

**Draft**  
**Resource Mobilization Action Plan (RMAP)**  
**2004-2005**  
**Stop TB Partnership**

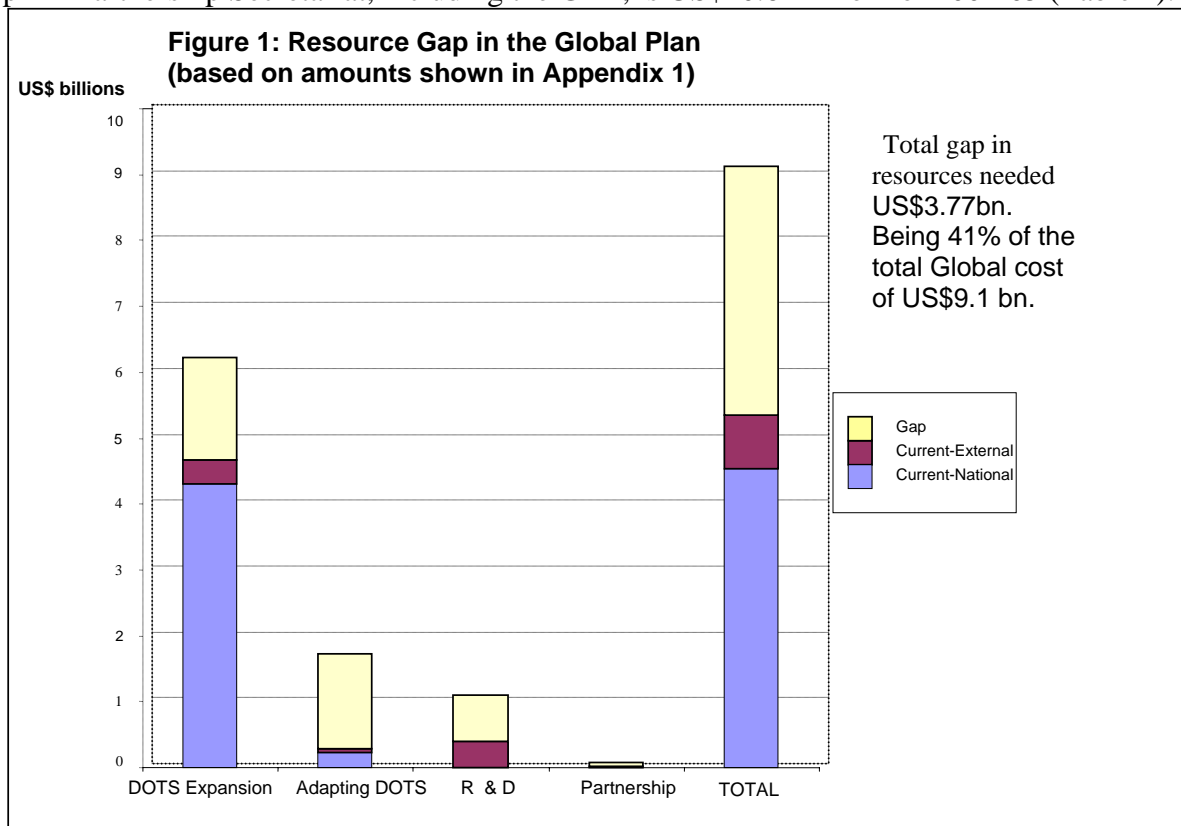
**Part I. Context**  
**Introduction**

1. This document describes actions that will be taken over the period 2004-2005 by the Stop TB Partnership supported by its Secretariat to mobilize resources needed to control TB. It sets out the objectives of the Partnership with respect to mobilizing resources and gives the specific actions that need to be taken to secure the resources needed. It draws upon the strategy that had been developed by the Partnership Secretariat towards the end of 2003 with the help of an external consultant, as well as identification of strategic issues based on further discussions and reflection since then.

2. The action plan has been derived in a logical sequence from the context in which resources are being mobilized at present, the current situation, and the shortfall in resources being experienced by the Partnership as a whole, and the Secretariat in particular.

**Resources Needed**

3. The goal of the Resource Mobilization Action Plan is to close the total resource gap of US\$ 3.77 billion, compared to the total Plan requirement of US\$9.1 billion indicated in the Global Plan to Stop TB (figure 1). The resource gap with respect to the "Targeted Workplan" of the Stop TB Partnership Secretariat, including the GDF, is US\$40.6 million for 2004-05 (Table 1).



4. The Action plan gives actions that are proposed to be taken to redress the resource shortfalls with respect to both the Partnership and the Secretariat.

	2004			2005			Total		
	Required	Mobilized	Gap	Required	Mobilized	Gap	Required	Mobilized	Gap
Partnership including WG and ISAC	10,034	9,032	(1,002)	6,370	6,000	(370)	16,404	15,032	(1,372)
GDF		14,082	(14,988)	42,559	18,320	(24,239)	71,629	32,402	(39,227)
<b>Total</b>	<b>39,104</b>	<b>23,114</b>	<b>(15,990)</b>	<b>48,929</b>	<b>24,320</b>	<b>(24,609)</b>	<b>88,033</b>	<b>47,434</b>	<b>(40,599)</b>

5. Working in conjunction with, and supporting resource mobilization efforts of other members of the Stop TB Partnership, the priorities for resource mobilization include:

- a. Filling funding gaps for country level programs, in conjunction with the Global Fund to Fight AIDS, TB and Malaria (GFATM) and other donors.
- b. Mobilizing resources for the Global TB Drug Facility (GDF) to meet country demands.
- c. Mobilizing resources for the priority research and development efforts of the Stop TB Partnership.
- d. Mobilizing resources for specific funding needs for the work of the Partnership Secretariat.

## **Part II. Action Plan Objectives**

6. The proposed action plan will act as a road map focusing on specific tasks that need to be accomplished during 2004-05. It has been prepared on the premise that resource mobilization is a long term process that requires continual effort. Its specific objectives are to:

- Develop a set of support structures and formal processes to help in mobilizing resources.
- Ensure that donors recognize the challenge of TB control (as laid out in the Global Plan) and give high priority to supporting Stop TB Partnership.
- Increase flow of resources from existing supporters of the Stop TB Partnership in a timely manner, and bring in new supporters.
- Develop new fund raising products and approaches.

7. Specific actions to be taken for making progress towards realising each of the above objectives are set below. A timeline for these actions, and responsibility for taking them, will be developed when it is operationalised after its approval by the Coordinating Board in Beijing. It should be noted that some action is already being undertaken as resources are continually needed for the work of the Partnership.

**Objective 1: Develop a set of support structures and formal processes to help in mobilizing resources**

8. Complete baseline data and information gathering on donors and resources contributed by them. Specific actions will comprise:

- 8.1 complete donor survey in conjunction with Roll Back Malaria on size and trends in funding for TB from bilateral and multilateral donors. (Using surveys recently completed on foundations in the USA and UK, and available information on contributions from the private sector.);
- 8.2 prepare donor profiles for a prioritized set of donors in each segment, including priorities for funding, basis of decision-making and key points of contact;
- 8.3 prepare a calendar on key donor meetings and events and align resource mobilization operations to those meetings and events;
- 8.4 finalize short technical summaries of the major work areas of the Partnership to share with donors; and
- 8.5 Initiate the updating of the Global Plan and all publicity material relating to the work of the Stop TB Partnership, particularly that relating to GDF.

9. Establish strategic alliances between Stop TB Partnership and other institutions and initiatives that: allocate financial resources, generate institutional and public support, or mobilize resources for development in general and public health in particular. Specifically action will be taken to:

- 9.1 target the following institutions and initiatives to seek their support using carefully developed approaches that are in line with their mission, mandate, and value: (i) The UN System (the Millennium Development Goals (MDG) Project and Campaign, in particular); (ii) the Development Banks (World Bank (WB), African Development Bank (AfDB), Asian Development Bank (ADB), Inter-American Bank, European Bank for Reconstruction and Development (EBRD), and Islamic Development Bank (IDB)); (iii) Global Alliance for Vaccination and Immunization (GAVI); (iv) UNAIDS
- 9.2 establish contacts and hold personal meetings at both Policy and Operational levels in the identified institutions to see how TB control fits, or can fit into their priorities; and
- 9.3 collaborate with Roll Back Malaria (RBM) for mutually supportive fundraising.

10. Make the Resource Mobilization Directory created by the Partnership Secretariat in 2002 user friendly, and determine modalities for its effective use by the relevant stakeholders.

11. Use internet for fund raising by, *inter alia*, improving the Stop TB Partnership's website. The following specific actions are envisaged:

- 11.1 revamp Stop TB website to make it a tool for fund raising, including incorporation of working group websites into main site;
- 11.2. improve information on current activities, priorities and funding;
- 11.3. incorporate a donation module into the website to facilitate contributions; and
- 11.4 add more links to STB partners that can accept donations on-line.

**Objective 2: Ensure that donors recognize the challenge of TB control (as laid out in the Global Plan) and give high priority to supporting the Stop TB Partnership**

12. Collaborate with the Communications and Advocacy working group to develop a global communications strategy that has fund raising as an integral part. The following specific actions are envisaged:

- 12.1 determine how to develop a Stop TB brand name so that it can be used to generate resources.
- 12.2 target key bilateral donor countries for information/communication for launching campaigns on the importance of TB control and on the need for resources for urgent action;
- 12.3 ensure that at country level, importance of TB is made clear to all stakeholders, particularly around GFATM proposal time, and that TB control is included in GFATM proposals;
- 12.4 develop national guidelines/best practices for: (i) resource mobilization, including accessing GFATM, HIPC (Highly Indebted Poor Country) and PRSP (Poverty Reduction Strategy Papers); and (ii) funding and tracking funds available from various sources to the health sector in general, and TB control in particular; and.
- 12.5 disseminate these guidelines to national and regional partnerships.
- 12.6 disseminate in a strategic manner the redesigned publicity material depicting the work of the Partnership in general, and GDF in particular, to existing and prospective supporters of the Partnership.
- 12.7 prepare the Global Plan 2006-2015 to serve as the overall long term business plan for TB control.

**Objective 3: Increase flow of resources from existing supporters of the Stop TB Partnership, and bring in new supporters**

**A. Build support from bilateral government donors**

13. A priority list of up to 12 bilateral donors will be established to request funds based on donor survey including existing donors such as the USA, UK, Canada, Japan, the Netherlands and Norway, and other donors who have supported TB control through unspecified contributions but need to be requested to provide resources directly for specific use by the Stop TB Partnership. Examples of donors in this category are: Australia, Belgium, Finland, France, Germany, and Sweden. The following specific actions will be taken:

- 13.1 develop a strategic approach for soliciting support from each identified donor based on its profile including timing, most effective means of contact, priorities, briefing meetings and making of appeals for contributions in an appropriate manner in areas in which the donor has indicated an interest;
- 13.2 coordinate communication campaign/messages (see item 12 above) to targeted governments;
- 13.3 target selected bilateral government donors to solicit funds for the work of GDF, particularly for its new services e.g. Drug Management, Direct Procurement; Quality assurance and Monitoring; and
- 13.4 provide prompt response to donors who signal availability of funds for supporting specific area of the work of the Partnership.

**B. Global Fund to fight AIDS, TB and Malaria (GFATM)**

14. Develop closer relationship and practical working arrangements with GFATM. Specifically take steps to:

- 14.1 have regular meetings with GFATM staff;

- 14.2 work with National TB Programs to ensure that Country Coordination Mechanism (CCM) members are aware of and supportive of TB, and work with technical partners to develop GFATM proposals for TB and TB/HIV; and
- 14.3 prepare technical reports to highlight the effectiveness of GDF as a procurement mechanism *vis a vis* other mechanisms for procuring and delivering drugs, and disseminate these widely.

### **C. The European Union**

15. An attempt will be made to secure regular funds from three main types of funding available from the EU, namely: (i) Structural Funds; (ii) Budget line funds; (iii) Contract and research funds. The following specific actions will be taken:

- 15.1 obtain information on the nature and functioning of each type of funding and the mechanisms to access them;
- 15.2 establish operational level contacts with officials in each type of fund;
- 15.3 develop proposal in collaboration with the functional units of the Secretariat and the Working Groups for submission to each type of fund.

### **D. Private Foundations and Trust Funds**

16. Prioritize several Private Foundation/ Trust Funds based on a survey of US and UK Foundations completed by Open Society Institute (OSI), to request new or additional support. The following specific actions are to be taken:

- 16.1 develop a strategic approach for different types of foundations/trust funds based on their policies, priorities, and timing for considering grants; and
- 16.2 establish personal contacts with identified foundations/trust funds; and
- 16.3 submit donation appeals followed by proposals according to Foundations/Trusts policies, adopted causes, size of grants, and their timetable for considering and approving grants with a systematic follow up of all communication sent to them.

### **E. Private sector commercial enterprises**

17. Develop an approach to build a supportive constituency among the companies in the private sector for contributing resources for TB control. The following specific actions are envisaged:

- 17.1 prioritize a list of companies based on a survey of corporate donations;
- 17.2 develop a list of contacts in selected companies and approach them with appeals for contributions
- 17.2 develop a calendar of regular corporate gatherings, such as regional meetings of the World Economic Forum, meetings of PhARMA and others, and get TB on the agenda as either a main topic or a side meeting; and
- 17.3 update and disseminate "Guidelines for TB Control at Work" to a wider group of private sector enterprises;
- 17.4 explore in-kind donations support from commercial enterprises, particularly for the work of GDF.

### **F. Rotary Club and other fraternal organizations**

18. Identify potential organizations such as Rotary that may be interested in TB and initiate contact with them at appropriate levels.

## **G. High Net-Worth Individuals (HNI Group)**

19. Develop a list of high net-worth individuals in a number of countries covering both developed and developing countries, and explore possibilities of developing appropriate contacts with this group of individuals including identifying avenues for their contributions.

### **Objective 4: Develop new resource mobilization products**

20. Determine the type of products that will appeal to commercial enterprises (e.g. cause related marketing) and high net-worth individuals (major gifts, planned giving) for seeking their contributions in cash and kind and their active participation in the work of the Partnership.

### **Operationalizing the Action Plan**

21. After approval of this Resource Mobilization Action Plan by the Coordinating Board, a detailed schedule of activities with responsibility for each action, verifiable results, and milestones to be reached will be prepared by the Stop TB Partnership Secretariat. The Resource Mobilization Task Force will evolve into a more *ad hoc* advisory group available to the Secretariat and the Board on an as needed basis.

22. Based on progress in implementing the proposed plan it will be updated after one year of operations.

## Summary costs in the Global Plan to Stop TB, 2001–2005 (US\$ millions)

Figures for 114 countries	Costs (a)	Current resources			Gap (a)–(d)
		national (b)	external (c)	subtotal (d)=(b)+(c)	
		<b>DOTS expansion</b>	<b>6225</b>	<b>4300</b>	
TB programmes in HBCs	1560	3300	250	3550	1010
Health care services <sup>(1)</sup> in HBCs	3000				
TB programmes in other countries	590	1000		1000	440
Health care services <sup>(1)</sup> in other countries	850				
DOTS Expansion Working Group	225		109	109	116
<b>Adapting and improving DOTS</b>	<b>1728</b>	<b>230</b>	<b>60</b>	<b>290</b>	<b>1438</b>
• TB/HIV	642	30	8	38	604
Country needs	630	30	6	36	594
TB/ HIV Working Group	12		2	2	10
• MDR-TB	1086	200	52	252	834
Country needs	1070	200	50	250	820
MDR-TB Working Group	16		2	2	14
<b>Research and development totals</b>	<b>1098</b>	<b>0</b>	<b>390</b>	<b>390</b>	<b>708</b>
• New diagnostics	177	0	53	53	124
Research needs	150		47	47	103
New Diagnostics Working Group	27		6	6	21
• New drugs	347	0	136	136	211
Research needs	317		130	130	187
New Drugs Working Group	30		6	6	24
• New vaccines	424	0	96	96	328
Research needs	420		95	95	325
New Vaccines Working Group	4		1	1	3
• Health policy systems research	150	0	105	105	45
<b>Partnership</b>	<b>75</b>	<b>0</b>	<b>10</b>	<b>10</b>	<b>65</b>
Partnership Secretariat	27	0	10	10	17
Advocacy <sup>(2)</sup>	20				20
Resource development and financing <sup>(2)</sup>	13				13
Monitoring <sup>(2)</sup>	15				15
<b>TOTAL</b>	<b>9126</b>	<b>4530</b>	<b>819</b>	<b>5349</b>	<b>3777</b>

.(1) The annual averages for 2001–2005 are calculated based on the five-year total.

.(2) Cost estimates for these items have not been significantly revised for this update.