

First Meeting of the GDI Core Group: Geneva, Switzerland, 1 - 2 May 2014

Global Drug-resistant TB Initiative

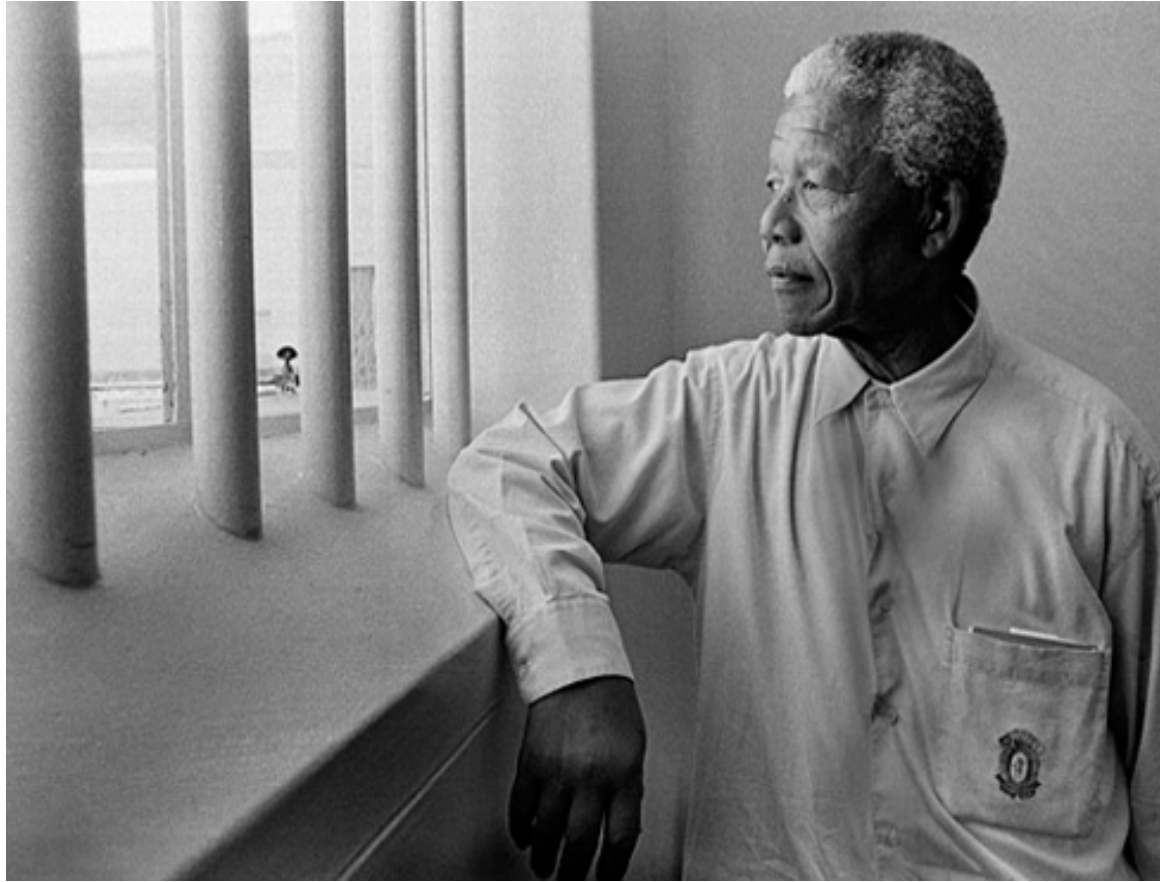
Where we came from and where we hope to be going

Karin Weyer

WHO/Global TB Programme

On behalf of the GDI Secretariat





“I could not imagine that the future I was walking toward could compare in any way to the past that I was leaving behind.”
– [Nelson Mandela, *Long Walk to Freedom*, 1994](#)

Timeline of key events

- **Oct 2010:** Time to change acknowledged
- **Jun 2011:** New Global Framework agreed
 - Increased TA from partners to countries
 - Increased access to high-quality, affordable 2nd-line drugs
 - Strengthened advocacy
 - Decentralization of global level GLC Initiative to regional GLCs (rGLCs)
 - Regular and supportive monitoring of country progress
- **Jan - Sep 2013:** Evaluation of TBP Working Groups
 - Overhaul of MDR-TB WG desired
 - Agreement to combine/merge/integrate MDR-TB CG and gGLC
 - Agreement to establish a new entity to replace MDR-TB WG
- **Oct 2013:** GDI established
- **Jan 2014:** GDI launched

Recommendations from Joint MDR-TB WG/CG and gGLC meeting (April 2013)

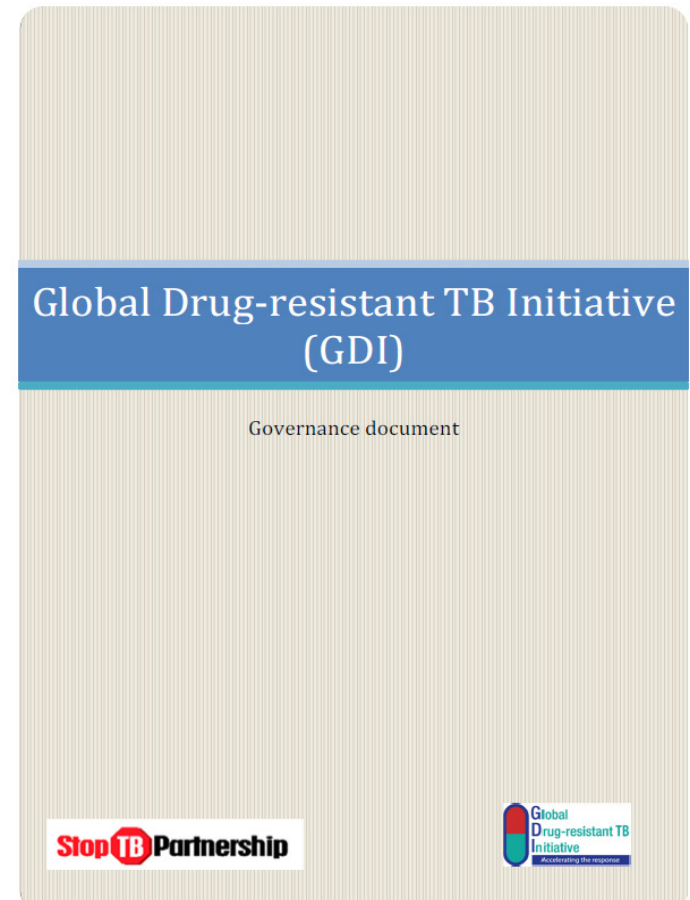
- ‘The gGLC and CG members unanimously and strongly endorsed that the gGLC and MDR-TB WG Secretariats to proceed with the preparation a draft concept document, laying out the terms of reference and operating procedures and election process for a **new body based on the Global Laboratory Initiative (GLI) model** that will replace the existing gGLC and CG of the MDR-TB WG’
- ‘Acknowledging the achievements of the decentralized MDR-TB support framework, **recommend that the rGLCs continue as the mechanism for technical assistance**, retaining their roles and responsibilities’

GDI mission

- To serve as a multi-institutional, multi-disciplinary platform organizing and coordinating the efforts of stakeholders to assist countries to build capacity for PMDT in the public and private sectors
- **Ultimate aim:** Universal access to care and appropriate treatment for all drug-resistant patients

GDI Governance

- GDI strategic priorities
- GDI terms of reference
- Core Group activities
- Responsibilities
 - Core Group members
 - Chair (and Vice-Chair)
 - Secretariat
- Meetings
 - Core Group
 - Annual GDI Meetings



GDI strategic priorities (p2)

- **Build global consensus** on management of DR-TB for patient centred care delivery;
- **Promote strategies to facilitate patient access** to high-quality DR-TB care, through a long-term, in-country capacity building approach targeting both the public and private sector;
- **Facilitate integration and coordination of efforts** to align diagnostic services for patients with access to high-quality care;
- **Facilitate strengthening DR-TB reporting and monitoring systems** to improve patient notification, drug management, patient records, and community-based care through public and private facilities;
- **Facilitate effective knowledge sharing** among partners and harmonise coordination with existing TA mechanisms to ensure quality support to PMDT;
- **Strengthen regional frameworks and collaboration with rGLCs** for support to country level PMDT expansion activities;
- **Develop targeted advocacy strategies and resource mobilization** for DR-TB management scale-up;
- **Support prioritization of research** to generate evidence for PMDT scale-up

GDI terms of reference (p3)

- **Support dissemination** of guidelines and evidence-based policies, norms and standards;
- **Facilitate coordination** of partner support for PMDT expansion through existing mechanisms;
- **Promote communication** and coordination among TBP WGs and members, and across WHO Departments, on DR-TB related issues;
- **Support PMDT expansion** through the regional frameworks and recommend strategies based on global and regional analysis on progress in DR-TB scale-up;
- **Guide ad-hoc, need-derived task groups** for knowledge sharing, research, advocacy and other priority areas constituted with different partners as leads for priority thematic areas of work;
- **Promote DR-TB advocacy activities, resource mapping** and coordinated **resource mobilization**;
- **Identify and prioritise the research agenda** including OR for introduction and roll-out of new policies, new tools and recently approved drugs for management of DR-TB cases

GDI: structure and governance

WHO Global TB Programme
GDI secretariat

Stop TB Partnership Working Group

GDI Core Group
Guides, approves, evaluates Projects/Activities
Advises secretariat and partners

Task force/s

Project/Activity 1

Project/Activity 2

Project/Activity 3

Project/Activity 4

Project/Activity 5

Project/Activity 6

- Priority projects/activities
- Partner approach
- Time-limited
- ...

GDI Core Group

- "Call for applications" launched Dec 2013
- 87 applications received
- Selection Committee* screened all applications
- CG members selected with the aim to achieve a broad, constituency-based CG balanced by region, gender, and skills base
- First meeting in Geneva, 1 to 2 May 2014

Selection Committee:

Aamir Khan: Chair, ex-MDR-TB WG

Lucy Chesire: Civil Society representative

Lee Reichman: rGLC Chair representative

Karin Weyer: WHO/GDI Secretariat

	Constituency represented	Organisation/ Affiliation
Dalene von Delft	Civil society, patients and affected communities	TB Proof
Gini Williams	National/international/scientific/professional medical associations and nursing associations	International Council of Nurses
Saira Khowaja	Private for profit sector	Interactive Research and Development
Kuldeep Singh Sachdeva	National TB programmes of high DR–TB burden countries	NTP, India
Agnes Gebhard	Non–governmental sector partners	KNCV
Chen–Yuan Chiang	Technical agencies and implementation partners assisting NTPs of high burden DR–TB countries	The Union
KJ Seung	Technical agencies and implementation partners assisting NTPs of high burden DR–TB countries	Partners In Health
Daniela Cirillo	Technical agencies and implementation partners assisting NTPs of high burden DR–TB countries	St Rafaele Hospital, Italy
Charles Daley	Academic institutions, institutions of high scientific and technical standing having attained international recognition in the area of DR–TB management	National Jewish Health, USA
Amy Bloom	Donor/ funding agencies	USAID
Regional Green Light Committee (rGLC) Chairs		
Hind Satti	rGLC – AFR	
Raimond Armengol	rGLC – AMR	
Essam Elmoghazy	rGLC –EMR	
Andrey Olegorich Maryandyshev	rGLC – EUR	
Rohit Sarin	rGLC – SEAR	
Lee B Reichman	rGLC – WPR	

Responsibilities of CG members (p7)

- **Strengthen GDI processes** by contributing to related policies and procedures;
- **Identify current bottlenecks and challenges** in PMDT expansion and provide recommendations to WHO and partners on the way forward;
- **Share relevant technical experience and needs** from respective constituencies to guide policy making process;
- **Participate and contribute** equally in CG activities;
- **Review activities of the GDI** and the task forces vis-à-vis the strategic plan of the GDI WG; and
- **Prepare work plans and annual report** of activities in collaboration with the Secretariat

Responsibilities of GDI Chair (p8)

- **To steer the work of the CG** and to help assure that all GDI communication, processes, activities, and decisions are carried out accurately and efficiently;
- **To oversee and plan CG activities** in collaboration with the Secretariat;
- **To chair the CG meetings**, and oversee the reporting of recommendations and decisions emerging from the meetings;
- **To represent or nominate a CG member to represent the GDI** and its interests to external partners, at meetings and national, international, or regional forums when necessary;
- **To attend TBP Coordinating Board meetings** if required;
- **To attend WHO TB-STAG meetings** if required; and
- **To nominate a vice-chair** from the current CG membership.

Responsibilities of GDI Secretariat (p9)

- **To communicate with GDI WG members** on behalf of CG;
- **To plan, coordinate and participate in all official GDI and CG meetings**; record meeting minutes and CG decisions for future reference and follow-up;
- **To facilitate communication with countries** in close collaboration with WHO Regional Offices and the rGLCs;
- **To maintain the GDI website**;
- **To provide regular updates** on GDI related processes to the CG members; and
- **To manage the GDI budget and financial reporting** to donors.

CG Meetings (p9)

- **Meetings will be held every 3 months**, either by tele- or video- conference, and with at least 2 face-to-face meetings per year
- **Ad hoc meetings** of selected members to address special topics may be convened by the chair or Secretariat when required
- **E-mail, teleconferences, web consultations** if and when necessary
- In general, CG meetings are limited to CG members only. However, consultants, trainees, and selected observers may attend meetings of the CG by invitation and concurrence by the Chair, but may not participate in CG decisions

CG decision-making

- **Decisions are based on consensus**, with a possibility for majority voting as a measure in the situations where consensus cannot be reached

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GDI financing, via WHO GTB (end March 2014)

Source	Grant period	Total received (USD)	Distribution of funds				Balance
			WHO 13% PSC	Secretariat Human Resources	Activities of GDI	Global meetings *	
World Bank via TBP for WGs	End Dec 2013	14,000	0	0	0	14,000	0
USAID (Amdt 7 to TBP Trust Fund Grant II)	Oct 2013 to Sept 2014	300,000	19,626	148,100	132,274	0	132,274
Global Fund (MoU with GF and WHO on GLC CSE) to WHO HQ	2012 – 2013	200,000	23,009	0	0	176,991	
	2013 – 2014	200,000	23,009	0	0	176,991	150,000

Available for GDI activities

Available for CG meetings and GDI Annual Forum

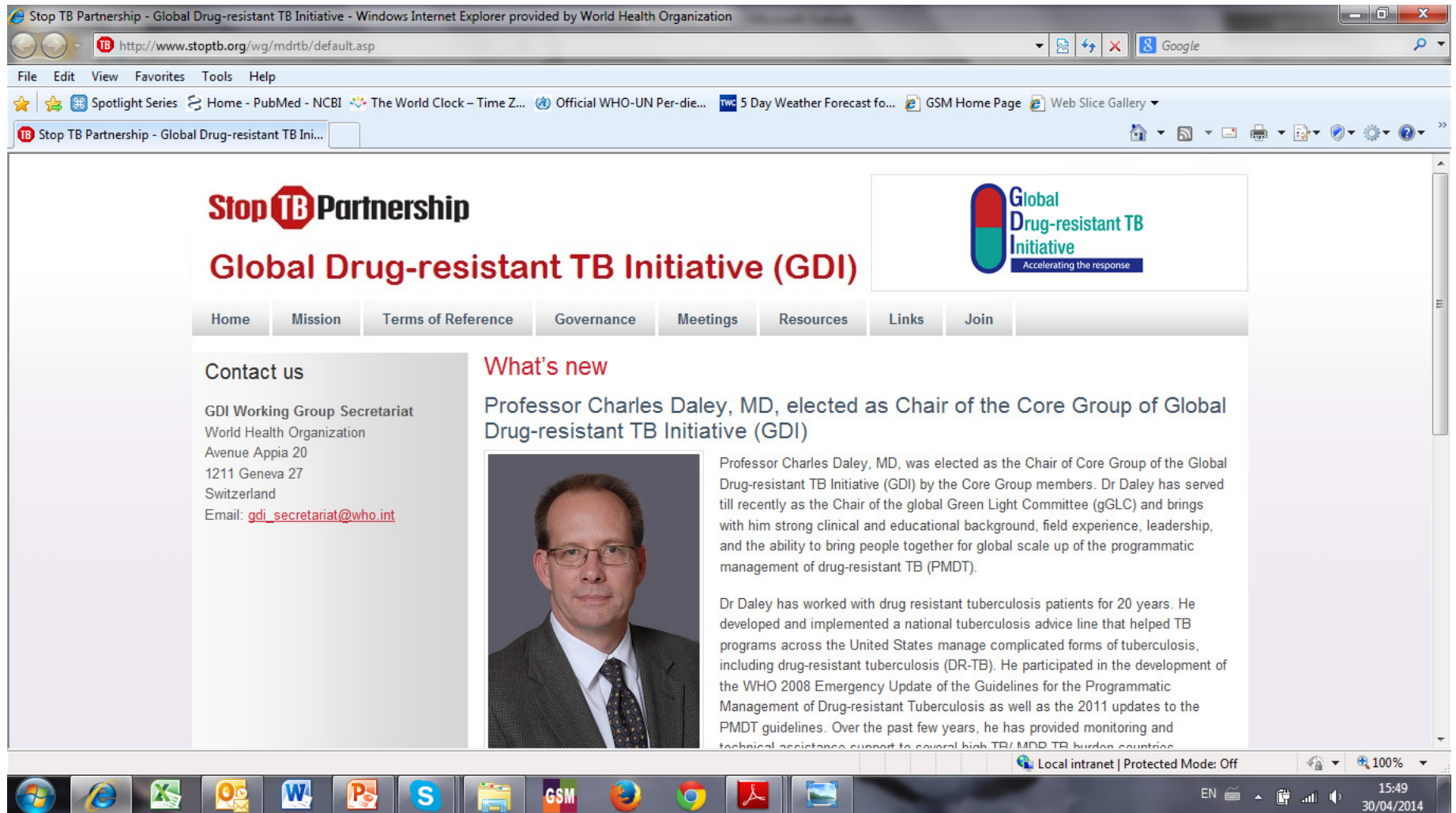
* Includes gGLC/GDI CG meetings, and MDR-TB stakeholders/GDI Annual Forum

Key findings

MDR-TB Stakeholders Meeting, Paris 2013

- **Urgent acceleration** and scale-up of MDR-TB care and control efforts required
- The current doubling time for enrolment on MDR treatment appears to be about 3 years, and **ambitious plans seem to be lacking** in many countries
- Rapid diagnostics is increasing MDR-TB diagnoses significantly, but a **diagnostic/treatment gap** is now a stark reality in many countries
- **Treatment success rates urgently need to be improved**

GDI website



<http://www.stoptb.org/wg/mdrtb/default.asp>

31 December 1999: Nelson Mandela holds a candle in the prison cell he occupied on Robben Island. Mandela was celebrating the Millennium at a party on the tiny island off Cape Town, where he spent much of his 27-year incarceration.

Picture: Mike Hutchings REUTERS



"When the water starts boiling it is foolish to turn off the heat."

Nelson Mandela