Proposal for a Network for Action on TB & Poverty

1. Purpose and Objectives

As a consequence of the development of the TB & Poverty theme during the past year, the Co-ordinating Board of the STOP-TB Partnership has requested a proposal outlining how Poverty work can continue to be mainstreamed in TB control.

This paper therefore proposes the establishment of a Network for Action on TB & Poverty. The purpose of such a Network will be to enable south-south and south-north exchange aimed at implementing innovative, evidence-based, pro-poor approaches for TB control.

Objectives

1. To assist with mainstreaming pro-poor approaches in TB control implementation activities world-wide.

2. To foster research to inform operations and policy on TB and poverty.

3. To advocate for pro-poor approaches in TB control through dissemination of new knowledge on TB and poverty and effective linkages to pro-poor approaches in the wider arena of the health sector as a whole.

2. Background and process of development of this proposal

2.1. Poverty is multifaceted and can be understood and measured in different ways. At the quantitative end of the spectrum poverty is seen in terms of income or consumption; people with little income and who consume little are poor. At the more qualitative end of the spectrum poverty is understood in terms of low levels of sustainability of livelihood or well-being as measured through participatory approaches[1]. Correspondingly, a "pro-poor" approach is one which is geared primarily towards increasing accessibility and effectiveness of an intervention for the poorer sections of society in order to improve their development potential and well-being.

2.2. Recognition of the importance of poverty is increasingly reflected in international policy on health and development. Examples of this recognition are found in the Report of the Commission for Macro-economics and Health, the Poverty Reduction Strategy Process, the Millennium Development Goals, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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[1] For the purposes of this proposal, the definition of 'Poverty' will be used to mean a wide array of disadvantages (not just income poverty), including a lack of material well-being, an absence of infrastructure, a lack of power and voice, and an unravelling of social structures.

2.3. The association between poverty and TB is well established. TB infection is transmitted more readily in the environmental conditions of poverty; overcrowding, inadequate ventilation and malnutrition. In addition TB disease diminishes the livelihoods of affected individuals as well as their relatives and communities by preventing gainful employment, by creating costs associated with help-seeking or coping with illness, and by having an adverse impact on social relationships.

2.4. The Stop TB Partnership adopted "Stop TB, Fight Poverty" as the 2002 World TB Day theme and commissioned in-depth development of the TB & Poverty theme throughout the year with support from the Stop TB Secretariat, DFID (UK), Liverpool's EQUI-TB Knowledge Programme, the World Bank and other partners. Activities contributing towards this theme development and the process of writing this proposal are detailed in Annex 1.

2.5. The most urgent challenge facing international TB control activities aimed at reaching the global STOP TB targets is improved case detection and overcoming barriers for patients seeking access to TB care. Analyses suggest that the poor have greater difficulty overcoming barriers in accessing care and completing treatment than the less poor. They have fewer resources to use for both direct costs (such as consultation fees and transport to health facilities) and indirect costs such as child care[2]. Poverty may also contribute significantly to lower treatment success rates in high and lower TB burden countries alike.

2.6. Arising initially out of the wide participation at the Montreal Symposium on TB and Poverty the final writing of this proposal was undertaken by an ad hoc work group, led by the EQUI-TB Knowledge Programme at the Liverpool School of Tropical Medicine and the Stop TB Partnership Secretariat, and including representatives from BRAC, the International Union against Tuberculosis and Lung Disease; the Rockefeller Foundation; the Royal Netherlands Tuberculosis Association; the U.K. Department for International Development; the Health, Nutrition and Population Team, World Bank; and WHO Tuberculosis Strategy and Operations.

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[2] Further details on the evidence base for these statements are available in two reports:

a) Hanson CL 2002, "Tuberculosis, poverty and inequity: a review of the literature and discussion of issues," Stop TB Partnership, World Health Organization, Geneva.

b) Nhlema B, et al 2003, "A systematic analysis of TB and poverty". Stop TB Partnership, World Health Organization, Geneva.

3. The proposed structure of the Network

A. A network within the DOT Expansion Working Group: The ad hoc work group proposes that the Network for Action on TB and Poverty belongs organisationally to the Stop TB DOTS Expansion Working Group (DEWG), while maintaining close linkages to other working groups within the Partnership. This proposal derives from consideration of a number of options for its placement. These options and perceived strengths and weaknesses are noted in Annex 2 to this proposal.

The network will be a broad inclusive group that encourages membership from a wide selection of organisations with an emphasis on the involvement of partners from Developing Countries.

B. Secretariat: It is proposed that the network be served by a small secretariat housed in the EQUI-TB Knowledge Programme at the Liverpool School of Tropical Medicine. The Secretariat would liaise principally with the overall Stop TB Secretariat and the DOTS Expansion Working Group Secretariat at WHO.

C. Core Group: The Core Group will be the epicentre of the network and will be composed of dedicated and committed TB- poverty experts. It can properly nurture the TB Poverty focus and expand this focus for wider application and mainstreaming.

This group will provide the main thrust and strategic direction for the network, while working towards the wider inclusion into the network of relevant expertise and experience from within the Stop TB Partnership and from outside. Representation from poorer developing countries will be crucial. The Core Group will meet regularly, at least twice a year (by organised meetings or teleconferences) to ensure that the activities of the network meet the expectations.

4. Work plan

The Workplan will address the purposes of the network through three main sets of operational objectives, that have strong links between them:

Operational Objectives	Description
1. Implementation	To assist with mainstreaming pro-poor approaches in TB control implementation activities world-wide
2. Innovation	To foster research to inform operations and policy on TB and poverty
3. Dissemination & advocacy	To advocate for pro-poor approaches in TB control through dissemination of new knowledge on TB and poverty, promotion of pro-poor TB control strategies and policies, and effective linkages to pro-poor approaches in the wider arena of the health sector as a whole

Objective 1. Implementation:
To assist with mainstreaming pro-poor approaches in TB control implementation activities world-wide

Products:
- TB & Poverty Policy Framework
- Pro-poor approaches implemented at country level. The Network will liaise with DEWG to agree a possible target.
- Monitoring and Evaluation Plan
- Reviewed Policy Framework

Activity	Description
1.1 Development of a TB & Poverty Policy Framework by WHO and Partners (DOTS Expansion Working Group)	This policy framework will summarise the outputs of the 2002 TB & Poverty theme development and indicate which policies and practices are expected to improve the pro-poor nature of interventions and their impact on increasing case detection and cure rates. To develop this framework consultations will be carried out in order to document pro-poor successes underway at country level [3]. The framework will provide a general outline on the most essential areas for enhancement of TB control policies and their link to broader pro-poor health policies and strategies.

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[3] This links to, but is not the same as, the Synthesis of Case Studies referred to in Objective 3.

Activity	Description
1.2 Development, implementation and mainstreaming of pro-poor TB control policies within the Stop TB Working Groups' activities and at country level	Building on the framework, DOTS expansion plans can introduce or enhance measures to ensure services reach the poor. The network will facilitate technical assistance for the design and implementation of pro-poor approaches, particularly in partnership with national TB programmes and through the Working Groups (i.e. pro-poor focus mainstreamed into ongoing activities such as demonstration projects, e.g. public-private mix). Country and local level managers need to be empowered to target[4] poor individuals and/or communities in a prioritised manner as well as make other program-wide adjustments to enhance service impact for poor and non-poor clients. There may be a need for simple and brief guidelines on how to make TB services pro-poor and how to work with other initiatives that enhance health outcomes for the poor. Guidelines may also be needed to assist TB control managers in mobilizing political, social and financial support from broader efforts, such as the Poverty Reduction Strategy Process, and contribute to these.[5] This should be accompanied by capacity development activities at country/ regional levels
1.3 Monitoring and evaluation of innovative approaches implemented as a result of 1.2	Ongoing activities may be evaluated for their impact in reaching the poor. Documentation of the impacts of pro-poor approaches on case detection and cure rates needs to be supported. Indicators, tools, training and technical assistance will be needed.
1.4 Policy review in the light of 1.3	After 3-5 years of accumulated experience with pro-poor implementation the policy framework will be reviewed and revised as required.

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[4] "Targeting" in this context can be taken to mean both the adaptation of existing elements of the DOTS strategy to make them more pro-poor (e.g. introduction of incentives or enablers) or intensification of existing DOTS provision in identifiable poor areas (such as peri-urban slums).
[5] The "guidelines" referred to in this section may include simple TB & Poverty Fact sheets and are not necessarily stand-alone TB & Poverty Guidelines, instead they might take the form of amendments to existing DOTS implementation guidelines.

Objective 2. Innovation:
To foster research to inform operations and policy on TB and poverty

Products:
- Pro-active, operational and policy-relevant Research Plan
- A range of poverty-focussed, operational and policy-relevant research projects funded, monitored and disseminated, both within current demonstration activities associated with Stop TB working groups (such as public-private mix programs, linked TB/HIV interventions, DOTS Plus pilots or testing of new diagnostics) and as stand-alone TB & Poverty projects, preferably linked with DOTS expansion efforts.
- Publication of research findings in scientific, peer-reviewed journals

Activity	Description
2.1 Identify and review major new knowledge needs for operational and policy-relevant research	Current knowledge needs are already emerging from the brainstorming workshop in Washington, the Montreal Symposium and the two publications from the 2002 TB & Poverty Theme Development[6]. As the knowledge base is accumulated over time, the knowledge needs will change and will need ongoing review.
2.2 Set out and publicise an agreed and prioritised operational and policy-relevant research agenda in line with the major new knowledge needs identified. This agenda will be informed by the activities in Objective 1 (Implementation) but should also serve the TB & Poverty knowledge needs of all the STOP TB Partnership Working Groups.	Network participants will meet at the start of the workplan process to discuss the research plan. A prioritised research agenda with suggested[7] methodologies can then be produced in the form of a briefing document. Current activities of the TB & Poverty Theme Development should be seen as part of this process. The product (proposed for end of 2003) should be seen as a guide for potential researchers in relation to their own setting and available skills. The research agenda should include some proposed prioritisation of research based on criteria such feasibility, impact and generalizability.

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[6] a) Hanson CL 2002, "Tuberculosis, poverty and inequity: a review of the literature and discussion of issues"

b) Nhlema B, et al 2003, "A systematic analysis of TB and poverty".

[7] The methodologies should include development and standardisation (allowing for local and regional variations) of research methodologies for use by control programmes.

Activity	Description
2.3 Mobilize funding for priority TB & Poverty research activities	The prioritised research agenda should be used, along with the existing evidence on TB & Poverty, to engage STOP TB Partners and stakeholders beyond the partnership to mobilize financing. It is assumed that proposals would be reviewed, and funding will be mobilized and channelled through existing channels outside and within the partnership. No new funding mechanism is proposed unless deemed necessary after network monitoring of accessibility and impact of funding.
2.4 Maintain an inventory of on-going TB & Poverty research and increase awareness within the partnership of innovative and relevant health and poverty work undertaken outside the TB field.	It is envisaged that a variety of organisations will be interested in becoming members of the Network through TB & Poverty work. For example, important work may be undertaken in pilots of different STOPTB Working groups where a poverty focus is mainstreamed or evaluated and beyond the partnership. Maintaining an overview of the progress of TB & Poverty research will enable the Network to fulfil activity 2.1 above.
2.5 Make available technical support for TB & Poverty research across the Stop TB Partnership.	Network members will have a variety of skills and experience which will be of use in designing and implementing TB & Poverty research, policies and interventions.
2.6 Publication of research findings in peer-reviewed literature	It is important that policy relevant research is properly documented in a variety of peer-reviewed journals according to the type of research conducted. These publications will also be a resource for dissemination and advocacy (see Objective 3).

Objective 3. Dissemination and advocacy:
To advocate for pro-poor approaches in TB control through dissemination of new knowledge on TB and poverty, promotion of pro-poor TB control strategies and policies, and effective linkages to pro-poor approaches in the wider arena of the health sector as a whole.

Products:
- Targets and products for strengthening best practice and guidance around pro poor health messaging. These will include briefing papers, an updated synthesis paper of Case Studies, and a synthesis paper of related initiatives with a poverty emphasis or component.
- TB & Poverty Network Website linked to the Stop TB Website
- Email/ virtual network between Implementers and Researchers
- Annual International and intermittent Regional or Local meetings
- Reports to DOTS Expansion Working Group, Stop-TB Coordinating Board and Partners' Forum

Activity	Description
3.1 Develop targets and products for strengthening best practice and guidance around pro poor health messaging and dissemination of technical products	A proactive link between implementers, researchers and policy makers is important within Stop TB, but also linking to wider Poverty agendas inside and outside of the Health sector. For examples this should include linkages to the Global Fund to Fight AIDS, TB and Malaria, Poverty Reduction Strategy Processes in at least the high burden countries, and U.N and multiple partner efforts to meet the Millennium Development Goals. The Network should work with the Stop- TB Communications & Advocacy Task Force and the WHO Combi team in this area.
3.2 Maintain a web-page (within or alongside the Stop TB website) with updated briefings on progress in TB & Poverty and recently published articles	Summary briefing documents and linking descriptions with regular updating and postings. Compilations of recently published articles will also be provided and posted regularly
3.3 Synthesis and Documentation of TB & Poverty Case Studies	This will be an ongoing activity that builds on the findings from the TB and poverty review and systematic research review. It will include specific studies and examples of best practise in pro-poor TB control policies and strategies[9]. Additional activities could include Dissemination Workshops at Country/ Regional Level for TB Control Managers. These workshops would aim to highlight the need for TB programmes to have a special focus on the poor.

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[9] These TB & Poverty Case studies will include strategies that are broader than TB and, in some instances, broader than health, involving, for example, changes in legislation.

Activity	Description
3.4 Evaluation and documentation of ongoing initiatives which have a pro-poor component or potential impact.	Evaluations research on existing activities that may be pro – poor (eg. community based care, incentives/ enablers, public – private mix). See also under Objectives 1 and 2
3.5 Organise meetings on TB & Poverty.	An annual international meeting should provide an opportunity for the wider Network to review progress against activities in implementation and innovation. It will also be an opportunity for face-to-face meetings and networking[11]. In addition there may be a role for the Network in working with appropriate local or regional meetings.
3.6 Reporting to the Stop TB Partnership	The annual international meeting will provide a good opportunity for show-casing the work of the Network to the Partnership. The first meeting is proposed as the symposium during the 2003 IUATLD meeting (and related satellite meeting). The network will be introduced (and hopefully endorsed) at the DOTS Expansion Working Group Meeting in early October in the Hague, and again at the Stop TB Partners' Forum in New Delhi. Regular reports will be made, via the DOTS Expansion Working Group at the twice-annual Stop TB Coordinating Board meetings.
3.7 Maintain a web-based resource centre of researchers and on-going work on TB & Poverty	(This activity links to Activity 2.4 – see above). A first incarnation of this is already available in the form of the CD-ROM record of the Montreal Symposium. Companion documents such as the Systematic Analysis and the Poverty Review can be posted on the same page.

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[11] In the future, This could either be a session within the IUATLD conference which leads to increased mainstreaming of poverty within the Union and/or an additional satellite meeting for Network planning and updating purposes.

Proposed time-frame

	Year 1 2003/2004				Year 2 2004/2005				Year 3 2005/2006			
	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Establish Network Secretariat	■	■	■									

Objective 1.Implementation: **To assist with mainstreaming pro-poor approaches in TB control implementation activities world-wide**												
1.1) Development of a TB & Poverty Policy Framework by WHO and Partners (DOTS Expansion Working Group)		■	■	■								
1.2) Development, implementation and mainstreaming of pro-poor TB control policies within the STOP TB Working Groups' activities at country level				■	■	■	■	■	■			
1.3) Monitoring and evaluation of innovative approaches implemented as a result of 1.2					■	■	■	■	■	■	■	■
1.4) Policy review in the light of 1.3											■	■

Objective 2. Innovation **To foster operational research on TB and poverty**												
2.1) Identify major new knowledge needs for operational and policy-relevant research		■	■	■	■	■	■	■	■	■	■	
2.2) Set out and publicise an agreed and prioritised operational research agenda in line with the major new knowledge needs identified.		■	■	■	■							
2.3) Mobilise funding for priority TB & Poverty research activities			■	■	■	■	■	■	■	■	■	■
2.4) Maintain an inventory of on-going TB & Poverty research and increase awareness within the partnership of innovative and relevant health and poverty work undertaken outside the TB field			■	■	■	■	■	■	■	■	■	■
2.5) Make available technical support for TB & Poverty research across the Stop TB Partnership			■	■	■	■	■	■	■	■	■	■
2.6) Publication of research findings in peer-reviewed literature			■	■	■	■	■	■	■	■	■	■

Objective 3. Dissemination and Advocacy:
To disseminate new knowledge on TB and poverty and advocate for pro-poor approaches in TB control

Activity													
3.1) Develop targets and products for strengthening best practice and guidance around pro-poor health messaging and dissemination of technical products				■	■	■	■	■	■			
3.2) Maintain a web-page with updated briefings on progress in TB & Poverty and recently published articles			■	■	■	■	■	■	■	■	■	■
3.3) Synthesis and Documentation of TB Poverty Case Studies			■	■	■	■	■	■	■	■	■	■
3.4) Evaluation and documentation of ongoing initiatives which have a pro-poor component or potential impact			■	■	■	■	■	■	■	■	■	■
3.5) Organise meetings on TB & Poverty			■	■			■	■				■	■
3.6) Reporting to the Stop-TB Partnership	■	■			■	■			■	■			
3.7) Maintain a web-based database of researchers and on-going work on TB & Poverty			■	■	■	■	■	■	■	■	■	■

Indicative 3 year budget.

At this stage of development it is not possible to present a detailed budget for all the activities to be implemented, with the exception of the costs of the Network Secretariat. The secretariat being the focal point of coordination of the activities is the crucial stability factor for the development of the network. The establishment and operating costs of this secretariat amount to about USD 200,000 annually.

Network Secretariat	Year 1 2003/2004	Year 2 2004/2005	Year 3 2005/2006
a) Meeting to establish a Core Group on TB & Poverty within the DOTS Expansion Working Group of the STOP-TB Partnership.	15,000		
b) Salary for Information and Communications Officer (EQUI-TB, Liverpool base), additional salary contributions and overhead	100,000	110,000	125,000
d) Secretariat running costs: facilitation of Network activities (recruitment, equipment, travel, subsistence and communication).	75,000	80,000	85,000
e) Representation of network activists in all STB Working groups	10,000	12,000	14,000
Subtotal:	$ 200,000	$ 202,000	$ 224,000

The network does not intend to develop its own separate funding mechanism for the activities. A separate financing modality would encourage segregation of pro-poor activities rather than mainstreaming, which is the prime objective of the network. Nevertheless additional funding would be required to top up existing commitments to ensure that innovative pro-poor approaches are piloted and incorporated. With regard to the objective 2 activities network proposed studies and activities are expected to be funded directly, with the network secretariat as a main facilitator, within the resource mobilization framework of the DOTS Expansion Working Group. All network proposed and initiated activities will be reflected in the Stop TB Partnership Resource Mobilization Directory, and will invite direct funding.

As the network will grow on the basis of actual and proposed activities, half yearly plans and budgets will be drafted by the secretariat in close consultation with the network members. It is preliminary estimated that for the activities of the network USD. 300,000 in fresh funding on an annual basis would be required. These half yearly plans and budgets will be submitted via the DOTS Expansion Working Group to the Coordinating Board for endorsement and further facilitation in finding the required additional resources.

The STOP-TB Partnership Co-ordinating Board is asked to acknowledge that for the effective operation of the network approximately USD 500,000 are annually required, initially for a period of three years. The total budget foreseen for these activities thus amounts to about USD 1,500,000.

Indicative budget estimates in USD.

Activities	Annual costs	Total costs 3 years
Network secretariat	200,000	626,000
Operational Objectives*		
Implementation	150,000	450,000
Innovation	100,000	300,000
Dissemination & advocacy	50,000	150,000
Total	500,000	1,526,000

* Through direct and/or incremental funding

ANNEX 1

Activities contributing towards the TB & Poverty Theme in 2002 and the writing of this proposal

a) "TB, Poverty & Inequity" – a review of the literature and discussion of the issues by Christy Hanson (World Bank). This was completed in February 2002.

b) Constitution by the Stop-TB Secretariat of an ad-hoc TB & Poverty Advisory Committee of broad technical and scientific expertise and with a time-limited mandate (until Feb 2003) to assist the Stop-TB Secretariat in its advisory function for the development of the TB & Poverty theme

c) "A Systematic Analysis of TB & Poverty" – by Bertha Nhlema, EQUI-TB (Malawi). This uses systematic review methodology adapted from the Cochrane Collaboration to analyse the existing evidence that tuberculosis causes or worsens poverty and that tuberculosis control benefits the poor. Work, which has been overseen by the TB & Poverty Advisory Committee, started in April 2002. The proposed methodology was presented and agreed in June 2002. Interim analyses have been presented in October 2002 (Montreal) and January 2003 (Geneva) and the final analysis was completed in February 2003.

d) "Formulating a Research Agenda" – a ½ day brainstorming workshop on TB & Poverty research organised by the Health, Nutrition and Population Team, World Bank and the Stop TB Partnership immediately before the 4th World Congress on Tuberculosis, Washington, June 2002.

e) "Satellite Symposium on TB & Poverty" organised by EQUI-TB (Liverpool) immediately after the 33rd Annual IUATLD Meeting in Montreal, October 2002.

f) Preparation by EQUI-TB (Liverpool) and the TB & Poverty Advisory Committee of a summary discussion document from the Montreal TB & Poverty Symposium as requested by participants in the Symposium. This was presented by IUATLD and KNCV to the Stop-TB Co-ordinating Board in October 2002. EQUI-TB initiated the draft and then a larger workgroup worked to complete it.

ANNEX 2: OPTIONS CONSIDERED FOR ORGANIZATION OF THE "NETWORK FOR ACTION ON TB & POVERTY"

The ad hoc workgroup selected option one as the best opportunity to achieve mainstreaming of TB and poverty concerns within the broader agenda of the partnership and to contribute to achievement of the global TB control targets. Noted under the risks under option one below are proposed solutions for reducing or eliminating the risks.

I. The Network as a Sub-Group of the DOTS Expansion Working Group (DEWG)

<u>Benefits</u>

1. Formal linkage with the largest working group of the Stop TB Partnership and which includes representatives from countries with 80% of the global burden of disease, most of which are also low-income nations.

2. DEWG provides a well-established structure. It has a core group that can provide guidance to the TB/poverty network, communications and resource mobilization channels that can be beneficial for the funding of the activities of the TB/poverty network, and annual regional and global meetings that can promote and help pursue a pro-poor agenda.

3. Opportunity to effectively "mainstream" pro-poor concerns and strategies into the work planning, resource mobilization and operational research efforts of the working group.

4. DEWG has identified the case detection challenge as its top priority. Poor populations are among those that face the greatest barriers to accessing quality services and to remaining in care until cure. Therefore there is a natural synergy between the objectives of the network and the DEWG.

5. Means to collaborate with another sub-group on public-private partnerships in TB control – an important strategy for pro-poor access given the large proportion of the poor that use private profit and not-for-profit services throughout the developing world.

<u>Risks</u>

1. Potential to lose some degree of profile as a "sub-group" vs. status as a free-standing network. To reduce this, the work plan proposes regular contact between the network secretariat and core group with other working groups and governance bodies of the Stop TB Partnership and other partners working on health and poverty alleviation.

2. Possibility of facing some degree of bureaucracy as a "sub-group" within a larger structure. To reduce this, the network will still have open dialogue among members through list-serve contact and a website, and will have independent events to ensure efficiency of contact, in addition to using the DEWG structure. Furthermore, there is minimal bureaucracy associated with the DEWG currently.

Will need to ensure that promotion of needed "formative" research on poverty and TB linkages does not get completely lost under the urgent agenda to devise and implement pro-poor strategies as part of DOTS expansion. Active communications among TB and poverty researchers, and ongoing interest of donors in funding poverty and health research should eliminate this risk.

No formal linkage with the other working groups, although members of the other working groups can and must be invited to represent these groups. Core group members of the network will be involved in other working groups of the partnership and can facilitate contact and priority attention to poverty concerns, as relevant. Budget to allow mutual participation in meetings should be mobilized.

II. The Network as a time-limited Task Force across the Six Stop TB Working Groups

Benefits

1. A formal mandate to collaborate with each of the priorities of the Stop TB Partnership via all of the six working groups.

2. By statement of objectives and efforts, the network could seek to ensure that the needs of the poor are explicitly addressed in the new tools and delivery strategies being devised under the GDEW, DOTS-Plus, TB/HIV, Drug Development, vaccines and immunizations efforts.

Risks

1. The network's capacity may be stretched to make meaningful contributions to all of the working groups and the impact might be substantially less than if the network focused the bulk of its efforts within the framework of the largest of the working groups.

2. There may be fewer opportunities to mobilize resources and more likelihood to end up competing with other core working group activities.

III. The Network as a stand-alone Poverty and Tuberculosis Network within the Partnership

<u>Benefits</u>

1. Potential to draw further partners in from outside the confines of the largely "TB-focused" community (e.g. from other poverty and health arenas)

<u>Risks</u>

1. Potential for lower profile as work is disengaged from existing STB efforts.

2. Potential to marginalize rather than mainstream TB and poverty issues.

3. There may be difficulty in engaging partners that are already stretched due to their participation in other working groups – particularly those from developing countries.

4. There may be fewer opportunities to mobilize resources and more likelihood to compete against working groups for resources.