

I. Purpose

The purpose of this document is to propose, for the Coordinating Board's approval, a systematic development process for The Global Plan to Stop TB, 2016-2020 ("2016-2020 Global Plan").

Please note that this document simply lays out a process framework for development of the plan. The content and specific details of the 2016-2020 Global Plan will be discussed and determined at a later date.

II. Overview

Significant progress in the fight against tuberculosis (TB) has been made in the past two decades. However, despite advancements in epidemiological knowledge, science and technology, in 2011 alone, an estimated 9 million new cases of TB occurred and 1.4 million people died from TB.¹ The Stop TB Partnership, its partners and key stakeholders are in the unique position to reverse this situation.

In order to move forward, based on the directions and targets outlined in the new End TB Strategy 2015-2035 ("End TB Strategy"), we need to build upon the progress made and adapt to a changing and different global landscape. For example, new tools and advancement in research – including basic research – are needed. Thus, we propose a shift in the development of the 2016-2020 Global Plan that "shakes-up" previous approaches and seizes current and future opportunities.

The goal of the 2016-2020 Global Plan is straightforward. Using the End TB Strategy as a foundation, it is to articulate a mission statement that is aspirational, measurable and costed, includes clear global strategic objectives to achieve that mission and sets performance milestones/targets at the high-impact country and regional/settings level through which we can measure our progress.

In order for the 2016-2020 Global Plan to fulfill this purpose, we propose a systematic development process, guided by the following four operating principles.

- *People-centered* – Address the holistic needs of the people affected by/suffering from TB. We need to put individuals and their well-being first at all times and ensure that this principle is followed throughout the 2016-2020 Global Plan development process. We also need the people-centered principle to serve as a check-in point for the proposed activities and deliverables of the 2016-2020 Global Plan.
- *Inclusiveness of all stakeholders* – Ensure engagement from and ownership by all partners and key stakeholders (including civil society, communities affected by/suffering from TB, private sector) and countries/regions by establishing a participatory and transparent process.

The 2016-2020 Global Plan simply cannot be borne out of Stop TB Partnership Secretariat alone.

We must incorporate, use and strengthen the experience, knowledge and work of all partners and key stakeholders, of those closest to the ground and problem on the development, implementation and evaluation of the global strategic objectives and performance milestones/targets at the high-impact country and regional/settings level.

¹ WHO. *Tuberculosis, Fact Sheet No. 104*; Reviewed February 2013.

- *Prioritizing for impact* – Utilize evidence-based qualitative/quantitative analyses and modeling in prioritizing interventions and/or combination of interventions. In order to maximize health impact, we need to root the 2016-2020 Global Plan on existing and new data.
- *Acceleration of innovation* – Pursue the acceleration of sustainable funding in developing new, safe and effective tools and their rapid scale-up by using innovative mechanisms. At the same time, approaches in innovation around delivery should be explored.

III. Process Framework/Narrative

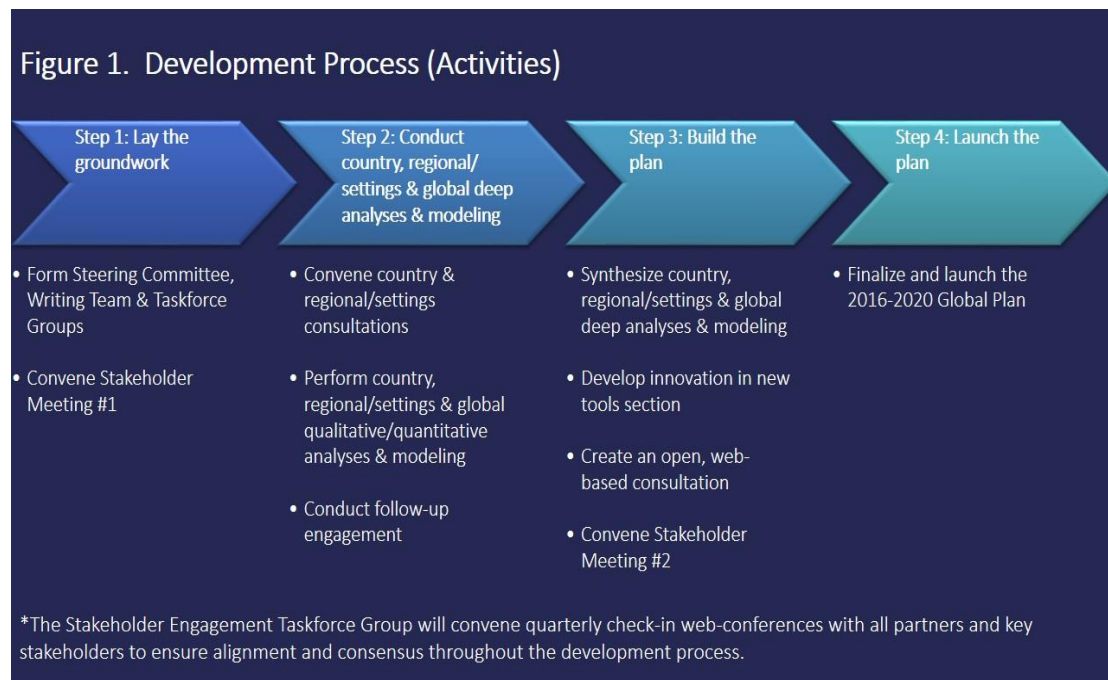
As shown in the Figure 1, we propose the following four steps of the 2016-2020 Global Plan development process.

Step 1: Lay the groundwork.

Step 2: Conduct country, regional/settings and global deep analyses and modeling.

Step 3: Build the plan.

Step 4: Launch the plan.



The distinct advantage of this process is that it incorporates both “ground-up” and “top-down” approaches to build the plan, with the main focus being on the countries and regions/settings.

The “ground-up approach” will analyze a maximum of eight representative countries and eight different types of regions/settings (e.g., health systems-type of delivery of services, high-burden, low burden, income-level, etc.) to identify context specific challenges, opportunities and mode, and to prioritize interventions and/or combination of interventions that should be costed, scaled-up and implemented. For example, this will include innovations in delivering services and roll-out of new tools as they become available.

The “top-down approach” will analyze the current global epidemic to identify and address overarching key topics at the global level.

A special section on the activities needed for acceleration on research and development of new tools will be developed.

The outputs of these set of analyses at the country, regional/settings and global level – with broad input from all partners and key stakeholders – will form the 2016-2020 Global Plan.

Step 1: Lay the groundwork.

When forming the Writing Team and Taskforce Groups, the Steering Committee will ensure they are lead and comprised of members who are able and willing to effectively and efficiently execute the 2016-2020 Global Plan development process.

Activities

1. Form a Steering Committee.

The Coordinating Board will form a Steering Committee to drive and provide oversight of the 2016-2020 Global Plan development process. For example, the committee will be responsible for reviewing the activities and deliverables of the Writing Team and Taskforce Groups, ensuring consistency across all steps. The Steering Committee will comprise of representatives from Stop TB Partnership Coordinating Board, Secretariat, partners and key stakeholders. The committee will hold monthly/regular calls.

2. Form a Writing Team.

The Steering Committee will form a Writing Team. The purpose of the team will be – using inputs from the relevant Taskforce Groups – to draft the country and regional/settings case studies, build the global overview, the research and development of the new tools section and draft and finalize the 2016-2020 Global Plan. The Writing Team will participate in the Steering Committee's monthly/regular calls and the Stakeholder Engagement Taskforce Group's quarterly web-conferences.

3. Form Taskforce Groups.

The Steering Committee will form three Taskforce Groups designed around the operating principles, including:

- (a) Stakeholder Engagement – *Inclusiveness of all stakeholders;*
- (b) Analytics – *Prioritize for impact;* and
- (c) Innovation – *Acceleration of innovation.*

Each Taskforce Group will perform specific, cross-cutting activities and/or research identified by the Steering Committee as high priority in the 2016-2020 Global Plan development process.

For example, the Stakeholder Engagement Taskforce Group will comprise of civil society, Global Coalition of TB Activists (GCTA), communities affected by/suffering from TB, development partners, implementing bodies and private sector, and be responsible for coordinating all in-person outreach activities, such as the stakeholder meetings, country consultations, regional/settings consultations, quarterly check-in web-conferences, etc.

Each group will be comprised of members from the Steering Committee and other nominated experts. Partners will contribute to the different Taskforce Groups and related work based on their comparative advantages and experience.

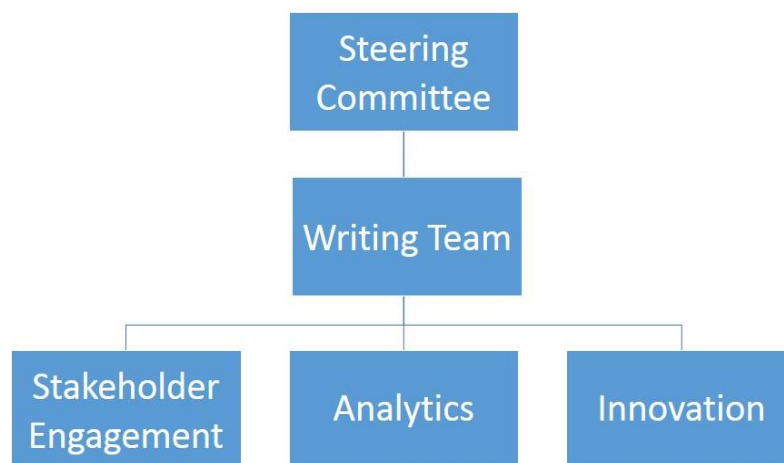
4. Convene Stakeholder Meeting #1.

The Stakeholder Engagement Taskforce Group will convene an initial stakeholder meeting as early as October 2013. The purpose of the meeting is to align Stop TB Partnership, its partners and key stakeholders on the 2016-2020 Global Plan development process and solicit input and reach consensus on the key topics and planned next steps. The initial stakeholder meeting will comprise of advocates, civil society, donors, health care providers, modelers, normative agency representatives, regulators, researchers, policymakers and program implementers.

After each deliverable has been completed, representatives from civil society and communities affected by/suffering from TB (ideally by GCTA) will perform check-ins to ensure the people-centered principle is being enforced and followed.

The organizational structure for the above-listed Steering Committee, Writing Team and Taskforce Groups is shown below in Figure 2.

Figure 2. Organizational Structure



*The Steering Committee, Writing Team and Taskforce Groups will be composed of no more than five to 10 members.

Deliverables

1. All steps above completed and all committee, team and groups created.
2. The Steering Committee will identify a maximum of eight representatives countries and eight different regions/settings which are diverse and span the spectrum along key criteria (e.g., health systems, high-burden, low burden, income-level, etc.) for deep analyses.
3. Agreement among partners and key stakeholders on the main topics, planned next steps and coordination.
4. In preparation for the deep analyses, the Stakeholder Engagement Taskforce Group will conduct the necessary discussions with partners and key stakeholders from the identified countries and regions/settings.

Step 2: Conduct select country, regional/settings and global deep analyses and modeling.

We will use information already available and already scheduled meetings by any partners and key stakeholders.

Stop TB Partnership

For example, the Spectrum TB Initiative plans to convene initial country level workshops next year and could form the basis for three of the eight country consultations we are considering below.

Activities

1. Convene country consultations (in each of the eight countries identified by the Steering Committee) and engage partners and key stakeholders to:
 - (a) understand the current status of the country's burden, hot spots, costs, health system, national TB prevention and treatment program;
 - (b) identify the challenges (e.g., delivery and implementation of new technologies, gaps in funding, lack of integration between HIV/TB services and systems, etc.);
 - (c) identify opportunities and innovative approaches in delivering TB services, including roll-out of new tools as they become available; and
 - (d) brainstorm clear paths/solutions to achieve the performance milestones/targets at the country-level.

2. Convene regional/settings consultations (in each of the eight regions/settings identified by the Steering Committee) and engage partners and key stakeholders to:
 - (a) identify package of interventions and capacity for scale-up;
 - (b) brainstorm clear paths/solutions and innovative approaches to achieve the performance milestones/targets at the regional/settings level – including roll-out of new tools as they become available; and
 - (c) ensure buy-in for scale-up.

3. Perform country and regional/settings driven qualitative/quantitative analyses and modeling.

Contingent on the data and research needs that emerge from the country and regional/settings consultations, the Analytics Taskforce Group will perform country and regional/settings driven qualitative/quantitative analyses and modeling.

For example, using the Spectrum TB Model as a foundation, the group can potentially:

- (a) generate eight models representative of eight different types of TB epidemic;
 - (b) analyze what we need to do to get to the targets and calculate resource needs/costs;
 - (c) generalize these key findings and takeaways to other countries that fit within the "type," and make calculations for the global epidemic.
4. Perform global qualitative/quantitative analyses and modeling (as needed).

Based on guidance from the Steering Committee, on the data and research needs that emerge from Stakeholder Meeting #1 and the previous steps, the Analytics Taskforce Group will perform qualitative/quantitative analyses and modeling to address specific issues.

This will also include innovative approaches in delivering TB-related services as well as roll-out of possible new tools to become available within the 2016-2020 Global Plan timeframe.

5. Conduct follow-up engagement.

To accurately and fully capture the input from the country and regional/settings consultations, the Stakeholder Engagement Taskforce Group will conduct follow-up engagement with country and regional partners and key stakeholders as often as required via tele- or web-conferences.

Deliverables

1. Draft country and regional/settings case studies, including innovative approaches in delivery and roll-out of new tools.

To illustrate the broad spectrum of paths/solutions in achieving the performance milestones/targets at the high-impact country and regional/settings level, the Writing Team will draft country and regional/settings case studies. The studies will provide key findings and takeaways from the completed country and regional/settings driven qualitative/quantitative analyses and modeling. Country and regional/settings tailored sets of prioritized and costed interventions will also be identified.

2. Define global strategic objectives based on the performance milestones/targets at the high-impact country and regional/settings level and the global targets.

Step 3: Build the plan.

Activities

1. Synthesize the country, regional/settings and global deep analyses.

The Writing Team will identify key findings and takeaways from the country, regional/settings and global deep analyses. With these key findings/takeaways and existing work as a foundation, the team will define cross-cutting paths/solutions in achieving the performance milestones/targets at the high-impact country, regional/settings and global level.

2. Develop the innovation in new tools section.

The Innovation Taskforce Group will develop the section on the pipeline for new diagnostics, drugs and vaccines including and innovative approaches to funding and expected deliverables.

3. Create an open, web-based consultation.

The Stakeholder Engagement Taskforce Group will convene an open, web-based consultation to collect input from the public on all steps, activities and deliverables of the 2016-2020 Global Plan development process completed to date.

4. Convene Stakeholder Meeting #2.

The Stakeholder Engagement Taskforce Group will convene a final stakeholder meeting to get input and reach consensus on the main outline of the 2016-2020 Global Plan, launch of the plan and planned next steps.

Deliverable

Draft the 2016-2020 Global Plan. The Writing Team will draft the 2016-2020 Global Plan and will commence the writing process in the last quarter of 2014.

Step 4: Launch the plan.

This process framework simply leads up to the point when the 2016-2020 Global Plan is launched. However, the plan will incorporate activities and deliverables related to the follow-up, impact and outcome of the plan.

Activity

Finalize and launch the 2016-2020 Global Plan. The Writing Team will finalize the 2016-2020 Global Plan by March 2015, incorporating the input from public and Stakeholder Meeting #2.

Deliverable

Launch 2016-2020 Global Plan on World TB Day, suggested – 24 March 2015 (TBC).

IV. Budget

Two budget options have been drafted for the Coordinating Board's consideration. The optimistic budget (Option #1) will be centered on five major criteria.

- Human resource – include any costs related to staff time, consultants, Writing Team and Taskforce Group members that will be need to be remunerated. Please note that we have included the costs related to analytics as a separate line item.
- Analytics.
- Partners and key stakeholders meetings.
- Country and regional/settings consultations.
- 2016-2020 Global Plan launch.

The restricted budget (Option #2) assumes the analytics cost will be covered separately and the 2016-2020 Global Plan launch cost will be covered from the Stop TB Partnership budget.

Based on the discussions, different budget options will be revised.

The proposed budget options can be found at Appendix A.

Appendix A – Budget

Option #1 (optimistic)

Organization/Meeting	Year 1 (2013)	Year 2 (2014)	Year 3 (2015)	Total
Human Resource costs – staff time, consultants, Writing Team and Taskforce Group members	-	-	-	400,000
Analytics	-	-	-	500,000
Stakeholder Meetings (Total: 2)	150,000	150,000		300,000
Country Consultations (Total: 8)	30,000	210,000		240,000
Regional/Settings Consultations (Total: 8)	60,000	420,000		480,000
Launch of 2016-2020 Global Plan			30,000	30,000
Total	690,000	1,230,000	30,000	1,950,000

Option #2 (restricted)

Organization/Meeting	Year 1 (2013)	Year 2 (2014)	Year 3 (2015)	Total
Human Resource costs – staff time, consultants, Writing Team and Taskforce Group members	-	-	-	400,000
Stakeholder Meetings (Total: 2)	150,000	150,000		300,000
Country Consultations (Total: 8)	30,000	210,000		240,000
Regional/Settings Consultations (Total: 8)	60,000	420,000		480,000
Total	440,000	980,000		1,420,000

*All figures are in USD.