

Stop TB Partnership Working Groups

An analysis of resources and activities

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Washington DC, 31 March – 1 April 2011

Stop TB Partnership

McKinsey evaluation April 2008: Strengths of the Working Groups

"The Partnership's Working Groups have played a major advocacy role, by signalling the importance of different areas of tuberculosis control and research, and by serving as a forum for building consensus and commitment."

The Partnership and its Working Groups have strengthened guidance for TB in 4 ways:

- (1) providing input to the technical guidance developed by WHO;
- (2) identifying and prioritizing issues on which technical guidance is needed;
- (3) endorsing and supporting the dissemination and adoption of WHO guidance; and,
- (4) supporting the development, dissemination, and adoption of other guidance.

Source: Independent Evaluation of the Stop TB Partnership, Section on Working Groups, pages 41-46 (Final Report 21 April 2008)

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McKinsey (2008): Concerns or weaknesses

- **Structure and hierarchy** not always reflect priorities
- **"Working group status"** influences attention from the Board, members' commitment, and fundraising ability
- **Overlap of activities** in some areas and **not enough collaboration** in others
- **No formal process to review performance**
- **Objectives are not always related to the activities of the working group** ("Metrics are too high")
- **General feeling resources inadequate** limiting activities
- **Meeting agendas** focus on informing members on progress in the field and sharing of experiences. **Little emphasis on decision taking and commitment to action.**

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McKinsey (2008) recommendations for Working Groups

Overall recommendation 7 (p. 63):

"The Partnership should continue to use Working Groups as a major vehicle contributing to TB control and research, systematize the processes for their establishment and performance review, and provide them support from the Secretariat"

Detailed recommendations:

- 7.1 **Establishment:** on selected strategic topics for a fixed duration of 3 years and review by the Board every 3 years. Ideally, no more than 7 – 8 working groups.
- 7.2 **Review:** the Board to dissolve those groups that no longer meet the establishment criteria (page 104 of the evaluation) and to review performance against internal objectives and membership.
- 7.3 **Activities** to be linked to **3-year strategic plan and annual operational plans.**
- 7.4 **Funding:** funding plans outlining the call for use of existing Partnership funds as well as in-kind contributions by Partners.
- 7.5 **Administrative support:** the Secretariat to provide adequate funding for a baseline level of admin support and funding based on the operational plans.
- 7.6 **Performance transparency:** performance to be reviewed against strategic and operational plans.
- 7.7 **Board representation:** the Board to consider a subcommittee on working groups (recommendation 9 page 68).

Implications for the Partnership: Resourcing 3-year reviews and resourcing administrative support.

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McKinsey (2008) proposed criteria for establishing Working Groups and alternative approaches

Proposed criteria:

1. Important strategic issue in TB control and research, critical to delivering the Global Plan to Stop TB
2. Complex issue whose solution is likely to require a sustained multi-year effort
3. Requires involvement or cooperation of multiple constituencies
4. Has the commitment of a sufficient number of appropriate Partners who are willing to participate, and ideally fund.
5. Would be likely to attract more funding or other resource to global TB control and research efforts.

Alternative approaches:

- **Interest groups or discussion groups**, e.g., for issues which are not considered 'strategic'
- **Task forces**, e.g., for issues that require focused attention by a small group for a limited duration.
- **Partner-led projects**, for issues which a Partner has the most appropriate expertise and experience to lead on behalf of the Partnership
- **Consultant-led projects**

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Request Coordinating Board October 2010

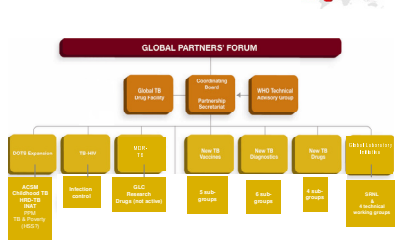
Decision point 19th Coordinating Board meeting, Johannesburg, South Africa (session on Financing):

The Board requested the Secretariat:

"to prepare an analysis of the working groups, including their financing and outputs, for the next Coordinating Board meeting in the Spring of 2011"

Current structure Stop TB Partnership: 7 Working Groups and 20 Subgroups

Structure Stop TB Partnership



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Stop TB Partnership Working Groups and subgroups

- DOTS Expansion Working Group with 6 subgroups:** ACSM; Childhood-TB; Human Resources Development for TB (HRD-TB); Introduction of new approaches and tools (INAT); PPM; TB & Poverty; HSS (under discussion)
- TB-HIV Working Group with 1 subgroup:** Infection control
- MDR-TB Working Group with 3 subgroups:** Green Light Committee (2000); Research subgroup; Subgroup on Drug Management (not active since 2009)
- Global Laboratory Initiative with 1 subgroup:** TB Supranational Reference Laboratory Network (SRLN). The 4 time-limited technical working groups should not be counted as subgroups.
- New TB Diagnostics subgroups with 6 subgroups (currently under restructuring):** Technical platforms: Drug susceptibility testing; Diagnostics for Latent TB infection; Point-of-care diagnostics for TB; Cross-cutting themes: Evidence Synthesis and Policy; Community, Poverty & Advocacy; Diagnostics and paediatric TB
- New TB drugs subgroups:** Biology targets subgroup; Candidates subgroup; Critical knowledge and tools subgroup; and, Clinical trials capacity subgroup
- New TB Vaccines Working Group with 5 Task Forces (operational arms of the working group):** Task Force on Harmonization of Assays for TB Vaccine Development; Task Force on Clinical Research Issues in TB Vaccine Development; Task Force on New Approaches to TB Vaccine Development ("out-of-the-box"); Task Force on Economics and Product Profiles for new TB Vaccines; and, Task Force on Advocacy, Communications and Social Mobilization.

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Method of Work used by the Secretariat

(i) Desk analysis of Working Group website pages (of 28 January 2011); and,

(ii) Feedback and further comprehensive input from the Chairs and Secretariats (early March 2011) with respect to the following key areas:

- Structure of the working group and subgroups
- Core group members, affiliation and function within the core group
- Terms of Reference
- Financial situation/current level of resources
- Current focus (main activities and products in 2010-2011)
- Country focus (if any special focus)
- Frequency of meetings (full working groups and core groups)
- Advocacy activities (for the Board session on Advocacy)
- Main challenges and opportunities
- Suggestions for strengthening coordination and collaboration with other working groups and subgroups

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Areas of focus compared to Stop TB Strategy

- Pursue high-quality DOTS expansion and enhancement - DEWG and GLI**
 - Secure political commitment, with adequate and sustained financing
 - Ensure early case detection, and diagnosis through quality-assured bacteriology
 - Provide standardized treatment with supervision, and patient support
 - Ensure effective drug supply and management
 - Monitor and evaluate performance and impact
- Address TB/HIV, MDR-TB, and the needs of poor and vulnerable populations - TB/HIV, MDR-TB, DEWG, GLI, New Diagnostics**
 - Scale-up collaborative TB/HIV activities
 - Scale-up prevention and management of multidrug-resistant TB (MDR-TB)
 - Address the needs of TB contacts, and of poor and vulnerable populations
 - Contribute to health system strengthening based on primary health care - **All**
 - Help improve health policies, human resource development, financing, supplies, service delivery, and information
 - Strengthen infection control in health services, other congregate settings and households
 - Upgrade laboratory networks, and implement the Practical Approach to Lung Health (PAL)
 - Adapt successful approaches from other fields and sectors, and foster action on the social determinants of health
- Engage all care providers - DEWG mainly**
 - Involve all public, voluntary, corporate and private providers through Public-Private Mix (PPM) approaches
 - Promote use of the International Standards for Tuberculosis Care (ISTC)
- Empower people with TB, and communities through partnership - All**
 - Pursue advocacy, communication and social mobilization
 - Foster community participation in TB care, prevention and health promotion
 - Promote use of the Patients' Charter for Tuberculosis Care
- Enable and promote research - All**
 - Conduct programme-based operational research (Mainly the focus of implementation working groups)
 - Advocate for and participate in research to develop new diagnostics, drugs and vaccine (Mainly research working groups)

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Main findings: membership, secretariats and meetings

Membership: Core group members are often representing the same Partner organizations and Countries but are not necessarily the same representatives, e.g. NTP managers or other NTP staff, NAP managers, laboratory representatives, etc. Some groups are in process of renewing membership and/or selecting a new chair.

Question: How to better involve the other organizations (about 1600) that are signed up as Stop TB Partners?

Secretariats: Hosted at WHO (WHO Stop TB Department and the Initiative for Vaccine Research with additional support from Aeras), the Stop TB Partnership Secretariat, FIND, the Union South East Asia office, and the Global Alliance for TB Drug Development.

Frequency of meetings: Full working group meetings and core group meetings are being organized once every year to once every 18 months depending on availability of funding.

To be cost effective, meetings are organized around big events such as the annual World Lung Conferences. This leads to competition for time slots and representation.

Core groups link through regular conference calls.

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Countries of focus

- DEWG and subgroups: 22 TB High Burden Countries.** The HRD-TB subgroup also focuses on MDR-TB and TB/HIV priority countries. The PPM subgroup focuses on all low and middle income countries with special attention to the 22 HBCs
- TB-HIV: 63 TB/HIV priority countries.** The TB-IC subgroup focuses on the 63 TB/HIV countries and the MDR-TB priority countries (76 countries in total)
- MDR-TB: 27 MDR-TB priority countries**
- GLI: 27 MDR-TB priority countries**
- New Diagnostics:** a geographical approach. Subgroup on drug susceptibility testing : Asia and Africa regions as a whole; the subgroup on latent TB infection: HBCs; Subgroup on evidence synthesis and policy: India.
- New Drugs:** global focus
- New Vaccines:** Countries where trials are being planned. In 2011: South Africa, Kenya, Uganda, Mozambique, India, The Gambia and Senegal.

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Total Secretariat budget for Biennium 2010-2011

Funds provided to the Working Groups for Biennium 2010-2011 Year 2010 (as of January 2011)		
	Approved budget J	Provided
		US\$
New TB Drugs W. Group	250,000	125,000
New TB Diagnostics W. Group	250,000	125,000
New TB Vaccines W. Group	250,000	125,000
MDR-TB W. Group	250,000	250,000
TB-HIV W. Group	300,000	150,000
DOTS Expansion W. Group	650,000	325,000
GLI	250,000	125,000
Total Support to W. Groups	2,200,000	1,225,000

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Financing: value for money spent on working groups?

•The **total budget provided by Secretariat in 2010** represents 18% of all Secretariat expenditures (of the unspecified funding thus excluding GDF and TBREACH).

•The Secretariat ensured that 50% of the submitted biennium approved budget was funded in 2010.

•Working groups would like to receive annual funding in a more timely manner

•**Other/in-kind contributions reported by working groups:** Not all groups declared such contributions and contributions declared are non-exhaustive. Therefore difficult to provide an overall estimate.
But **contributions reported are substantial:** e.g. 70,000 HRD-TB subgroup; 50,000 USD TB & Poverty; 350,000 USD research subgroup of MDR-TB; 61,650 USD GLI; 61,650 USD SRLN; New Diagnostics; 50% of staff cost Secretariat plus premises and use of equipment; 6,000 USD Latent TB Infection; 10,000 USD evidence synthesis; over 2,000 USD Diagnostics and paediatric TB; 204,000 USD New Drugs and additional 115,000-140,555 USD additional services for 2010-2011; and, approximately 600,000 USD New Vaccines Working Group.

•**In-kind contributions include:** partner organizations financially contributing to activities; staff time; cost to participate in meetings; telecommunication cost; use of premises and equipment; website development; etc.

•Additional funding comes from **various sources** among which membership own resources, projects like USAID TB CAP and TB CARE, etc.

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Examples of major achievements

•**Coordination and harmonization among partners** e.g. expansion and enhancement of DOTS; development of the Stop TB Strategy in 2006; the development of new diagnostic tools and approaches and the uptake of such tools in Countries; TBTEAM; the International Standards of TB care; contributions to Childhood TB guidelines and other policy guidelines; scale up of TB/HIV collaborative activities; scale up of the programmatic management of MDR-TB; development of research agenda; comprehensive training package on TB culture and DST; linking of SRLNs; advancing the global pipeline of TB drugs; bringing stakeholders together to discuss key aspects of TB vaccine development and regulatory capacity in this area.

•**Cross- representation in other working groups** e.g. chairs of subgroups in core team overall working group

•**Pointing out the need for and elaboration of technical norms and their promotion/dissemination**

•**Tracking progress in specific areas** e.g. developing the metrics needed to measure progress of the thematic area and the Working Group itself e.g. contributions to the Global Plan to Stop TB 2011-2015

Question: Could these achievements have accrued if the Working Groups were not there?!

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Examples of main challenges

• **Fragmentation and cross-cutting nature of many subgroups** e.g. HRD-TB, TB-IC, INAT, PPM, Poverty, Childhood-TB, etc.

• **Duplication**

• **Lack of coordination** e.g. annual working group meetings around the World Lung Conferences competing for time slots and representatives

• **Lack of resources and commitment**

• **Access to annual budget from the Secretariat**

• **Performance measurement** not in place in formal way

• **No formal procedures to dissolve a working group** when no longer needed

• **How to ensure involvement of other (around 1600) Stop TB Partners?**

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Suggestions to strengthen collaboration and coordination

•**A new structure?** Re-unify TB care and control by reducing the number of working groups and subgroups?

•**Clearer terms of reference with clear deliverables?** Clarity on what working groups can be held accountable for (performance management)?

•**Better communication** e.g. regular contributions to a section on working groups in the TBP Newsletter?; a regular meeting between the Chairs?; a focal point within the Secretariat?; increased interaction between the implementing working groups and research working groups?; further strengthening of cross-membership?

•**Joint conferences and meetings on common areas of interest?**

•An increased **joint focus on regional specific needs?**

•**Meeting agendas** beyond sharing of global developments and country experiences but focused on decision-making and commitments?

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Discussion points for the Board:

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•Discuss whether the current structure, terms of reference, resources, activities and outputs of the working groups are adequate to serve the needs of the Countries and people affected by TB and to reach the targets of the Global Plan to Stop TB 2011-2015 and the Millennium Development Goals.

•Provide suggestions to strengthen the Stop TB Partnership Working Groups and subgroups.

•Suggest ways to improve the coordination and collaboration between the Working Groups and subgroups in particular with respect to cross-cutting issues and outcomes.

•Suggest ways to measure performance of the Working Groups and subgroups.

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Decision requested from the Board

Endorse the creation of a Task Force to revise the structure of the Stop TB Partnership Working Groups and subgroups linked to proper funding and to a performance mechanism.

Thank you!