a task force from committed members to explore opportunities for collaborative action, tapping into current programs like TBTeam and evaluating longer-term project ideas – particularly ones impacting *endemic emerging economies* – such as ideas gathered by consultant and outlined in Appendix I.

5. **Develop financing strategy** including funding for focal point, seek corporate champion. (starting Nov 2009).

   Outside financing having now run out, the private sector members must find an alternative way to pay for their focal point and the Private Sector Constituency's coordination/ secretariat needs, at least until they can prove their work can produce valued benefits and attract additional funding. It is crucial for the PSC to raise a portion of funds from among its membership and explore the *possibility of annual fees* or other contributions. In order to finance any collective action initiatives, among other routes, the PSC should consider *seeking corporate champions*.

6. **Campaign for new members**, including professional societies, business coalitions, and trade associations (Jan - Dec 2010).

   Current membership needs to *grow strategically and solidify commitment* in order for meaningful progress to be made in the Private Sector Constituency. The campaign is highly dependent on a strong value proposition and sufficient outreach activities.

7. Develop guidelines to **document private sector contributions** and measure progress (starting Mar 2010).

   The consultant believes it is imperative to document PSC members' past and current contributions to Stop TB and to develop a system for annual commitments and tracking ongoing contributions. Documentation will allow the measurement of progress and facilitate fair and just recognition for contributions by the private sector.

8. **Resolve the PSC focal point issue** (Sept 2009 - Mar 2010).

   Hosting, funding, and hiring a new focal point to play an overall secretariat role for the Private Sector Constituency is the crucial element in carrying forward and implementing the recommendations. The PSC's leadership conducted a solicitation of bids for possible hosting alternatives and explored financing options, sharing arrangements and hosting possibilities, consulting with its Core membership, and will present its recommendations to the Coordinating Board for discussion and approvals.

1. The Objective of the Consultancy

This study commissioned by Private Sector Constituency with funding from the Stop TB Partnership encompasses:

1) an analysis of existing activities and opportunities for Private Sector engagement in achieving the Global Plan goals and includes a mapping of these activities to ways in which health and non-health care companies can contribute to helping achieve the Global Plan target; and

2) a strategic paper with recommendations and guidance for the Stop TB Partnership and the Private Sector Constituency, including how to expand and engage the private sector constituency members .

2. Evaluation Methodology

The consultant reviewed background materials provided by the Private Sector Constituency, the Partnership, the World Economic Forum, and Global Business Coalition and carried out extensive website, data and publication reviews. The study was conducted over the period from May to September 2009. Interviews comprised over 25 key people among stakeholder groups, particularly the Core members of Private Sector Constituency, key contacts in the Stop TB Partnership, Bill & Melinda Gates Foundation, the World Economic Forum, Global Business Coalition, UNAIDS, and Roll Back Malaria's Private Sector Delegation. The consultant analyzed Private Sector Constituency member representation in the various Partnership bodies. [2]

3. Background on the Stop TB Partnership and the Private Sector Constituency

The Stop TB Initiative in 1998 and the Amsterdam Declaration in 2000 laid the foundation for the official formation of the Stop TB Partnership (the Partnership) in 2001. The Partnership has since developed into what is widely-viewed as a successful global public-private partnership[3] which has steadily made progress in meeting its Global Plan on the way to ending TB by 2050. The Partnership has cross-sectoral representation on its various bodies including the Coordinating Board, Executive Committee, Steering and Advisory Committees, the Working Groups to accelerate progress in seven areas: DOTS Expansion, TB/HIV, MDR-TB, New TB Drugs, New TB Vaccines, New TB Diagnostics, Global Laboratory Initiative (new), subgroups and task forces (referred to generally as the Partnership bodies). These mechanisms have enabled the Stop TB Partnership to expand, carry forward work plans, and support countries in their efforts to accelerate action against TB.

The commercial or private sector[4] was included in Partnership activities from the beginning, albeit much of involvement was focused on areas such as in the working groups to develop new tools. The Private Sector Constituency was formed in 2004 and gained a representative on the Coordinating Board in

[2] Partnership bodies include: Coordinating Board, Executive Committee, Steering and Advisory Committees, the Working Groups to accelerate progress in seven areas: DOTS Expansion, TB/HIV, MDR-TB, New TB Drugs, New TB Vaccines, New TB Diagnostics, Global Laboratory Initiative (new), subgroups and task forces.

[3] See McKinsey & Company, Independent Evaluation of the Stop TB Partnership Report, 21 April 2008.

[4] Throughout this document the terms "private sector,"" business,""company", "commercial enterprise," "corporate" are used interchangeably. All are used to refer to entities which have, as their primary activity, some form of for-profit, commercial enterprise.

October of that year.[5] The World Economic Forum's Global Health Initiative received Gates funding starting in 2004 to provide a secretariat/focal point for the private sector constituency of the Partnership as well as for the Roll Back Malaria Partnership. The Forum, including its India Business Alliance,[6] provided strategic and organizational support, catalyzing private sector engagement and contributing advocacy efforts during its annual and regional World Economic Forum meetings and developing publications and tools for TB workplace programs. With the World Economic Forum's leadership as the focal point, the Private Sector Constituency held focused meetings, hosted meetings at CEO level, and convened teleconferences with the core membership. Together with Partnership staff, the World Economic Forum designed and implemented an electronic nomination and election system which resulted in the most recent elections for Private Sector Constituency representative and alternate.

Interest among private sector members has been building to develop a concrete agenda and to transform their involvement in the Partnership beyond what can be accomplished participating on the various Partnership bodies. While it is important to bring the business voice to the governing and policy-making bodies of the Partnership, to some private sector members and outside observers, work there involves mostly attending meetings and discussions which have a long time horizon, without the results-oriented focus that the corporate world seeks. Lacking a platform for common projects, currently only individual corporate responses generate avenues for the private sector to participate in projects that fulfill this interest (e.g. Lilly MDR Partnership, Kempinski's Figo campaign, AstraZeneca's research center in Bangalore). Although a few proposals have been offered for joint action,[7] none have appealed broadly enough to encourage further development. With momentum building among Private Sector Constituency members over the last few years, participants have made calls for greater strategic direction and options for collective action, culminating in the Rio Recommendations, [8] generated from sessions held by the Private Sector Constituency during the 3rd Stop TB Partners' Forum in March 2009 in Rio de Janeiro, Brazil, which can be summarized as follows:

Rio Gaps/Issues identified:
- Lack of shared vision for the Private Sector Constituency.
- Lack of an action agenda.
- Need for strengthening of the Private Sector Constituency.

Rio Recommendations (suggested Timeframe):
- 2 year strategic plan (by Nov 09).
- Identify collective action (by Nov 09); issue a call for enhanced participation (ongoing).
- Develop a value proposition for members, identifying corporate champions (Dec 09 - ongoing).

4. Current Partners in the Private Sector Constituency and Potential Partners

The consultant conducted a brief analysis of the criteria for membership and the composition of the Private Sector Constituency. The current process for a private sector organization to become a Stop TB

[5] Stemming from recommendations by the Institute for Health Sector Development, Karen Caines et al., *Independent External Evaluation Of The Global Stop TB Partnership,* December 2003 and reviewed in Private Sector Constituency, *Building a Stronger Corporate Sector Response*, de Lavison, et al., Stop TB Partnership, powerpoint slides, Geneva, 19 April 2007.

[6] See http://www.weforum.org/en/initiatives/globalhealth/CurrentProjects/IndiaBusinessAllianceIBA/.

[7] E.g. Lyon Business School project and Nacy Proposal for TB Documentary for TB workplace programs with Industry Scale-up.

[8] 3rd Stop TB Partners' Meeting, Rio Recommendations, From the Constituencies, Rio de Janeiro, Brazil, 23-25 March 2009. http://www.stoptbpartners.org/node/64

Partner, is simply applying online.[9] The Stop TB Partnership Partners' Directory on the Stop TB Partnership website is the official record of partners, determines who may vote for any elections,[10] and also provides the platform for the partner application process. The only criteria stated for inclusion is that the applicant must be part of an organization that supports the Global Plan to Stop TB, and the only limitation is that individuals cannot be members. It is even stated that "the existence of an appreciable real, potential, or apparent conflict of interest will ordinarily not be used as a criterion to determine membership in the Global Partnership to Stop TB," although all such conflicts of interest must be disclosed, reviewed by the Partnership, and it could possibly disallow them from participation in a specific project or activity.

At the time of analysis in late August 2009, the Directory included 110 "Corporate Sector" partners, of which 75% identified themselves as "Health" and the remainder "Non-Health" (see Table 1 below). The corporate sector represented 11% of the total partner base. Compared to statistics presented at the October 2007 Coordinating Board meeting in Berlin, corporate membership has increased by 55% and the percentage of the total partner base has remained fairly stable. Since no detailed data was available from the 2007 report, it was not possible to determine what prompted the strong growth or in which areas it occurred. However, the consultant's supposition is that the partner growth is due to promotion by PSC members and the WEF at the numerous Partnership events and activities in which members participated. There seemed to be a large number of partners from India, which could reflect the strong support of WEF's India Business Alliance.[11]

Table 1: Stop TB Partnership Partners' Directory -- Corporate Sector

Stop TB Partnership Partners' Directory	2007[12]	2009[13]
Corporate Sector partners	71	110
Total partners	589	1043
Percentage Health-related vs. Non-Health	70%	75%
Percentage Corporate Sector of total partner base	12%	11%

While the increase in corporate sector membership is impressive, deeper analysis reveals that even greater potential exists to augment the quantity and quality of involvement for the Private Sector Constituency. As it turns out, some of the private sector members involved in the current activities and workings of the Private Sector Constituency are not actually registered "partners," and many registered "partners" are not active at all. In fact, at least five members of the PSC's Core group -- the most active

[9] See Partners' Directory on the Stop TB Partnership website: http://www.stoptb.org/partners/.

[10] "Each organization listed in the Partners' Directory will be able to cast one vote on each ballot," http://www.stoptb.org/webadmin/voting/default.asp

[11] India Business Alliance to Stop TB (IBA), led by Shaloo Puri Kamble, World Economic Forum, Global Health Initiative, http://www.weforum.org/pdf/India/IndiaBA.pdf.

[12] Stop TB Partnership, Background Briefing: Who Are Our Partners? 13th Stop TB Partnership Coordinating Board Meeting, Berlin, Germany, Doc: 2.07-11.1, 23-24 October 2007.

[13] Partners registered online in the Stop TB Partnership Partners' Directory as Corporate Sector as of 20 August 2009, **http://www.stoptb.org/partners/.**

of all private sector members -- are not registered Stop TB partners.[14] This begs the question: "If being a partner is not a pre-requisite for participation in the working groups or other Partnership bodies, what significance does being a partner have?" The answer from the Partnership is that it was intentionally designed as a loosely structured entity and that adhesion as a partner is not a prerequisite for involvement. One of the reasons that some of the Private Sector Constituency's most active members have not registered may be simply that these organizations have not been asked to register or that they have no real incentive to actually register online.

Another observation about the corporate sector partners is that numerous organizations listed among the 110 have never been involved in any PSC activity or made further contact after obtaining membership. That many registered partners are not active is not surprising, given the fact that becoming a partner is as easy as simply submitting an online application, being reviewed and approved by Stop TB. Also, while member responsibilities are listed and it is stated that all partners are encouraged to participate in the Working Group most relevant to their area of work, there is no obligation to do so. The "Become Involved/Join the Partnership" page lists the benefits offered to partners; however, many of these are also available to the general public. The benefits exclusive to partners include: a) being listed/highlighted in the Directory, b) access to specific information of regional and national relevance posted on the Stop TB Partnership website national partnerships page only available to partners, and use of the Stop TB logo.[15] Despite these benefits, many registered corporate sector partners remain inactive, signaling that the value proposition is not adequate. Therefore, the corporate sector partners may represent untapped potential for engagement since many have indicated their interest by registering but have not participated as of yet in PSC activities.

An import point to note is that some major health-related companies with strong TB interests are entirely missing from the Partners' Directory or are only represented by regional offices rather than corporate headquarters.[16] Similarly, regional or country level offices of registered global partners (whether in health or non-health related industries) could be a natural extension for greater membership coverage. Obviously, companies active in the field of TB could be the target of a membership drive campaign offering a value proposition for membership. Attracting additional non-health related companies to become partners is more of a marketing challenge and will require targeted messages, strategic outreach, and well-developed value propositions.

The overall conclusion is that great potential exists to strengthen the partnership base in the Private Sector Constituency; however, the key will be the value proposition offered and how to engage these partners.

5. Defining and Segmenting the Private Sector

Based on the interviews and research conducted, the study confirms the value of segmenting the corporate partners, in order to understand their motivations for involvement in the Partnership and to develop specific value propositions. This segmentation does not mean that partners necessarily need to divide themselves into subgroups; there are clearly benefits to working across industries and this was

[14] PSC Core members' organizations missing from Stop TB Partners' Directory include: Europ Assistance Holding, RoMonics LLC, Sequella Inc., OgilvyHealthWorld, and Standard Bank Group Ltd.

[15] Benefits listed only on a separate page http://www.stoptb.org/partners/joinus.asp.

16 For example, Pfizer is not a partner. The corporate headquarters of sanofi-aventis is not a partner (only the South Africa office of Aventis is listed.) Neither Novartis Foundation for Sustainable Development nor the corporate headquarters is a partner. (Only the Novartis Institute for Tropical Medicine in Singapore is listed.)

expressed by several interviewees. Still, concrete collective action could be grouped among partners who have congruent interests.

The type of Partnership involvement by private sector partners appears to be usefully segmented into three categories:

1. Health-related companies, pharmaceutical and diagnostic manufacturers, medical equipment, private hospitals and healthcare providers, companies providing health services delivery in developing nations e.g. under international aid contracts.
2. Non-health companies (e.g. hotels, food & beverage, mining, oil and gas, airlines, manufacturing, media, advertising, information technology). This could naturally include any industries with at-risk employees in high burden TB countries (e.g. mining, manufacturing, food & beverage, oil and gas) or industries with at-risk exposure to employees and customers operating in high burden TB countries (e.g. hotels, airlines, car rental, emergency support/ insurance organizations)
3. Business federations and coalitions, employer associations, trade and industry groups, and foundations established by corporations or business groups of any of the above (This segment is not yet represented among the PSC partners but has potential as in identified earlier PSC documents[17] and confirmed in the interview with UNAIDS's head of Private Sector Partnerships.)

The health-related companies would most likely be interested in collective action activities in which they could:

- Invest and collaborate in appropriate research and development and/or supply of TB care commodities and *new* tools;
- Expand use of *existing* anti-TB tools, in finding innovative and improved approaches for the control and management of TB;
- Transfer technology for the manufacture of anti-TB tools to companies in hard-hit countries;
- Provide platforms for training and education on TB care and control methods (eg. lab training, health care providers skills development);
- Advocate for sound TB policies;
- Contribute through corporate social responsibility programs.

Non-health related companies would most likely be interested in collective action activities in which they could:

- Protect their workforce, workers' families, and the community in which they operate from TB.
- Develop and implement workplace and community TB control programmes, including awareness, diagnosis, treatment, care. (To address these first two bullet points, the PSC can direct companies to the PPM DOTS subgroup DOTS Expansion WG.)[18]
- Contribute 'core competencies' in strategy development, (e.g. consulting), in implementation (e.g. manufacturing, transportation, distribution, supply) and in advocacy (e.g. Communications, media, public relations)
- Contribute through corporate social responsibility programs.

[17] Private Sector Constituency, *Building a Stronger Corporate Sector Response*, de Lavison, et al., Stop TB Partnership, powerpoint slides, Geneva, 19 April 2007.

[18] Public-Private Mix Subgroup of the DOTS Expansion Working Group is focused on TB control among all health care providers and employers are considered to be care providers or potential care providers or care-referrers. Thus PPM is the mandated group in the Partnership developing and promoting TB workplace programs.

Heineken, which runs a successful TB workplace program among its beer manufacturing operations in six African countries, maintains that some of the most legitimate business reasons for a company to become involved in TB control programs include:[19]

- Economic rationale (sick workers and families can reduce productivity)
- Moral responsibility (company is now an integral part of the community)
- Reputation issues (increases the "value" of the company's brand)

During further discussions to assess potential collective action for the PSC, members should assess the projects on how well these factors are addressed and how much they appeal to the business segment considering such involvement (see Recommendations 11.5 and Appendix 1).

6. Mapping Existing Private Sector Contributions to Stop TB

An overview of existing private sector contributions is to be provided under separate cover by the consultant. This overview consolidates some of the major contributions made by private sector in TB research and development, pharmaceutical and diagnostic production, and improving access to existing tools, care, and treatment in developing countries, by health and non-health-related companies. Although not an exhaustive mapping, it combines information from preliminary mapping activity conducted by the World Economic Forum in 2007, from the International Federation of Pharmaceutical Manufacturers & Associations' publication, *Health Partnerships: Developing World – 2009*, which details contributions by its member companies[20], and from publications by the World Economic Forum and the Global Coalition on HIV/AIDS, TB and Malaria. It covers the following groups of private sector contributors to the fight against TB (although information is sparse on generic manufacturers, developing country producers and organizations):

- Companies conducting TB-related research & development on new tools (e.g. AstraZeneca Bangalore, GlaxoSmithKline Très Cantos, BD).
- Companies producing TB relevant tools (e.g. makers of drugs, vaccines, diagnostics, other TB medical equipment, technology transfer, donations, reduced pricing).
- Organizations operating major TB Workplace programs (e.g. Heineken, AngloGold Ashanti).
- Organizations engaged in anti-TB activities as a part of their Corporate Social Responsibility (e.g. Kempinski Hotels, Figo Campaign).

7. Analysis of Private Sector Representation in Working Groups, Committees, and Task Forces

The consultant performed a brief analysis of the existing level of representation by private sector members in the various governance and operational bodies of Stop TB Partnership and examines the membership and governance features of the working groups, subgroups, committees, task forces. The information was gathered as could be determined from the Stop TB website and through cross referencing to documents produced by WEF and McKinsey. [21]

Objective: To determine in what areas the private sector is represented and involved in the activities of

[19] Van der Borght, Stefaan, *How do Companies Protect their Workforce from TB*, Director, Health Affairs, Heineken, Netherlands, Stop TB Private Sector Constituency Meeting, Summary, Cairo, Egypt 8-9 May 2008.

[20] International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), Health Partnerships: Developing World – 2009, R&D Pharmaceutical Industry's Contribution to the health-related UN MDGs, http://www.ifpma.org/healthpartnerships.

[21] Some information derived from the World Economic Forum, Global Health Initiative, document entitled, "Stop TB Partnership Working Groups & Task Forces: Unofficial Overview,"16.06.2008, and from the McKinsey & Co. Independent Evaluation of the Stop TB Partnership, 21 April 2008.

the Partnership in addition to its representation on the Coordinating Board. Up until this point there has been no comprehensive study by the PSC, no systematic planning for increasing representation in key groups, nor any regular mechanism for reporting by the representatives across the various bodies so that the PSC and its members are informed and can unify the business perspective throughout the Partnership towards a common end.

Findings: The Private Sector Constituency has secured positions on many key working groups and other partnership bodies, although the complete extent of which cannot be determined without further investigations since the Partnership website does not disclose all membership nor is it up-to-date. While engagement by private sector members is widespread, no communication or reporting mechanisms are in place to keep all PSC members informed (except regular teleconferencing and emails to core members). The Partnership website included a wealth of information on the working groups (WG), subgroups, and other deliberative bodies; however, the data provided varied widely, was inconsistent in content, and sometimes, quite out of date. [22] The website does not reflect the new WG configuration with the Global Laboratory Initiative replacing ACSM as the seventh WG (and the creation of the new Advocacy Advisory Committee).

Table 2 names those private sector members who have been identified as holding positions on various Partnership bodies. Included are colleagues at the World Economic Forum / Global Health Initiative who, technically speaking are not directly from the private sector, however, prior to January 2009 WEF/GHI held the focal point role to provide secretariat services to the PSC and could therefore represent the PSC in this capacity . This information was obtained from either the Partnership website (and thus could be out of date) or learned through interviews and further investigations.

Table 2: Private Sector Representation on Stop TB Partnership Bodies

1. Advocacy Advisory Committee (ex-ACSM WG)	Shaloo Puri	India Business Alliance, WEF/GHI	PSC focal point
2. Coordinating Board	Jean-François de Lavison	Mérieux Alliance	Elected Corporate Business Sector Representative
3. Coordinating Board	Matti Ojanen	AstraZeneca	Elected Corporate Business Sector Alternate
4. Executive Committee of Coord. Board	Jean-François de Lavison	Mérieux Alliance	Elected Corporate Business Sector Representative
5. GDF Advisory Board	Matti Ojanen	AstraZeneca	Private sector delegate
6. DOTS Expansion WG - PPM DOTS subgroup	Shaloo Puri	India Business Alliance, WEF/GHI	PSC focal point
7. DOTS Expansion WG – TB and Poverty subgroup	Jean-François de Lavison	Mérieux Alliance	Private sector member
8. Retooling Task Force	Jean-François de Lavison	Mérieux Alliance	Private sector delegate
9. Steering Committee Global Plan Progress Report & Coord. Board	Lakshmi Sundaram	World Economic Forum	PSC focal point
10. Working Group on MDR-TB	Patrizia Carlevaro	Eli Lilly & Co.	Private sector member

[22] E.g. WG on New Vaccines had very limited data on its website however, Dr. Uli Fruth, provided a list of members, with details on private sector members and involvement in task forces .

11. Working Group on New Diagnostics	Jean-François de Lavison	Mérieux Alliance	Core member
12. Working Group On New TB Drugs	numerous private sector members	pharmaceutical companies	Private sector members
13. Working Group on New Vaccines (WGNV)	Michel Greco	Independent vaccine expert	Chair and Core member
14. WGNV Task Forces	Jean-François de Lavison	Mérieux Alliance	Economics Taskforce member
15. WGNV Task Forces	5 private sector members	Bio tech and vaccine producers	Task Forces: Labs, Clinical Trials, Econ & Products.

With the exception of the Coordinating Board positions, which have stated electoral voting procedures developed by WEF, it should be noted that the process for becoming members on these bodies, succession arrangements if the person were to leave their organization, and duration issues remain unspecified and need to be clarified in order to optimize participation by the PSC.

General conclusions: It appears that the private sector may not be optimally represented in each working group or subgroup. While perhaps they do not need to be nor should be in each one, there are surely additional areas where a PSC member could take an appropriate role and provide useful input. Assignment onto the Core membership of a group, if possible, is important way to show commitment, stay updated, and make an impact. It should be noted that certain of the working groups may actually disallow the private sector or certain members thereof, particularly at the core level, because of the normative nature of their work, or due to possibilities of conflict of interest or other concerns. In other cases, the private sector may be involved but no one is specifically named on the website or it is unclear how representation actually takes place (e.g. WGND). In at least one group, while it is stated that anyone who meets certain criteria is welcomed, there does not seem to currently be any private sector members attending (e.g. HIV/TB WG).[23]

Recommendations: The PSC could maximize private sector engagement, communication, and project idea generation through strategic involvement on the Partnership Board, working groups, committees, task forces, and committees -- the cohesive functioning of which should be a prerequisite before undertaking any collective concrete action projects. The PSC should identify appropriate ways in which it could optimize member contributions and involvement at the governance level, improve understanding of how Stop TB operates, and concentrate the business voice in a unified way. Indeed, the process of coordinating and communicating the private sector perspective and resources at the Partnership bodies level, would greatly aid the search for longer-term concrete action projects. (See Recommendations section for more details.)

8. Objectives of Increasing Private Sector Engagement

The Partnership states in its publications that it will reach out to a wide range of partners, to all who have a role to play to Stop TB, and that innovation is the key to progress in order to meet the Global Plan and the Millennium Development Goals. To this end the Partnership acknowledges that the private sector represents as an essential partner in this quest. However, it has only been five years since the PSC actually obtained a seat on the Coordinating Board. Up until now the Partnership has invested

[23] Also regarding the WG on DOTS Expansion: in her interview Irene Koek of USAID said that the WG is open to private sector participation; they need only approach for inclusion.

limited resources in recognizing, documenting, or trying to attract the private sector. The Partnership literature has very little direct reporting of the extent to which the private sector currently provides value. Presumably, the greatest value that the private sector brings to the Partnership rests in the production of current drugs, vaccines, and diagnostics as well as research into new tools to fight TB.

On the production side of TB drugs and vaccines, the trend has been for the major pharmaceutical producers from the high-income countries to basically retrench from active manufacturing in the TB market, either allowing generic manufacturers to step in or transferring technology to partners the developing world. On the R&D side for new TB tools, there is both collaboration amongst and healthy competition between the private industry/biotech companies and governmental, publicly-funded research groups or Gates-supported groups (such as the TB Alliance and Foundation for Innovative New Diagnostics FIND). An example of extensive collaboration is seen in both the TB Alliance and FIND, which are non-profit organizations that provide a link between commercial companies, which have the technology but not always the financial motivation, to make TB products for the developing world. Privately-owned companies like Sequella Inc. and large multinational pharmaceuticals, which bring new TB products into the pipeline with their own risk capital at stake, may have a different sense of urgency that could positively (or negatively) affect their outcomes in terms of getting new tools into the pipeline, through the regulatory requirements, and into the marketplace . The Partnership should be fully aware of the trends in the commercial world and the PSC should be on forefront of examining these issues as the private sector portal for the Partnership.

The Partnership has encouraged and facilitated PSC engagement, providing some financing for exploratory projects and also for the current consulting project. In addition, its host, the World Health Organization, is building confidence in finding appropriate ways to engage business. Indeed, the Health Assembly has recently requested that the Director-General "…increase collaboration with concerned organizations… [including] private sector entities … in order to enhance the global health agenda…" [24]

In the past, WHO and the Partnership frequently sent signals that the private sector was regarded exclusively as an untapped financing source, and that they expected the private sector to provide anti-TB product donations and expertise generously -- ideally along with un-earmarked cash donations. Yet the private sector was rarely interested in such interaction.[25] Only very rarely can a commercial entity justify to its shareholders large cash donations for charitable purposes to groups like the Stop TB Partnership and there may even be some hesitation by a WHO-hosted partnership to accept such a donation if it comes from health-related companies, since there may be the appearance of influence-buying. [26]

Usually, if a company were to make a significant charitable contribution, they would expect: a) to receive prominent recognition and a proportional amount of publicity in return and b) to be sent well documented information on how the money was spent and the impact and results of the donation. These two conditions have often not been reciprocated in the past by the Partnership, according to some reports. On the first point, the amount and type of publicity can be limited by the fact that the Partnership must comply with communication rules governing WHO, clearing all through the WHO legal

[24] World Health Organization, Secretariat, Partnerships, 62nd World Health Assembly 2009, Provisional agenda item 19, document A62/39, 30 April 2009, section §13.4.(1).

[25] A couple notable exceptions are Eli Lilly's grant of $4.4 million to the WHO for MDR-TB program expansion and Chevron's $30 million grant to the Global Fund to Fight AIDS, TB and Malaria's as its first-ever Corporate Champion.

[26] World Health Organization, Secretariat, *Guidelines on interaction with commercial enterprises to achieve health outcomes*, 107th Session Executive Board 2000, document EB107/20.

department. This limits the Partnership's ability to recognize and publicize projects with commercial enterprise partners to the extent expected by some and absolutely excludes any reference to WHO or WHO logo to be used in connection with the private sector. In contrast, the Partnership allows the Stop TB Partnership logo to be used freely by partners. So, while cash donation is probably not the most likely vehicle for increased business engagement, companies do contribute in many other ways that they have found valuable. These have been outlined in the side document Mapping Existing Private Sector Contributions to Stop TB.

The way in which a private sector partner tends to make a decision to contribution in the area of TB is similar to the way in which a company makes any expenditure or investment decision. The company asks itself: what will I get out of it? And the answer, among socially responsible corporations, often goes beyond just profits. In recent years growing number of companies have used a triple bottom line approach, considering a project's impact on not only profits or net income, but also its impact on the environment and social factors (hence, the term "profits, planet and people"). Nonetheless, the requirement remains for an adequate return on the project investment – whether it be quantitative or qualitative.

Health Sector

Companies that are in the TB field or health sector, whether in manufacturing, research, diagnosis or care delivery, may be interested in contributing to the Stop TB cause for regular business reasons. While a company should not be allowed to participate in any Stop TB activities that would give them an unfair advantage in selling their product (a conflict of interest), they should be interested in working help increase the entire market for theirs and their competitors' products. Pharmaceutical companies from high-income countries who conduct R&D into new tools may not have the need themselves for TB workplace programs due to a lack of personnel at risk; however, they may still be interested in supporting the expansion of such programs among other companies for the reason that if the whole market grows for TB products, in the short run their R&D pipeline has more value. In the long-run, when TB is eliminated as a public health problem, they will already have sold or transferred the technology for the new product to a manufacturer in a lower-income country and be out of this business. There is enough lead-time for companies to plan for phase-out or transfer their efforts to other diseases or product lines. This is what has essentially occurred with Eli Lilly, which has already transferred or is in the process of transferring its manufacturing technologies for TB drugs to partners in developing countries.

Non-Health Sector

Even if a company has no product involved in TB whatsoever, it can find value in an activity that could increase their knowledge of a field, market, customer, or geographic area. For example, a telecommunications company that has targeted supplying rural areas in emerging markets with broad band services may see value in one of its representatives participating in the PSC to learn more about delivering TB services in remote places in Africa. While the industry is completely different from one involved directly in products or services related to TB control, it could benefit if its involvement generated a new idea for developing a medical media service, for example.

Obvious reasons for increasing business involvement in Stop TB for those companies with operations and employees based in or traveling to high burden countries are that they could protect the health of their employees, customers, and surrounding communities with effective workplace programs or access to TB treatment and prevention techniques. In cases where a company operates in endemic countries where the workforce has frequent exposure to TB, the Partnership or the Private Sector Constituency

can provide referrals to the Public-Private Mix Subgroup of the DOTS Expansion Working Group, which has guidelines and contacts for implementing TB workplace programs in cases of high incidence.[27]

Kempinski Hotels is an example of an organization that had an interest in Stop TB for reasons of corporate social responsibility and employee TB control. Kempinski got involved in the famous soccer player Luis Figo's "I Am Stopping TB" Campaign by making the campaign available worldwide through its hotels. [28] In addition, Kempinski Hotels sought a customized advisory service to assist in conducting an employee TB protection plan for a few of their operations located in endemic countries in which their employee population had potential exposure to TB. As it turned out, the incidence level among employees was very low and thus this profile did not match the type of TB workplace programs covered by the PPM DOTS Subgroup (which focuses on high incidence rates in industries like mining, textiles, manufacturing). Consequently, Kempinski used its own resources to develop a custom-made plan for TB control in its hotels. The big lesson learned from the experience is that the Partnership does not currently have sufficient resources to adequately service this kind of business sector request. Whether this is a niche that the PSC could try to cover is questionable, but perhaps in further consultation with the PPM subgroup, the issue could be explored further. A very positive development in mid-2009 was that contacts in the Partnership and the Stop TB Department, directed Kempinski to areas in WHO dealing with insurance schemes coverage to address their particular needs, which ended up being very helpful to them.

Of course, many companies look for corporate social responsibility projects in worthy causes unrelated at all to their fields or markets. As the number two killer in the world, TB could be a worthy cause chosen by any company to demonstrate social commitment -- particularly with the threats of MDR and XDR-TB knowing no geographic boundaries.

Private Sector companies can find reasons for getting involved through the following four main categories:

1. Extend Existing Products:
- To assist TB control scientifically and practically through the manufacture of or transfer of technology to make needed products to fight TB.
- To offer in-kind services or support in training, purchasing, transportation, and logistics.
- To reach large or important populations (employees and communities) not accessed effectively by public health authorities in certain areas.

2. Innovate with New Products:
- To research and develop new tools to fight TB
- To offer resources to bolster research and laboratory capacity.

3. Protect the Health of Employees, Customers, and Communities with Workplace Programs[29]:
- To save costs by reducing absenteeism and staff turnover.
- To increase productivity by keeping employees healthy.
- To reduce direct costs of treatment.

[27] http://www.stoptb.org/wg/dots_expansion/ppm/.

[28] See http://www.stoptb.org/figo/News.asp

[29] In cases where incidence rates are high, the PPM DOTS Subgroup has materials, information, support, and local contacts to work with the private sector.

- To reduce indirect costs of new recruitment and training.

4. Improve Economic /Social conditions:
- To impact economic growth positively by improved health in workers in poorer populations.
- To improve children's health in poor populations by keeping the adults healthy and working.
- To reduce TB stigmatism and discrimination through raising awareness in the private sector.
- To demonstrate a commitment in corporate social responsibility.

9. Addressing Gaps in Global Plan -- Where is Engagement by the Private Sector Most Needed?

When the question was posed to interviewees about what the private sector should do to increase engagement, responses were very general or somewhat tentative and experimental -- seldom definitive and clear-cut. Therefore, to identify gaps with the greatest need for corporate engagement, the consultant turned to the latest available draft of what the Partnership will report in its *Progress Report 2006–2008 on the Global Plan to Stop TB*.[30] The report states that despite significant increases in contributions from donor agencies, funding is still among the greatest challenges to achieving the goals of the Global Plan. The funding gap to implement Global Plan activities at the country level is still over US$ 1 billion per year. For research and development for new drugs, vaccines, and diagnostics to fight TB, this gap was approximately US$ 0.4 billion for 2007.

Given that corporate sector members are generally not predisposed to granting large sums of money to the Partnership, it is unreasonable to expect pure monetary injections from the Private Sector Constituency to close the gap. However, some clues in the report provide evidence about where contributions have been valued in recent years. The report mentions that partners made great strides in ensuring that TB was on the agenda at key events such as G8 summits, international AIDS conferences and the annual World Economic Forum. So while it is difficult to determine whether PSC members actually were the keypins on the first two activities, they obviously were involved at WEF.

The report also specifies that Partnership building was enhanced substantially and that strategic alliances were forged including with the private sector. On the implementation side, the report highlights that addressing access to first line treatment, as well as multidrug resistant TB (MDR-TB) and TB/HIV remain the most challenging tasks and that progress on MDR-TB remains very low and in need of major efforts. For the research and development field, there is an urgent need to fill the pipeline with novel candidates.

Therefore, the key areas where the PSC could provide most value appear to be:

a) Filling the R&D pipeline for new tools
b) Increasing access to first line treatment
c) Speeding progress on MDR-TB
d) Managing care and control of the TB/HIV co-epidemic
e) Ensuring that TB is on the agenda at high level advocacy events

The MDR-TB issue, although already embraced by Eli Lilly as a main focus, has much room for further private sector initiatives to join the cause in support. Despite Lilly's efforts and the fact that the Green Light Committee (GLC) more than tripled its approval rate for MDR-TB treatment, less than 3% of the

[30] Stop TB Partnership, Progress Report, 2006–2008 Actions For Life: Building A Successful Future Together, The Global Plan To Stop TB 2006-2015, WHO, 9 June 2009.

estimated 500,000 cases worldwide of MDR-TB that occurred in 2008 were diagnosed and treated. The problem is described in the progress report as ensuring "access to high-quality management of MDR-TB." The serious challenges to overcome includes lack of qualified human resources, poor infection control, unavailability of new drugs, insufficient laboratory capacity and weak surveillance systems. The limitations of available treatment options – including non-prequalified drugs and suppliers, high drug costs, and barriers to registering and procuring quality-assured drugs – hamper universal access to health services for the prevention, management and control of MDR-TB. The emergence of extensively drug-resistant TB (XDR-TB) is another significant challenge to the already complex field of drug-resistant TB." Finding solutions to MDR-TB requires innovation, coordination, and sound management along all levels of the health value chain (from discovery to production to distribution to health systems to diagnostics to monitoring patient compliance) – areas in which the private sector may have useful products or management strategies to offer. Some of the action agenda ideas listed in Appendix I address aspects of the MDR-TB issue.

10. The Challenges to Greater Business Engagement

As early as April 2007, the Private Sector Constituency made a presentation in a meeting in Geneva with the support of WEF, suggesting strategies for corporate sector engagement, several of which have already been accomplished. [31]

- Build a community of companies with a commitment to TB control (⇒ now 110 companies in constituency).
- Encourage active engagement in Working Groups (⇒ now well-engaged as documented above in the analysis on PSC representation).
- Share information within Partnership to stimulate collaboration (⇒ now PSC has actively participated in meetings and events over last 2 years culminating in Rio Partner's Forum and Pacific Health Summit).
- Document and share best corporate sector practices in TB control (⇒ e.g. Eli Lilly Technology Transfer, India Business Alliance to StopTB)

Momentum has been building and progress made to channel the energy and resources of the private sector. The general consensus from the current interviews, which confirms the points expressed at past Private Sector Constituency meetings, is that much potential exists for enhanced engagement when the following chief challenges can be met:

- Shared vision is unclear and an action agenda lacking.
- No clear value proposition exists for Private Sector Constituency membership.
- Communication is lacking among Private Sector Constituency representatives in Working Groups and other Partnership Bodies; private sector members operating independently.
- Organizational resources missing due to focal point discontinuation by previous funder.
- Financial pressures among partners due to economic crisis may deter companies' social spending and make them seek better impact and recognition for investment.

Feedback from meetings over the last few years and this project's recent interviews have shown that respondents believe the PSC needs to:

[31] Private Sector Constituency, *Building a Stronger Corporate Sector Response*, de Lavison, et al., Stop TB Partnership, powerpoint slides, Geneva, 19 April 2007.

a) create a shared vision, deepen participation in the Stop TB Partnership in a strategic way, and make more efficient use of PSC members' time and resources.

b) invest more into focal point resources to organize the PSC, improve communications, mobilize resources, and manage on-going processes.

c) develop a collective action project to manifest the untapped capabilities and combined resources of the private sector – starting small, aiming big.

11. RECOMMENDATIONS – Details and possible solutions

11.1. Develop communications strategy for messages to and from PSC and working groups, subgroups, task forces, committees.

Already in place by the Private Sector Constituency:

- Holds regular teleconference calls with Core every two months and semesterly meetings.
- Sends pre-reads for Coordinating Board meetings.
- Organizes Core meetings before Coordinating Board meetings.

To improve communication the Private Sector Constituency should :[32]

a) Keep updated the list of PSC participation in Working Groups and other bodies to reflect the current reality and track engagement. (see sample list format Appendix III)

b) Assign rapporteurs and distribute minutes or summaries of all important meetings (Board, Executive Committee, Working Group Discussions, Advisory and Steering committees, task forces) to be sent to all the PSC.

c) Issue a PSC news communiqué to be sent out 2-3x per year, reporting on the various contributions and activities of the PSC within Stop TB as well as key decision points.

d) Board meeting Information Package to be sent out immediately after the Board meeting including: Minutes of the private sector pre-board meeting, Coord. Board Decision points, and any other document resulting from these deliberations.

e) Create a webpage for PSC on Stop TB Partnership website (password protected) with all info.

11.2. Draft and adopt Principles of Engagement and a PSC Partners Charter to clarify vision and value proposition for membership.

As a global health partnership under the aegis of the World Health Organization (WHO), the Stop TB Partnership is considered a WHO-hosted "formal partnership" without a separate legal personality but with a governance arrangement that takes its own decisions on direction, workplans and programmes, and budgets, as long as its mandate and functioning is consistent with that of WHO and which adheres to WHO's accountability framework. [33] This hosting arrangement imposes certain requirements as to how the Partnership may involve the private sector in its activities, given that WHO hosts the

[32] With particular thanks to the ideas shared by Roll Back Malaria's Private Sector Constituency/Delegation on their Communication Plan December 2008.

[33] Within the context of new WHO Partnership policy in progress (see 2009 WHA item 19, document A62/39).

Partnership's secretariat, in order to protect WHO's integrity and reputation in its normative function setting technical norms and standards for global health. Therefore, any principles of engagement for the PSC must take into account the WHO's, *Guidelines on interaction with commercial enterprises to achieve health outcomes.*[34] These WHO guidelines are in place in order prevent undue commercial influence and/or the appearance of such and preserve WHO's reputation and values and ensure that its scientific validity and public health mandate is never compromised.

In spite of these guidelines and policies supposedly shaping all approved partnerships, concern still lingers at the partnership level about the potential conflict of interest or intended purpose of the private sector's involvement in public health alliances. The Roll Back Malaria's Private Sector Constituency has found it expedient to develop and implement their own Conflict of Interest Policy and require all private sector members to sign the policy if they wish to represent their PSC on various RBM bodies, thereby upgrading their role to the position of being in the Private Sector *Delegation*. The WEF in their role as focal point were instrumental in drafting up the policy, whose key features include the following passages:[35]

> The purpose of this conflict of interest policy is to provide general guidance in identifying and handling potential and actual conflicts of interest. It underscores the commitment of the Private Sector Delegation to uphold the highest ethical standards by its membership as it relates to the RBM. In most instances, conflicts of interest can be avoided simply by continuing to exercise good judgment. The PSD relies on the sound judgment of its members to prevent such conflicts and supports them with clear guidelines, processes and statement of commitment found in this policy.

The objective of creating a similar proposal for the Stop TB Partnership PSC would be fourfold:

- To remove concerns about conflict of interest among members
- To clarify the role of partners as being a part of a larger group effort
- To engender commitment and engagement by PSC members
- To increase understanding of and greater trust in private sector by other partners

Perhaps the Partners' Charter could be put in a more positive light, with the expectation of highest professional behavior by its members and specifying what that behavior consists of. A sample charter statement is given in Box 3.

Box 3: Sample PSC Partner's Charter Statement

As member of the Private Sector Constituency, the undersigned agrees to respect the exclusively public health mandate of the Stop TB Partnership, its Executive Secretary and staff and not seek to influence them unduly or inappropriately in favor of individual or company interests. The undersigned agrees to act in good faith for the benefit of the goals and missions of Private Sector Constituency as a whole and not exclusively for individual or company interests. The undersigned affirms to act with the highest ethical standards and recluse him or herself from any project, meeting or decision if a conflict of interest

[34] World Health Organization, Secretariat, *Guidelines on interaction with commercial enterprises to achieve health outcomes*, 107th Executive Board 2000, item 8.3, EB107/20, Annex, 30 November 2000.

[35] Roll Back Malaria Partnership, Private Sector Constituency, Conflict of Interest Policy, November 2008, http://www.rollbackmalaria.org/docs/constituencies/PSCOIpolicy.pdf.

arises. [36]

A conflict of interest[37] is a situation in which someone in a position of trust has professional or personal interests that are not completely aligned with the interests of the Stop TB Partnership working group or other body to which he/she is serving as a PSC representative. Such competing interests can potentially make it difficult for the individual to fulfill/or to be seen to be fulfilling his or her duties impartially or in the best interests of the organization. A real or perceived conflict of interest may exist even if no unethical or improper act results from it. A conflict of interest can create an appearance of impropriety that can undermine confidence in the individual, company, PSC or the Stop TB Partnership. A conflict of interest can result in a tendency towards bias in favor of one interest over another and, in turn, could impair the individual's acting in the best interests of the Stop TB Partnership.

Each Partner commits to transparency in all interaction within the PSC and Stop TB Partnership. The PSC is only as strong as its combined members' contributions of time, skills, and resources. Therefore, the PSC asks each partner to contribute as it can and will to the functioning of the PSC. Financial support, in-kind support on working groups or task forces, and other contribution alternatives should be spelled out in terms of what is expected. While any Stop TB partner can participate in a Partnership body, only those private sector members who join the Charter are allowed to be official representatives.

Each member provides a baseline logging of its company's overall contributions to fighting TB and submits an annual objective/commitment sheet outlining planned activities and projected contributions for the year. These will be self-monitored and evaluated and submitted to the PSC annually for registration and acknowledgement. (see recommendation below "Develop guidelines and document private sector contributions and measure progress.")

In return for each Partner's commitments of time, skills, and resource, the PSC commits to provide the following benefits and services: Timely information, regular conference calls and newsletters, opportunities to meetings with Stop TB officials, advanced notice of upcoming TB events, etc.

Core membership explained: how many members, percentage of health vs. non-health, who is needed in the core group, expectations, roles and responsibilities, and added benefits.

Box 4: Ideas for PSC Principles of Engagement[38]

In its interactions within and on behalf of the Stop TB Partnership, the PSC will be guided by a set of ethical and practical principles that reflect its values and mission. The private sector is vast and multi-segmented, and has congressed together in order to be able to have a larger impact in a combined effort to play a key role in the fight against TB. There is widespread skepticism in the public health community about the merits of collaborating with business, due to past or on-going controversy with some firms. By keeping its principles of engagement firmly in mind, PSC may be able to reduce the risk

[36] With particular reference to Article 37 of WHO's Constitution and Accountability Framework.

[37] Paraphrased from Roll Back Malaria Partnership, Private Sector Constituency, *Conflict of Interest Policy,* November 2008, *http://www.rollbackmalaria.org/docs/constituencies/PSCOIpolicy.pdf*.

[38] With particular reference to International Union for Conservation of Nature, Part of the Solution – Business, Biodiversity and Sustainable Development, A Strategy for Enhancing IUCN's Interaction with the Private Sector, 30 March 2004, http://cmsdata.iucn.org/downloads/privatesectorstrategy_31_20march_2004.pdf

of disappointment and enhance its impact and the Stop TB Partnership's reputation as a result of following these principles.

On this basis it is proposed that any interaction by the PSC within or on behalf of the Partnership, as well as any interaction with other organizations and any internal operations, should be:

1. Relevant to the PSC vision and mission.
2. Consistent with any relevant official policy of Stop TB Partnership.
3. Responsive to the aspirations of the PSC membership.
4. Empowering of PSC to implement its strategy and to help meet Global Plan to Stop TB.
5. Effective and results-based with concrete outcomes that can be measured.
6. Efficient in the use of PSC or Partnership resources as compared to alternative actions.
7. Transparent in the sense of ensuring public access to information, while respecting individual privacy and institutional confidentiality, as appropriate.
8. Participatory in the sense of creating opportunities for involvement by affected stakeholders, especially underrepresented groups, while respecting legitimate decision-making mechanisms.
9. Enhancing the credibility of PSC and Stop TB Partnership.

Most of these principles are likely to be welcomed by potential participants, but some may prove challenging to implement, notably the principles of transparency and participation.

PSC is strongly committed to the principle of transparency in process and decision-making.
At a minimum, PSC will seek public disclosure of the existence and nature of its relations with the Partnership (and with other organizations) on activities related to the Partnership. This will include reporting all transactions that involve a transfer of significant resources between PSC and the Partnership or its partners, whether in cash or in kind. PSC will additionally seek the right to publish its interpretation of collaborations with other organizations, after mutual consultations as necessary. PSC will ask the Partnership to be forthright in recognizing the value of and positive results achieved from cooperation with the private sector where such cooperation has been successful.

Public health organizations that collaborate with business are sometimes accused of compromising their principles in return for cash or other contributions. Another common criticism is that such collaboration often excludes underrepresented stakeholders, such as impoverished communities or small businesses that lack the resources to engage on their own behalf. Therefore, PSC will work to ensure that the Partner's Charter and Principles of Engagement governing all of its activities are clearly communicated and completely transparent, including underrepresented groups as much as possible.

Most certainly, the drafting the Partner's Charter and Principles of Engagement would need to be undertaken by a PSC task force, perhaps with the pro bono advisory support of outside legal counsel familiar with the UN and private sector issues, and in cooperation with the Stop TB governance officer and the WHO legal office.

11.2.1. VALUE PROPOSITIONS for the Partnership, the Private Sector Constituency, Health and Non-Health-Related Companies.

What does each partner expect to receive of value and, what is each willing to invest in order to get it? In implementing the elements of the strategy, those involved need to examine and design the value proposition in order to set the incentives and rewards necessary to engage at three levels: the Stop TB

Partnership, the Private Sector Constituency and the individual Companies/PSC members.

The Stop TB Partnership looks to the PSC to provide needed input on existing and new tools, to contribute know-how and resources, and to help engage more companies that are willing to contribute in the fight against TB through their core competencies and comparative advantages in their industry/trade.

Value expected to be received:
- Increased business engagement i.e. more resources for Global Plan
- Reaching Global Plan solutions more quickly
- More advocacy and awareness

Need to offer/invest:
- Advocacy materials for private sector
- Increased access to networks, meetings, experts
- Acceptable levels of recognition, acknowledgement, public relations criteria
- Funding some administrative aspects of PSC, at least temporarily
- Referrals to appropriate areas in Partnership, Stop TB Department or WHO.
- Investing in logging and recognition of PSC contributions
- Participating in drafting PSC Principles of Engagement and Partner's Charter
- Investment in any programs such as One-Stop TB Shop

The Private Sector Constituency is organized to create a shared vision and combine its members' resources together with the intention of having a positive collective impact in the fight against TB.

Value expected to be received:
- Better value for investment of time and money by members
- Tangible recognition for efforts
- Increased funding from members
- Potentially attracts major contributions/sponsors

Need to offer/invest:
- Examine hosting bids and annual fee proposal to fund focal point/secretariat
- Manage overall private sector participation in Partnership
- Coordinate private sector engagement in Partnership bodies
- Organize meetings and input, communiqués
- Develop value proposition, Partner's Charter, Principles of Engagement
- Conduct new membership campaign
- Log and track contributions and commitments
- Investigate longer-term collective action projects

The Companies / Individual Partners have joined for various individual reasons depending on their companies' business segment and objectives including: business case, employee health, and/or corporate social responsibility and expect benefits to be derived from the time and resources they put into the PSC.

Value expected to be received:
- Networks, information, and knowledge
- Information and support in workplace programs or employee health
- CSR value for contributions

- Tangible recognition to take back to headquarters

Need to offer/invest:

- Involvement in working groups, task forces
- Reporting on meetings into PSC
- Logging and tracking commitments and contributions
- Possible annual fee
- Depending on the business segment and level of activity:
  - Good and services (tools to fight TB)
  - Research (new tools)
  - Funding workplace programs
  - Supporting country NTPs
  - Developing advocacy materials
  - Spreading awareness, social mobilization
  - Financial resources
  - In-kind contributions of core competences and management skills

11.3. Maximize PSC representation strategically in working groups and other partnership bodies, seeking membership in the core group whenever possible.

Integrate the strategic positions of individual PSC partners on Partnership bodies into a unifying PSC strategy (vision, mission – see Box 1 below) creating a united voice and developing a representation plan and communications strategy for messages to and from PSC and Working Groups, committees, and task forces. For further discussion, please refer to the earlier section entitled, Analysis of Private Sector Representation in Working Groups, Committees, and Task Forces. Some specific action in this direction could include:

- Develop a key message about what the PSC has to offer on Stop TB Board and groups.[39]
- Invite chairs of all WGs and Subgroups to meet with PSC representatives.
- Request a seat at the table in all key groups.
- Create a communication mechanism (see above) and networking website for reporting information among members.
- Meet before and after each Coordinating Board meeting to plan message points and united voice on key agenda items.
- Draft a Principles of Engagement or Statement of Corporate Social Responsibility and Intent to guide involvement (see more below).
- Start an "each one, reach one" campaign to recruit new, proactive members and find roles for them on the Partnership bodies.

Box 1 : Example of Stop TB Partnership's PSC Vision and Mission Statement

Vision

The private sector engages fully as a vital and appreciated partner in the Stop TB Partnership, working toward a TB-free world, safe from the health and economic effects of TB.

Mission

[39] Key message could be similar to: "The private sector members have strategic information and skills to offer and we plan to prove our worth as a valuable team player to Stop TB." (needs further work)

The Private Sector's mission is to:

- Develop and produce new drugs, vaccines, and diagnostics to stop TB;
- Raise awareness and advocate for increased support among the business, public, and communities on global, regional, and local levels;
- Contribute in the fight against TB through each company's core competencies and comparative advantages in its particular industry/trade;
- Act as an intermediary and refer private sector, where appropriate, to the Public-Private Mix DOTS Subgroup for support to: 1) maximize access among its employees and communities to effective diagnosis, treatment and cure to stop TB; 2) stop transmission of TB in the workplace and community, especially MDR- and XDR-TB; and 3) reduce the stigmatization of TB in the workplace and community, particularly concerning the HIV/TB co-epidemic.

11.4. Engage PSC members and create task force to evaluate proposals and resource implications for concrete action proposals gathered by consultant. (see Appendix I).

This study recommends that the PSC create a task force to perform further due diligence on the longer-term concrete action ideas that arose from brainstorming with interviewees and stakeholders during the consultancy. Appendix I provides a short description of the concept of each idea, in most cases without attributing the source (consultant can provide more details about the source of the ideas for followup). The proposals should be considered in conjunction with the other strategic recommendations, such as creating a vision and mission statement, deepening involvement at the working group level, defining value propositions for members, and Principles of Engagement. The task force could assess the ideas against a set of criteria as suggested in Box 5, make a short list of possible projects, and then survey the PSC to get feedback on the most preferred and feasible. Naturally, the availability of financing will necessarily play a major role in determining the likelihood of success for any project. The notion of "starting small, aiming big" could be productive with a pilot project to test the waters and if successful, attract greater funding for scale-up. Priority should be given to projects involving *endemic emerging economies* [40] for greatest positive impact.

Note that at least a couple of the projects would be tapping into current programs already in place and while not initiatives that would give the PSC a marquis-level achievement, they could be effective ways to show the private sector commitment and increase visibility within the Partnership. These include the proposals entitled: "Stop TB Civil Society Challenge linking private sector" and the "TBTeam Technical Assistance." Also the "Health@ Home/Kenya -- TB diagnostic" could be attractive to the diagnostics segment of PSC and collaborating with an already well-functioning partnership with UNAIDS and GBC and learning from the infrastructure currently in place.

Box 5: Criteria for selection of PSC projects.

Projects/activities undertaken by the Private Sector Constituency should ultimately:

1. Meet unmet needs in Stop TB and help reach Global Plan.
2. Provide clear value-added to the parties involved.
3. Take advantage of core competencies of private sector (depending on the company: e.g. customer-

[40] The term 'emerging market' was originally coined by IFC to describe a fairly narrow list of middle-to-higher income economies among the developing countries. The term's meaning has since been expanded to include more or less all developing countries. Developing countries are those with a Gross National Income (GNI) per capita of $9,265 or less. www.sustainability.com.

driven, market knowledge, results-orientation, sense of urgency, global reach, local contacts).
4. Be attractive to large number of PSC members to get involved (not narrowly focused on something appealing to one particular industry).
5. Be feasible to undertake requiring relatively short lead-time, smallish number of partners with whom to negotiate.
6. Offer the chance of early successes to build mutual confidence and demonstrate benefits.
7. Require manageable investment and sustainable ongoing costs, attracting resources necessary to carry out and ensure adequate continuity.

11.5. Develop financing strategy including annual fees, membership levels, and corporate champion concept.

The PSC has reached a critical point in its evolution. It was nurtured to the point where it is ready to spread its wings. However, in order to get airborne, it needs some strong feathers and a headwind. Necessity dictates that the PSC members must contribute some funds to the endeavour, at least until such time that it can demonstrate its worth and secure additional Partnership or outside funding. However, to join the Stop TB Partnership is -- as a matter of principle -- free of charge, and so any annual fees or payments planned for membership in the PSC must be voluntary or suggested.

The consultant tested the concept of asking PSC members to pay annual fees. Responses were generally receptive, but respondents emphasized that value in return was expected. What would be expected in return? Interviewees named: better communication and information flow, opportunities to attend high-level meetings for networking, coordinated efforts to make the private sector a valued and successful component of the Stop TB Partnership, and positive publicity or recognition to be able to demonstrate to their superiors that their involvement in the PSC were worthwhile for the investment.

Suggested amounts ranged from $1,000 to $15,000, possibly based on organizational type, with possible exceptions for contributions in-kind for those organizations who could not afford it. Core level members could be expected to contribute. The question of whether to allow fee waivers or in-kind contributions is a difficult one to address. There would need to be transparency as to what amount was expected and whose fees might be waived or reduced. With the economic crunch, the corporate social responsibility sectors may become even more sensitive. Members who are already paying large fees to GBC and WEF are balking at the idea of paying more to yet another group representing private sector interests in TB. A rough estimate of how much in annual fees could be raised can be calculated by taking an average of say $5,000 annual fee and multiply it by perhaps 20 active members to yield $100,000 in fees.

Collaboration with Advocacy Advisory Committee. The PSC needs to reconnect with the new Advocacy Advisory Committee (AAC) which will be advising the Coordinating Board going forward.[41] The PSC might wish to review previous work started by the Business Engagement Task Force under the ACSM which was set up with the aim to provide strategic counsel to the partnership for advocacy with the corporate sector and pursue active outreach to the corporate sector.

Several suggestions stemming from the old ACSM task force deserve further consideration:
- Develop messaging on the “return on investment or engagement” to explain why companies should become involved (The value propositions and partner charter should address this.)

[41] Stop TB Centre for Resource Mobilization website: www.stoptb.org/wg/advocacy_communication/resource.

- Create a short one to two page business-oriented advocacy document on TB for CEOs (The short handout developed for the Pacific Health Summit in June 2009 is this kind of document and could be updated and the design enhanced.)
- Engage the private sector in regional and local partnerships (e.g. new EMRO Stop TB Partnership, India Business Alliance-like models)
- Expand the private sector constituency, especially with companies involved in providing care to their workers (in collaboration with PPM Subgroup of DOTS Expansion WG.)
- Advocate for engagement of trade unions/employee organizations.
- Leverage the power of the media; "glamorize" TB by using private sector's marketing expertise.

Corporate Champion concept. The PSC could seek advice from the AAC on a search for a global-level TB private sector champion, or perhaps regional or country-level TB corporate champions in India, China, and Brazil. Possible models for this concept are: a) Chevron Corporation, which became a corporate champion committing $30MM to the Global Fund and b) the Malaria No More with capital campaign securing $38.5 million from ExxonMobil, Marathon Oil, NYSE Euronext. TB is as yet unclaimed as a corporate social responsibility disease focus by any major corporate figure. As the number two killer globally after AIDS, with a steady positive track record towards elimination due to Stop TB's Global Plan, TB has potential to become a significant cause célèbre with the right marketing campaign. This unrealized potential is a valuable asset that should be carefully managed and explored.

11.6. Campaign for new members, including professional societies, business coalitions, and trade associations.

A serious campaign for new members needs to take into consideration any plans for requesting annual fees and develop an integrated value proposition as part of its offering. But even before that is decided, simply requesting or reminding members on the core email list to sign up to the Join the Stop TB Partnership online, or sending a follow up email to the contacts gathered at the Pacific Health Summit, to inform them of progress, could boost membership awareness and registration by as much as 10%.

11.7. Develop guidelines and document private sector contributions and measure progress.

Baseline data on PSC contributions. The PSC needs to develop guidelines and document the baseline level of its members' monetary and in-kind contribution to TB control, R&D, and access. [42] The reason for this exercise is twofold: 1) First, it provides a measuring point to calculate the impact of the new strategic plan, and 2) Secondly, it will highlight the perhaps invisible or under-appreciated amount of time, effort, and money that the private sector already spends to fight TB.

One of the hidden costs for the private sector is the money spent just in participating in PSC activities. The public sector may not realize that each dollar spent and time in billable hours that must be accounted for can add up to a significant amount. An informal estimate placed a contribution by a private sector member for simply taking an active role as a member on Partnership bodies, attending four meetings a year, offering in-kind services, yielded a total of upwards of $200,000 in expenses annually. The PSC needs to be cognizant of these costs as they endeavor to improve the efficiency with which they use their members' resources.

[42] Designed closely after McKinsey & Co. *Independent Evaluation of the Stop TB Partnership*, Recommendations, Exhibit 35: Proposed Performance Transparency Approach For Partners, 2008, p.106.

This study recommends that part of the Partner's Charter be to submit a taking stock of contributions to date and to make an annual commitment to further activities. A draft sample is included based on publically available information for Eli Lilly as an example. (see Appendix III).

11.8. Resolve the focal point issue.

This last point is the crucial element in carrying forward and implementing the recommendations: finding and funding a new focal point to play an overall secretariat role for the Private Sector Constituency. The leadership of the PSC -- the two elected representatives in consultation with their Core members -- actively pursued solutions since the notification was received in early 2009 that Gates was no longer funding the focal point based in the World Economic Forum, a role with was shared with Roll Back Malaria's private sector delegation. They met with RBM PSD's leadership in June and jointly solicited bids for a new host to four organizations – World Economic Forum, Global Business Coalition, International Business Leader's Forum (U.K.) and the World Business Council for Sustainable Development (Geneva). The PSC also explored the option of hosting a dedicated (or shared with RBM) focal point within the Stop TB Partnership. PSC received hosting proposals from at least three of the solicited organizations and pursued discussions to explore the options available. The PSC leadership can provide further details about the evaluation of the pluses and minuses of each proposal.

Among the alternatives considered was continuing to share costs with RBM (as it had done previously through the WEF focal point), going it alone, and/or housing the focal point within the Partnership Secretariat. Although a viable direction in terms of economies, sharing costs with RBM also would mean sharing the time of staff member who would be split between the two constituencies -- which would have inherent challenges. The possibility of utilizing the infrastructure of the Stop TB Partnership to host the PSC focal point would have the advantage of the staff member being closely connected to the operations and activities of the Partnership. If this latter option were pursued, the PSC would be able to enhance its complementary and collaborative relationships with the business groups whose hosting bids were solicited and strengthen its ties with the Roll Back Malaria and UNAIDS private sector areas. It is noted that some Private Sector Constituency members may be cautious about such an arrangement with concerns that the organizational culture of WHO/Partnership as a host might inhibit a more business-minded approach that the focal point needs to be able to exercise to serve the PSC.

The PSC leadership is extremely cognizant that the wishes of the constituency which elected them are of the utmost importance. As the alternatives were thoroughly investigated and a short list created, the Core membership of PSC was contacted and their reactions canvassed and taken into consideration. Their arguments and conclusions about the best way to resolve the focal point issue will be presented to the Coordinating Board on 6 November for discussion and request approval.

Activities necessary for the smooth running of the Private Sector Constituency have been characterized by the previous focal point at the World Economic Forum to include[43]:

[43] World Economic Forum, Global Health Initiative, Lakshmi Sundaram, *The World Economic Forum and the Stop TB Partnership*, working document outlining Private Sector Constituency functions, January 2009.

Secretarial functions:

- acting as secretariat and first point of contact for members of the private sector constituency
- keeping up-to-date and consistent records of attendance at meetings, interested companies, members of the Core Group, members of working groups etc.
- supporting Board Members in the logistics of periodic calls with the Core Group (agenda development, call setup, preparing minutes and follow-up with core group members)
- managing periodic elections for new board members

Content functions:

- developing a value proposition for different types of companies in Stop TB
- organising constituency meetings, as required, including development of agendas, presentations and background documents
- following up on action items from calls and meetings of the Core Group and constituency
- preparing and disseminating periodic email updates to the constituency and the Core Group on specific Stop TB issues of interest to the private sector; coordinating with private sector representatives in working groups
- preparing draft consensus position papers for issues of interest to the broader constituency
- conducting outreach to new companies and business coalitions to increase their involvement and commitment to TB control, and the Stop TB Partnership in particular.

The responsibility to implement any of the recommendations included in this Business Engagement Strategy, if accepted or as amended by the PSC and the Coordinating Board, must also be added to the duties of the focal point. The consultant's assessment is that the position requires an 80% to full-time person, at a P3-level or higher to take on the responsibility of further developing the Private Sector Constituency into a dynamic and valued vehicle for business engagement in the Stop TB Partnership. Administrative support would be required. In the consultant's opinion, it could be in the best interests of the Stop TB Partnership and interested donors to provide any interim measures possible to support the PSC during this transition phase to a new structure and improved impact.

12. Impact Measurement / Success Metrics

The implementation of the Private Sector Constituency Business Engagement Strategy itself should be evaluated over a 2-year period, with progress on metrics reported to the Stop TB Coordinating Board on an annual basis. Metrics must be developed that can be used to quantitatively measure the impact and success of organizational improvement and programmatic initiatives, such as including[44]:

a) Number of Corporate sector members who join Stop TB Partnership and the Private Sector Constituency;
b) Number of communiqués/newsletters produced and distributed;
c) Number of PSC members in working and Core groups, committees, task forces;
d) Number of Corporate sector members who sign a PSC Partners Charter;
e) Amount of financial and in-kind contributions made by PSC members;
f) Number of PSC members who submit in logging system of PSC contributions;
g) Number of companies approached under membership campaign;
h) Number of companies requesting information under membership campaign;
i) Number of companies joining under membership campaign;
j) Number of task force meetings to explore action agenda;
k) Number of PSC members supporting a short list of action agenda.

[44] With particular reference to sample metrics in Carol Nacy's proposal (see bibliographical reference).

APPENDIX I: Concrete Action Options: Programmatic Activities for PSC engagement

This Appendix provides a short description of the ideas that arose from brainstorming with interviewees and stakeholders during the consultancy about possible concrete action plans. This study recommends that the PSC create a task force to perform further due diligence on these longer-term concrete action concepts (see section 11.4 for further discussion). The ideas are presented here, in most cases without attributing the source (consultant can provide more details about the source for follow-up). The proposals should be considered in conjunction with the other strategic recommendations, such as creating a vision and mission statement, deepening involvement at the working group level, defining value propositions for members, and Principles of Engagement.

1. One-Stop TB Shop – "Dropdown Menu" Concept for private sector TB engagement

The idea explored in a meeting at Stop TB Partnership on 4 May 2009 was to develop a Stop TB unit that would be the One-Stop TB Shop for companies wanting to get involved with Stop TB and particularly those who did not have their own medical units. The Dropdown Menu or matchmaking concept involves the Partnership working together with the Private Sector Constituency to develop a strategic wish list of projects to support the Partnership by the private sector. Examples could include: a) sponsoring a World TB Day event, b) raising awareness tour by a car manufacturer engaging National TB Programs, c) Advocacy campaigns in certain countries. A PSC-sponsored One-Stop TB Shop would do marketing and outreach, problem solving, matchmaking with local NTP and NGO contacts, monitoring and evaluation. Companies could pay annual fees for membership into PSC and/or contribute to local NTP programs or provide in-kind services based on their core competencies. An offering package/value proposition is needed showing costs and benefits to companies.

2. Intermediary for Workplace Programs brokering

This concept would be to work hand-in-hand with the Partnership, Public-Private Mix Subgroup of the DOTS Expansion Working Group, International Labor Organization, World Economic Forum and Global Business Coalition to raise awareness and advocate for the scaling up of TB Workplace programs among the private sector. The goal would be to interface regularly with UNAIDS and Roll Back Malaria to integrate workplace programs where needed across the three diseases. In situations where an organization's employees may have some exposure, but not have TB incidence at the higher levels profiled by PPM, the PSC could seek to provide referrals and examples, such as the Kempinski model, which needed a customized approach. The PSC could explore a pooling of resources approach to be able to service those companies which operate in endemic countries, but which industry or business model does not constitute the kinds subject to dense working conditions and and high incidence rates, warranting full-blown workplace programs. Financing could be sought through a major corporate champion, foundation funding, and/or PSC member sponsorship.

3. Mining Industry TB Workplace Program Scale-Up with MOH South Africa

The idea embodies a concerted effort to scale-up detection and treatment to address MDR-TB among the top mining companies in South Africa. While this is clearly the territory for the Public-Private Mix Subgroup of the DOTS Expansion Working Group, there may be a specific role for the PSC to play in contributing core competencies and management skills to the efforts. Stop TB and the South African mines could partner with the Ministry of Health to address this threat to worsen the economic downturn. Mining is one of the industries with the largest number of employees affected by TB. The

International Council on Mining and Metals (ICMM) recently released a comprehensive guideline for mining companies to manage HIV, TB, and malaria infections in their workers and the communities in which the mines reside. Mining and metals companies are under increasing scrutiny for communicable diseases because their operations tend to be located where TB and malaria are endemic, both of which exacerbate HIV AIDS. Multidrug-resistant TB is a grave concern. Currently, only a portion of the industry has been covered.

4. Good Health is Good Business: promo video and hotel scale-up project.

The $135,000 project proposal presented to the PSC in 2008 was focused on a specific industry, the hospitality industry, to take advantage of a clear example of potential approaches that are being initiated, evaluated, and validated by a representative of that industry, Kempinski Hotels. The purpose of the project is to provide a visual tool that can be used to educate and encourage *other* hospitality service industry organizations to consider local participation in TB education and control in their hotels and franchises operating in TB endemic areas. Although the emphasis of this specific tool is on the hospitality industry, much of the background material collected in its creation will be useful in development of specific tools and approaches for other industries.

A media company would work with the STOP TB Partnership management and Kempinski Hotels to create a digital film review of TB, the STOP TB Partnership, and the Kempinski STOP TB corporate information program to be used as an example and an inducement for other international service industries to become involved in TB control at the local level in facilities located in TB endemic areas. The documentary would be formatted into 30-minute documentary to accompany personal interviews with corporate managers of service industry institutions, a 15 minute overview that could be used on websites to create interest in both the program and in creation of similar industry-specific programs, and a 3 minute version that could be posted on YouTube and other sites that can generate a grassroots interest in facilitating TB control though local businesses.

5. Health@ Home/Kenya -- TB diagnostic

Home-Based HIV Testing Initiative in Western Kenya To Reach 2 Million People, Global Business Leaders, PEPFAR, Kenyan Government in Joint Effort to Curb AIDS Pandemic in East Africa. A groundbreaking initiative that will provide home-based HIV/AIDS testing and counseling for two million people in western Kenya over the next two years has been launched by the Prime Minister of the Republic of Kenya, the Global Business Coalition on HIV/AIDS, TB and Malaria (GBC) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The initiative is led by GBC in Nairobi Patricia Mugambi Ndegwa and implemented by the Eldoret, Kenya-based AMPATH (Academic Model Providing Access to Healthcare) program, working closely with the Kenyan government, the Coalition and PEPFAR. Early participants in this Health at Home/Kenya Impact Initiative include the Abbott Fund, Accenture, Bristol-Myers Squibb Foundation, CfC Stanbic Bank Kenya (a member of Standard Bank Group), The Coca-Cola Company, Deutsche Post DHL, Pfizer Inc., Premier Medical Corporation, SAB Miller and Standard Chartered Bank. There is currently a small TB component but there is great need and potential to scale-up through private sector partnership says UNAIDS's Regina Castillo. What appears to be needed is a TB diagnostic that could be used while conducting the home testing for AIDS. The WG on New Diagnostics should be a part of these discussions and should be referred to the GBC lead persons on this project

6. North Star Wellness Centres for African Transit Route

North Star Foundation, founded by Luke Disney (son of Walt), is using best practices in supply chain management, innovations in network technology and inside knowledge of the transport industry to establish a network of access points ("Wellness Centres") providing front-line prevention and treatment services to transporters, sex workers and transport community members. Transport workers are known to have AIDS infections at often twice the regular population due to their mobility and reduced access to health services. North Star's services are primarily focused on HIV/ AIDS prevention and treatment but they also include tuberculosis awareness and prevention. Alasdair Reid at UNAIDS thinks this project could be a crucial entry point for treating and combating MDR-TB.

7. Public-Private Mix Scale-Up

WHO Stop TB Department: Mukund Uplekar, started workplace programs with Alasdair Reid of UNAIDS and ILO. PPM is Part of DOTS Expansion Working Group. Involvement of non public health care providers in TB control still limited (scaling-up PPM has taken place in only several countries so far.) TB/HIV: systematic provision of TB test not yet widely implemented in areas with high HIV prevalence. MDR-TB management limited to small projects except in few countries. [Workshop on 12 October 2009 with Jean-François de Lavison attending will provide more information]

8. TBTeam Technical Assistance

Interviewed: Keri Lijinsky, Coordinator, TBTeam for Technical Assistance, Stop TB Department. Possibility of matching PSC volunteers on missions to developing countries. They particularly need experts in laboratory strengthening and drug management. TBTeam could include private sector on "mentored" visit for technical assistance, paired with an experienced consultant. A private sector expert would contract with an Assignment for Performance of Work (WHO consulting contract) and pay own way.

9. Support National Partnership Movements

It was suggested that private sector support is needed during the creation of new national Stop TB Partnerships movements. Private sector members could assist in scaling up advocacy and activities, mobilizing more resources, getting policies approved, work with constituencies to provide input, bringing in corporate members for the launch.

10. Stop TB Civil Society Challenge linking private sector.

The matchmaking exercise is just in the early stages of thinking to pilot "graduating" civil society grants. So, a NGO partners successfully competes for a CSCF grant and completes it. If they get a green light they could then "graduate" to the match making process. Foundations and possibly companies could set out their requirements for finding a partner on the database. A foundation/ company might say - request projects limited to Tanzania that do not require a cash donation. We would then look at all the projects in Tanzania and suggest a contact/match. The thought in the first place was for Foundations to support this work. Pending evaluation, the expansion to corporate sector could come if companies are interested. This can be individual companies or the constituency.

11. Development Bank financing of 2nd line drug manufacturing capacity.

The Green Light Committee Initiative is already working on this with the World Bank. The GLC helps countries gain access to high-quality second-line anti-TB drugs so they can provide treatment for people with multidrug-resistant tuberculosis (MDR-TB), The Department and Secretariat of the GLC are the lead teams on this. The concept would be for the Stop TB Partnership to contribute in some meaningful way to support these efforts.

12. Speaker Bureau from Core group

This was an idea that arose in the interviews to work with a public relations group as part of a pro bono contribution to Stop TB to create a presentation for members of the PSC core group to have to speak to various groups. It could be part of fundraising efforts and the new membership campaign to create a buzz in the corporate sector. They would draft a flyer and develop the concept of gold, silver, bronze corporate sponsors of events to get the core out speaking at TB and business philanthropy events.

13. High level Advocacy Letter through CEOs to G8

This project would entail drafting a high level advocacy letter to have signed by perhaps ten chief executive officers of companies represented in the PSC, urging government decision-makers to support Stop TB and emphasizing that the corporate world sees TB as a major threat to economic development. It could be a letter that would be presented to the G8 or similar high level meeting and would be a marketing vehicle for the PSC in the quest for a TB corporate champion. However, a previous attempt along these lines by the Partnership with high level signatories (albeit not private sector) in 2009 connected to the Rio Partner's Forum, did not generate the expected interest nor impact.

14. Take along the Private Sector on Stop TB missions

The idea here arose from the observation that Stop TB Partnership top level missions to high burden countries and regional meetings seldom include the private sector. Mission travel with specific objectives to contact Ministries of Trade, Commerce or Finance, chambers of commerce, business associations could be a great way to open up new vistas in the fight against TB. Having a PSC member accompany the Partnership delegation would be a way for the public and private partners to get to know each other better, and what better place to do so that actually within the environment of the actual TB hot spots among the governmental leaders responsible for implementing programs.

15. USAID/ IUATLD/Treat TB Clinical Trial Proposal

This was an example of a request to the private sector for pure cash donations that has probably little interest from the PSC because it does not contain any of the criteria that would make it attractive to business to invest in. See Jean-François de Lavison for more details.

Appendix II: Interviews and Input

1. Louise Baker, Principal Officer, Stop TB Partnership
2. Afua Basoah, Medical Education Officer, Ogilvy Healthworld
3. Patrizia Carlevaro, Head of International Aid, Eli Lilly and Company
4. Regina M. Castillo, Head, Private Sector Partnerships, UNAIDS
5. Marcos Espinal, Executive Secretary, Stop TB Partnership
6. Christopher Gilpin, Global Laboratory Co-ordinator, International Organization for Migration
7. Homero Hernandez, Advocacy & Resource Mobilization Officer, Stop TB Partnership Secretariat
8. Irene Koek, Chief of Infectious Disease Division, USAID & Chairman of Stop TB Coordinating Board
9. Jean-François de Lavison, VP Mérieux Alliance & Corporate Business Sector Representative
10. Catherine Keri Lijinsky, Coordinator, TBTeam for Technical Assistance, Stop TB Department
11. Roy Mondesire, Founder and Chief Executive Officer, RoMonics, LLC (by email)
12. Carol Nacy, Founder and Chief Executive Officer, Sequella, Inc.
13. Matti Ojanen, Director, AstraZeneca & Corporate Business Sector Alternate
14. Shuma Panse, Knowledge, Evaluation and Performance (KEP) Manager, Global Business Coalition
15. Shaloo Puri, Head, India Business Alliance & Adviser, TB and India Global Health Initiative WEF
16. Olivier Raynaud, Senior Director, Health Initiatives and Healthcare, WEF
17. Alasdair Reid, HIV/TB Adviser, UNAIDS
18. Alex Ross, Director of Partnerships and UN Reform, Director General's Office, WHO
19. Markus Semer, Senior Vice President Corporate Affairs and Strategic Planning, Kempinski Hotels
20. Emma Sergeant, Group Managing Director, Ogilvy & Mather
21. Herbert Schilthuis, Medical Adviser, Heineken International (by email)
22. Peter Small, Senior Program Officer, Tuberculosis, Bill & Melinda Gates Foundation
23. Lakshmi Sundaram, Associate Director, Global Health Initiative, WEF
24. Joelle Tanguy, Senior Vice President for Global Programs and Partnerships, Global Business Coalition
25. Mikkel Vestergaard Frandsen, CEO, Vestergaard-Frandsen & Roll Back Malaria PSC Representative
26. Anant Vijay, Department and Partnership Resource Administrator, Stop TB Partnership
27. Monica Yesudian, Technical Officer, PPM, Tuberculosis Strategy and Health Systems (TBS)

Appendix III: Sample Documentation

PSC Membership Information

This is an example of the information that can be taken directly from the Partnership Directory to be able to keep track of PSC members and additional information that needs to be tracked in order to evaluate progress in implementing strategic plan.

Data that can be taken directly from Partnership Directory:	
Organization Contact Information	Stop TB Partner Information
Organization Name:	Organization Type: Corporate Sector (Health) or Corporate Sector (Non-Health)
Organization Street 1:	Organization Description:
Organization Street 2:	How did you hear about the Stop TB Partnership?:
Organization City:	Why do you wish join the Stop TB Partnership?:
Organization Province/State/Canton:	What TB activity\ies are you mainly involved in?:
Organization Post Code:	Which Working Group(s) you would like to participate in?:
Organization Country:	No of staff who are directly involved with TB:
Organization Phone:	Which country are you based in?:
Organization Email:	Which country/ies do you do operate in?:
Organization Web Site:	Which WHO region is the main focus of your work?:
	Are you a member of a Stop TB national partnership?:
Main Contact Information	Declaration of interests
Contact Salutation (Mr/Ms/Dr/etc):	
Contact First Name:	
Last Name:	
Contact Title:	
Contact Email:	

**** Additional information to collect:**
Date joined Stop TB Partnership by online application:
Membership in Working Groups, Subgroups, Taskforces, Committees (incl. dates of membership):
Membership in Core (incl. dates of membership):

Basic PSC Membership List

Last Name, First	Position Title	Company /Division	Country	Email	Telephone Ofc/Mob	Core/Working Groups	Stop TB Partner?

Log of Private Sector: Voluntary Contributions *DRAFT SAMPLE ONLY* To-Date as of _____ 2009

Private Sector Partner: Eli Lilly & Co. Stop TB member since: _____

Current representative: Patrizia Carlevaro (since: _____)

Objective in Global Plan	Description of Contribution	US$ Amt Time Per.	Other	Acknowl.by Stop TB Pship
Address MDR-TB	Lilly contributed in cash, drugs and technology to develop sustainable solutions that improve access to effective treatment and provide global resources for fighting MDR-TB.	2003-to date	Committed through 2011 (per FAQ on website)	One line in WHO annual report
Address MDR-TB	Lilly provides financial aid for equipment, training on GMP to ensure quality to pharmaceutical companies in the hardest-hit countries, for both capreomycin and cycloserine to treat MDR-TB.	Incl. above		
Address MDR-TB	Lilly still produces themselves is capremycin, an injectable, which It supplies to WHO at concessionary prices while the pre-qualification process continues for its partners Aspen and Hisun to take over production (in 2010).	Incl. above		
Support global coordination	Lilly donated in cash to the Stop TB Partnership.	In 2008		
Partnership Bodies	Lilly contributes to the Working Group on New Drugs: Prof. Gail Cassell, Eli Lilly and Company, is a member.		#meetings p.a. __ #Teleconf p.a..__	
Partnership Bodies	Lilly contributes to the Private Sector Constituency: Patrizia Carlevaro is an active member of its Core Group.		#meetings p.a. __ #Teleconf p.a.___	
TB Awareness	Stop TB Partnership/Lilly MDR-TB Partnership Journalism Award.			Press release 8Nov07
TB Awareness	Luis Figo to Stop TB Campaign – with funding from Lilly MDR-TB Pship.	Launched 17mar08		Logos on 2 web pages and posters
TB Awareness	2009 Images to Stop Tuberculosis Award competition.			News release 20 July 2009
TB Awareness	Lilly College TB Awareness Project is raising awareness about TB among college students at a high risk for TB-across 24 Beijing universities.	2-yr proj. Launched 21mar09	Funding to China.	On GBC website
TB Awareness	With funding from Lilly, GBC is convening three TB roundtables in South Africa throughout 2009, focused on increasing corporate engagement and extending initiatives to suppliers.			On GBC website

Submitted to PSC : _____ Submitted to Stop TB Partnership: _____ Reviewed by STBP: _____

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