

Review of the Stop TB Partnership Working Groups

Working Draft: Version 1.0

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Table of Contents

Acronyms and Abbreviations	3
Executive Summary	4
1. Introduction	7
2. Scope of review	9
3. Methodology	11
4. Findings	13
4.1 Working Group Goals and Key Performance Indicators	13
4.2 Partner Engagement	14
4.3 Roles and Responsibilities	16
4.4 Resources and Capacity	17
4.5 Coordination and Communication	19
4.6 Accountability and Evaluation	22
4.7 Structure and Organization of Working Groups	24
5. Overall Conclusions and Recommendations	27
6. Annexes:	30
6.1 Stop TB Working Group Evaluation Online Survey Questions	30
6.2 Stop TB Specialist and Coordinating Board Members: Interview Guide	32
6.3 Stop TB Working Group Members: Interview Guide	35
6.4 Interview List	36
6.5 Working Group/Subgroup List	39
6.6 Bibliography	40

Acronyms and Abbreviations

ACSM	Advocacy, Communication and Social Mobilization
CTF	Community Task Force
DEWG	DOTS Expansion Working Group
DOTS	Directly Observed Treatment, Short-Course (Type of TB Treatment)
HIV/TB	HIV and Tuberculosis Working Group
KPI	Key Performance Indicator
MDR-TB	Multi-Drug Resistant Tuberculosis
NGO	Non-governmental Organization
NTP	National Tuberculosis Programs
PPM	Public-Private Sector Mix
SG	Subgroup
ToR	Terms of Reference
TPI	The Partnering Initiative
TB	Tuberculosis
WG	Working Group
WHO	World Health Organization

Executive Summary

Background

The Stop TB Partnership is a global network of diverse partners that aims to realize the goal of eliminating TB as a public health problem and ultimately, to obtain a world free of TB. This report is a working draft of a study to review the governance and management of Stop TB Partnership's Working Groups, and covers emerging findings and provisional recommendations.

The draft report will be presented to the Stop TB Coordinating Board in Bangkok on 30 January 2012. The presentation and discussion in Bangkok is considered to be the concluding stage of the research process with the feedback and input of Board members helping to shape the final report. This study is one of three planned inputs to ensure that Stop TB Partnership's governance mechanisms are updated and are operating in an effective, efficient and transparent manner.

Key findings

Seven cross-cutting themes related emerged from the research and provided an analytical framework to guide data analysis and to facilitate the presentation of the key findings:

- 1. Working Group Goals and KPIs:** The working groups and subgroups should use the Global Plan to Stop TB much more strategically in setting goals and developing key performance indicators. The groups need to focus more on achievable, measurable indicators that have direct implications for the Global Plan. Goals should be achievable by the group itself and be oriented towards results and outcomes instead of activities. Allocating budgets for each goal and corresponding KPI would help to ensure that goals are appropriate to the financial context and that all groups are operating within their means.
- 2. Partner Engagement:** The working groups and subgroups have made great strides since previous evaluations to engage a broader range of partners. Capacity building for community organizations has enhanced their skills and capability enabling them to engage proactively in working and subgroup projects. Representatives in non-EU/US countries still struggle, however, to participate actively due to capacity, language and resource constraints. There is a need for ongoing membership reviews to ensure that partner representation is sufficiently diverse whilst responding to current TB challenges and the particular needs of each group.
- 3. Partner Roles and Responsibilities:** The working groups and subgroups would function more effectively if partners felt that their participation is valued. Allocating clear roles and responsibilities to all group members would provide partners with greater incentive to participate and assume ownership for specific group activities. The articulation of clearer expectations of partners would help to improve the coordination of responsibilities within the groups and streamline decision-making.
- 4. Working Group Resources and Capacity:** Many Stop TB partners are dissatisfied with the current funding process. Greater transparency is necessary both from the groups and the Stop TB Partnership Secretariat. In order to move to a more transparent funding process, more coordination is needed between the Stop TB Secretariat, the Coordinating Board and the groups. There also needs to be a review process that links each group's achievements to the allocation of funds.
- 5. Overall Coordination and Communication:** The size of the Stop TB Partnership makes working group and subgroup coordination and communication difficult at all levels. Where distinct overlaps between groups exist, collaboration should become more formalized. With their oversight roles in the Partnership, the Coordinating Board and Partnership Secretariat should ensure that groups build greater linkages. The Coordinating Board and Partnership Secretariat also need to communicate specifically what is expected of all groups and to provide feedback when asked.

6. **Accountability and Evaluation:** Evaluation is critical to ensuring that working group and subgroup goals are achieved but also in determining the value of and need for certain groups. Evaluation is a tool for assessing progress and encouraging each group to reflect on its group strategy, goals and challenges. The Partnership Secretariat must ensure that the groups have the resources available to undertake appropriate evaluations of their work. Equally both the Secretariat and the Coordinating Board should be committed to reviewing and responding to reports received from all groups.
7. **Structure and Organization of Working Groups:** The Partnership Secretariat, Coordinating Board and many working and subgroup members acknowledge the need for reform of the current group structure and a review of the number of groups required. There is also consensus of the need for a more streamlined process to identify and re-evaluate the TB-related issues that each new group would address. Although a number of options exist as to how the WG/SG structure should be reformed, any change process must ensure that Stop TB partners continue to respond to the needs of the both the Partnership as a whole and the global TB epidemic more broadly.

Recommendations

Based on the framework outlined above, the working draft of the report identifies seven main areas in which the Stop TB Partnership should take action to review and improve its working groups. The detailed list of recommended actions for each of the areas is provided in Section 5 of this report.

1. *Goals and KPIs need to be results oriented and aligned to the Global Plan to Stop TB.*

Recommendation: Make the identification of goals and KPIs a requirement for all working group funding received from the Stop TB Partnership. Goals and KPIs should focus on specific, and achievable outcomes that each working group aims to achieve rather than a list of planned activities.

2. *Increase the diversity of partners across all Working Groups & Subgroups, with particular attention to community organizations.*

Recommendation: Broaden current advocacy training to include all interested Community Task Force members across all working groups

Recommendation: Introduce annual membership reviews to enhance the diversity of partner representation in all working groups and subgroups

3. *Define the roles and responsibilities of Stop TB partners in the Working Groups and Subgroups more explicitly to enhance partner engagement and accountability.*

Recommendation: Membership guidelines should be developed by each core team/group in consultation with the Coordinating Board. Guidelines would provide a framework for partners to agree to specific time and resources commitments to their working groups and subgroups.

4. *Reform the process for budget allocation to Working Groups and Subgroups to enhance transparency and forward planning.*

Recommendation: Strengthen planning, coordination and timely access to information about funding and budgets between the Stop TB Secretariat, the Coordinating Board and the working groups/subgroups.

Recommendation: Introduce an annual budget review process that links budget allocation to goals and KPIs as jointly identified by each working group and the Coordinating Board.

5. Improve the overall coordination and communication between the Partnership Secretariat, Coordinating Board and the Working Groups/Subgroups.

Recommendation: Offer all working groups and subgroups the opportunity to make a formal annual presentation to the Coordinating Board and receive official feedback.

Recommendation: Develop an online platform where all Stop TB Partnership documents (including relevant workplans) are stored and made readily available to all partners.

6. Introduce regular monitoring and evaluation of Working Groups and Subgroups activities to strengthen accountability and to determine their ongoing value.

Recommendation: Encourage all working groups and subgroups to reflect and report annually on their strategy, goals and achievements and ensure that all such reports receive formal feedback from the Stop TB Secretariat and the Coordinating Board.

Recommendation: Develop and implement a more elaborate monitoring and evaluation system for working groups and subgroups with requisite funding mobilized.

7. Reform the current Working Group structure to ensure the future success of the Stop TB Partnership.

Recommendation: The current infrastructure of the Working Groups and Subgroups could be reconfigured as follows:

Option #1:

Maintain the current number of working groups but reevaluate and realign each group's focus to be more relevant to current TB issues and needs. For example, the DEWG may decide to focus more specifically on treatment quality rather than quantity given that DOTS is now the universally accepted treatment method. In this option, the current subgroup structure would be replaced with a more formalized and accountable task force system. Task forces would become a key element of the WG planning process and be included in workplans submitted to the Coordinating Board annually for approval. Task force representatives would report annually to the Coordinating Board which would then assesses whether each task force's mandate be extended or not.

Option #2;

Reduce the current number of working groups to two: one for implementation and one for research with more structured subgroups paralleling some of the current working groups and subgroups. In this option, each core team would assume greater responsibility and would act as the intermediary between the Coordinating Board and the new working/subgroups. Core teams would disseminate funding to the subgroups through an application and assessment system similar to the one outlined above for task forces.

Option #3:

Reduce the number of working groups to three or four which are more focused on specific issues in current TB research and implementation. In this option, the new working groups would be oriented around the needs of key types of patients as well as the processes needed to ensure adequate care and delivery. Coordination and collaboration between the new working groups would be integral and could potentially encourage the development of cross-cutting subgroups.

1. Introduction

Context of the study

Global partnership context

Multi-stakeholder partnerships for development have become increasingly important and common since the 1992 UN Conference on Environment and Development (UNCED). Over the past two decades various UN agencies have played key roles in brokering new partnerships with a diverse range of partners towards the achievement of the Millennium Development Goals (MDGs) and other international development targets. UN-facilitated multi-stakeholder partnerships bring together actors from government, NGOs, communities, media, academia and commercial enterprises, among many other actors. Partnership governance and management arrangements range from decentralized approaches shared between partners, to the establishment of new stand-alone organizations with their own full-time staff and infrastructure.

Since 2000, more than 100 large global health partnerships (GHPs) have been formed. Also known as Global Health Initiatives, these strategic multi-stakeholder partnerships “have rapidly become an established part of the international aid framework, and have been used to leverage substantial additional financial and technical resources for targeted health interventions.”¹ A strategic multi-stakeholder partnership is a long-term relationship between different types of organizations that is designed to share and exchange resources and information and to produce results that one partner working alone could not achieve. In a strategic partnership, the partners aim to:

- Pursue a set of agreed shared goals
- Achieve specific organizational objectives
- Maximize the value of each partner’s contributions
- Deliver new, expanded or improved programs and projects

Strategic multi-stakeholder partnerships achieve the most success when they are based upon principles of integrity, equity, transparency, mutual benefit, and an understanding of each partner’s individual expectations and values.

Stop TB Partnership context

Established in 2000, the Stop TB Partnership is a global network of diverse partners that aims to realize the goal of eliminating TB as a public health problem and ultimately, to obtain a world free of TB. Stop TB comprises partners from different constituencies that have expressed an interest in working together to achieve this goal such as academia and research institutions, foundations, advocates, governmental agencies, NGOs and the private sector.

The overall purpose of the current study is to review the governance and management of Stop TB Partnership’s Working Groups, including their constituent parts (i.e. subgroups and core teams/groups). This study is one of three planned inputs to ensure that Stop TB Partnership’s governance mechanisms are updated and are operating in an effective, efficient and transparent manner.

There are currently seven Working Groups of the Stop TB Partnership:

(Implementation Working Groups)

- DOTS Expansion (DEWG)
- TB-HIV
- Multi-drug Resistant TB (MDR-TB)

(New Tools Working Groups)

- New TB Diagnostics

¹ World Health Organization Maximizing Positive Synergies Collaborative Group (2009), p. 2137.

- New TB Drugs
- New TB Vaccines²

And the:

- Global Laboratory Initiative

There are also 25 active subgroups covering specific content areas (see Annex 6.5).

Historically, the role and mission of the Working Groups has been to develop policy and technical guidelines on TB. Currently the roles and mission of the Working Groups are defined as:

- Implementing research, advocacy and/or operational activities in pursuit of the group's specific area of interest and of the aims of the partnership
- Collaborating with other elements of the partnership so as to create synergy and value added to actions taken in pursuit of the aims of the partnership.

The working groups and subgroups (WG/SGs) are guided by a core team/group which is a smaller and more engaged group of partners that makes most WG/SG decisions and guides activities. Most core teams/groups include members from certain key organizations and countries. The various WG/SGs have different terms of reference for their respective core teams/groups. All WG/SGs appoint chairpersons for various time periods; some appoint co-chairs or vice chairs. Each WG/SG has its own secretariat or hosting arrangements with some of the secretariats housed within relevant WHO departments and in other cases the secretariat role is assumed by one of the other partner organizations. The diversity of current WG/SG governance arrangements poses challenges for the Stop TB Partnership Secretariat and Coordinating Board in their efforts to refine the structure and organization of WG/SGs. In some respects each of the seven current working groups constitutes a form of stand-alone collaboration in its own right, each with its own organizational culture and dynamics.

Using this report

Our aim in this report has been to present the main findings in a concise and accessible way, keeping the main text of the report to a length that enables it to be used as a working draft document for circulation and discussion among the Stop TB Coordinating Board members and relevant Partnership Secretariat staff.

This report is a working draft of the study's emerging findings and provisional recommendations. The working draft is based on an initial analysis of the following sources of information and data:

- Existing Stop TB Partnership documentation
- Interviews with selected Stop TB partners, Board members, Secretariat staff and other key TB stakeholders
- An online survey of 800 Stop TB partner representatives

Sections 1-3 provide introductory information on the context and development of the study as well as the methods used. Section 4 presents the study's main findings. Seven key issues are analyzed with corresponding conclusions. Overall conclusions and recommended actions are presented in Section 5. The annexes include the research instruments (with summaries of resulting data to be included in the final report). This will offer an opportunity for more detailed consideration of the methodology and the research data if desired.

This working draft will be presented at the Stop TB Coordinating Board retreat and meeting that will take place in Bangkok, 29 January - 1 February 2012. The presentation and discussion of the working draft in Bangkok is considered to be the final stage of the research process with the feedback and input of Board members helping to shape the final report that will be submitted at an agreed date following the Bangkok meetings.

² The three 'New Tools' working groups are sometimes referred to as research groups.

2. Scope of the review

The Terms of Reference (ToR) for the study identifies the following as the overall objective:

“To review the Working Groups and present three options for refining the Working Group structure, including the development of Key Performance Indicators (KPIs) for each group linked to budget allocation.”

Furthermore the ToR indicate that the study findings should be synthesized into a report containing:

- Executive Summary
- Evaluation of the current Working Groups and Subgroup (WG/SGs)
- Options for refining the structure of the WG/SGs
- Suggested Key Performance Indicators, linked to budget allocation
- Recommendations for way forward
- Annexes including research instruments used, as well as summaries of interviews and online survey results

Working under the guidance of the Stop TB Partnership Working Group Focal Point, Executive Secretary and members of the time-limited Task Force, The Partnering Initiative project team launched the research process on 7 November 2011 with a conference call between the Executive Secretary, the Stop TB Partnership Working Group Focal Point and other selected Secretariat staff members. The following activities and tasks were initially agreed based on the project ToR:

- Review previous evaluations and all related documentation.
- Assess the current modus operandi of WGs and in relation to SGs.
- Design an online survey which addresses all major issues emerging from previous evaluations and the current questions about structure, function, efficiency, impact, etc of WGs and their subgroups.
- Conduct 20-25 telephone interviews with key partners and stakeholders.
- Develop and propose in a report, a range of options for strengthening and refining the structure of the Working Groups, with a view to efficiency, affordability, value for money, results and measurable impact.
- Develop suggested Key Performance Indicators (KPIs) linked to budget allocation for the WG/SGs.
- Present results of the review as well as the options for refining the structure of the Working Groups in a PowerPoint presentation at the 21st Stop TB Partnership Coordinating Board meeting in Bangkok.

The process of defining and agreeing the online survey questions, interview guides and list of interviewees took longer than anticipated given the need to consult with both the Stop TB Secretariat and members of the Task Force. The online survey was not circulated until 18 November and the deadline for responses had to be extended to enable all WG/SGs to contribute their input. The list of people to be interviewed was not agreed until 2 December 2011 and was expanded with a total of 60 people identified. As a result of the increased workload, the original contract was modified with additional resources allocated. According to the original work-plan, the first draft of the report was due to be submitted by 20 December 2011, but a revised work-plan was agreed with all interviews to be completed by 16 January 2012. Subsequently the Stop TB Secretariat requested that a working draft of the report be submitted by 23 January to allow for review by Secretariat staff and Coordinating Board members prior to the Bangkok meetings on 29-31 January. This has meant that the research team has had less than a week to analyse the data collected. Therefore the scope of the findings presented in the current working draft must be considered against these time constraints.

The working draft offers a number of practical starting-points for the proposed reform of the Stop TB working groups rather than a comprehensive change management plan. Due to the considerable body of data generated during this study, further analysis may be required to look in finer detail at experiences and ideas emerging from the project research.

Nonetheless, the work presented here would not have been possible without the good co-operation and assistance offered by the Stop TB partners, Coordinating Board members and Secretariat staff. The Partnering Initiative project team extends its thanks to them and trust that the material we are presenting proves to be relevant, interesting and useful in the ongoing development of the Stop TB Partnership.

3. Methodology

Overview: sources of data and research activities

In line with the requirements of the project Terms of Reference, a multi-method approach was adopted to generate data for the project. The aim was to draw on a wide range of **sources**, namely:

- *Previous reviews and evaluations of the Stop TB Partnership*
- *Stop TB Strategy Documents and Websites*
- *Selected staff of the Stop TB Secretariat*
- *Members of the Stop TB Coordinating Board*
- *Key members of the Stop TB Working Groups and Subgroups (WG/SGs)*

These sources were accessed through a series of **activities**, including desk research; online survey; and telephone interviews. Each main research approach is described in greater detail below.

Document review and analysis

The team reviewed all documentation provided by the Stop TB Partnership Secretariat and some of the interviewees. These included previous studies that analyzed WG/SG governance structures including:

- *McKinsey, Independent Evaluation of the Stop TB Partnership (2008)*
- *World Bank, The Stop Tuberculosis Partnership: Global Program Review (2009)*
- *Institute for Health Sector Development, Independent External Evaluation of the Global Stop TB Partnership (2003)*
- *Stop TB Partnership, Analysis of Stop TB Partnership Working Groups (2011)*

In addition, the team reviewed key Stop TB Partnership strategy documents including The Global Plan to Stop TB 2011-2015 (2011) as well as the websites of the WG/SGs. A Bibliography is provided in Annex 6.6, listing all documentation consulted during the project.

In consultation with Stop TB Partnership Working Group Focal Point and Executive Secretary, the research team subsequently identified a number of overarching WG issues that emerged from the documentation review and analysis:

- **Goals:** It is not clear whether each WG has the right goals, how they are decided and monitored and how they contribute to the broader objectives of the Stop TB Partnership.
- **Partners:** There is concern that not the right partners are being engaged; there needs to be more private sector representation as well as from social organizations.
- **Roles and Responsibilities:** It is unclear which partners are responsible for what aspects of Stop TB policy and implementation, although all partners and WGs are expected to contribute towards the delivery of the Global Plan to Stop TB.
- **Resources:** Financial resources are spread too thinly between too many WGs with budgets only just covering expenses for meetings and very little else. Also, WGs do not have the resources necessary to perform the monitoring, communication and evaluation work that is necessary for them to be accountable.
- **Implementation:** There is no process in place to ensure policies and guidelines are implemented. Some WGs have struggled to get partners involved in implementation work (as opposed to making policy decisions) so there needs to be a system in place which ensures their engagement and accountability for action.
- **Coordination and Communication:** There seems to be significant overlap between the remit of the WGs and therefore improved coordination and communication (and possibly reducing WGs) could be important. Many WG

members serve on more than one group and intergroup communication could be improved to reduce inefficiencies.

- **Evaluation:** There is inconsistency between how individual WGs monitor progress and needs to be a system in place to ensure that the efficacy of WGs is monitored on a continual basis.
- **Outputs and Outcomes:** There are questions about why the WGs exist and function, and the extent to which they deliver results (i.e. the product of the work and how this contributes to the advance of the TB agenda).

This set of key themes provided a reference point for the subsequent development of the online survey questions and interview questions. Furthermore it provided a basis for the eventual development of an analytical framework for the overall analysis and development of key findings (see section 4).

Online survey

In an effort to get the input of a range of WG/SG partners, the project team conducted an online survey over a two-week period in November 2011. The Stop TB Secretariat circulated the survey to a mailing list of 800 people involved in the partnership, and 160 responses were received in total (a response rate of about 20%). The multiple-choice format provided space for comments and clarification, and thus resulted in both quantitative and qualitative data. A list of the survey questions is included in Annex 6.1.

Interviews with key stakeholders

In order to obtain more in-depth feedback from high-level stakeholders, interviews were conducted with key individuals who were identified by the Stop TB Partnership Secretariat and included all WG Chairs, key members of the Coordinating Board, as well as selected Stop TB staff. In total, 60 potential interviewees were identified and contacted for interviews. Of that group, the research team was able to conduct a total of 43 interviews within the timeframe agreed with the Secretariat (between 12 December 2011 and 16 January 2012).

The interviews were conducted by phone or Skype and each lasted between 30 and 45 minutes. The interviews were based on guides developed by the TPI research team and revised based on feedback from the Secretariat and members of the time-limited Task Force. Two interview guides were developed: one for Coordinating Board members and other specialists with familiarity of the WG/SGs (Annex 6.2) and another for WG/SG members (Annex 6.3). The interview guides were developed after preliminary findings from the survey were collected and were intended to build upon themes that emerged from survey results.

Those who were not interviewed either did not respond to requests or were unable to confirm their availability within the agreed time period. These individuals were sent a copy of the interview guide and asked to provide feedback via email. Two email responses have been received to date. A full list of actual interviewees and those who responded by email can be found in Annex 6.4. Summaries of the online survey and interviews will be included as annexes in the final report that will be submitted following the 21st Coordinating Board meeting in Bangkok.

4. Key Findings

Building on the list of overarching Working Group issues highlighted above, the research team developed the following framework to guide the analysis of all data gathered and for the presentation of the key findings:

Working Group Goals and KPIs

Partner Engagement

Partner Roles and Responsibilities

Working Group Resources and Capacity

Overall Coordination and Communication

Accountability and Evaluation

Structure and Organization of Working Group

4.1 Working Group Goals and Key Performance Indicators

Issue Summary

Each working group and sub-group (WG/SG) is required to submit work plans to the Stop TB Secretariat and Coordinating Board. While most WG/SGs have set tangible goals, questions have been raised about whether the current goals are the most appropriate ones and thus whether they are achievable given the resources available to each WG/SG.

Documentation Review

Previous evaluation studies noted that all WG/SGs had goals, yet it was unclear how they were decided and how they contributed to the broader objectives of the Stop TB Partnership. Many of the goals identified were for overall TB control and research and the evaluators questioned whether the goals were appropriate given each WG/SG's function and capacity. Some WG/SG goals were considered to be dependent much more on the work of countries and individual partners than the WG/SGs themselves. This posed challenges in monitoring and evaluating the efficacy of WG/SG efforts, as they were not seen as being ultimately responsible for delivery and outcomes.

Survey Results

Building on findings from the previous studies, the online survey focused on the extent to which WG/SG members understood the goals of their respective groups, the definition of goals and their perceptions about goal relevance to the Global Plan to Stop TB. Survey findings showed that the majority (over 90 percent) of interviewees felt that they understood their Working Group or Sub-Group's goals "more or less" or "fully." A similarly large proportion (roughly 85 percent) felt that their Working Group goals were "somewhat" or "well-defined" and adequate for the purposes of the WG/SG. While 50 percent of respondents felt that their WG/SG contributed to a "great" or "very great" extent to the Global Plan, roughly 40 percent thought the contribution was "moderate" and 9 percent characterised the contribution as "small" or "not at all."

The comments sections reiterated various points that had been raised in previous studies. Respondents noted that goals were generally clearly defined but not always achievable by the WG/SGs and that success was difficult to measure with few WG/SGs having KPIs to support their goals. Funding played a role in limiting each WG/SG's ability to deliver upon its goals. One survey respondent said: "what is not clear is how the WG/SGs can take actual responsibility for delivering these goals when they have very little financial leverage and they are not legal entities in their own rights with the ability to source funds."

In relation to the Global Plan to Stop TB, there was a general sentiment that the WG/SGs contributed to the plan but their role was limited to raising awareness of the issues. One respondent summarized the WG/SGs commitment succinctly in the comments section: "The objectives of the Global Plan are very ambitious and the WGs cannot be expected to achieve these on their own. However, the WGs facilitate discussion, promote the exchange of ideas and provide platforms for information exchange that together significantly work towards achieving the overall goals." Again, many respondents noted that financial barriers got in the way of achieving more significant outcomes.

Interview Perspectives

The interview questions focused on the goal setting process, its relationship to the Global Plan to Stop TB and WG/SG efforts to deliver outcomes. While interviewees noted that their WG/SG had goals, the level of detail and focus on specific outputs varied. Some interviewees noted progress since the most recent evaluation by McKinsey in 2008. In the past, WGs/SGs have focused their goals and KPIs on patient outcomes but some have now shifted the focus towards goals that are more specific and achievable given the current role and mission of the WG/SGs. More appropriate goals could be related to outcomes like policy setting, fundraising, advocacy, guidance documents, tool kits, and improved coordination of technical assistance.

Many interviewees cited the limited connection between their WG/SG goals and Global Plan to Stop TB. In general, they agreed that all goals should relate to the Global Plan. Since 2006 when the Strategy to Stop TB was created, however, some noted the limited effort made by the Stop TB Secretariat, Coordinating Board and WG/SGs to incorporate its plan/goals into WG/SG structures and processes. While the WG/SGs were consulted, there was a feeling that there was little buy in by WG/SG participants in the process.

One representative from the Stop TB Partnership Secretariat noted that goals do not need to be substantial but WG/SGs should be able to answer how their outputs and results contribute to specific goals within the Global Plan. Closer alignment with the Global Plan might help to alleviate concerns that goals can often be oriented towards one person's or an organization's specific interests. In these cases, a common commitment to the Global Plan is important in ensuring that all partners have the same goals and incentives.

Interviewees felt that the WG/SGs need to return to their roles and mission to ensure that they have an added value compared to other actions and mechanisms already employed by WHO and other partner bodies. Some interviewees questioned the over-emphasis on outputs and how concrete WG/SG goals had to be. For example, one interviewee who is part of the DEWG noted that the value of simply being able to get together, share experiences and network should not be overlooked.

A number of interviewees highlighted the impact that funding had on goal delivery. Interviewees noted that funding from Stop TB had been reduced this year without explanation or advance warning. This made action particularly difficult in the past year, as WG/SGs were not prepared for the lack of funds and therefore many were unable to achieve their goals. Within this financial context, there was a feeling that the WG/SGs, the Stop TB Secretariat, and Coordinating Board need to be realistic about the types of goals that WGs/SGs can achieve and that goals needed to be aligned much more with budgets.

Conclusions

Results from the survey and interviews suggest that the WGs/SGs need to use the Global Plan to Stop TB much more strategically in setting goals and KPIs. In doing so, WGs/SGs should focus more on achievable, measurable outcomes that have direct implications for the Global Plan. Goals should be achievable by the WG itself and focus on results and outcomes instead of activities. Allocating budgets for each goal might further ensure that goals are appropriate within the financial context and serve to demonstrate to the Coordinating Board and Stop TB Secretariat that WGs/SGs are operating within their means.

4.2 Partner Engagement

Issue Summary

Another key issue facing the WG/SGs is related to the current mix of partners. There are concerns that the right range of stakeholders is not currently represented in the WG/SGs. The WG/SGs have varying needs for additional partner inputs, which depend on the scope of WG/SG work, funding needs, the geographical focus of their efforts, and the contributions of current partners. There is recognition that EU/US-led NGOs tend to dominate WG/SG membership in most cases. Opportunities nonetheless exist to engage a more diverse body of experts including the private sector, communities and governments. The ongoing challenge is how to most effectively leverage a more diverse range of partner skills to strengthen the achievement of WG/SG goals and outcomes.

Documentation Review

The review of documentation demonstrated that partner engagement in the WG/SGs was improving with greater attendance and participation in meetings. At the same time, however some key actors were identified as being

notably absent in some WG/SGs. In particular, previous studies noted the importance of increasing the presence of the private sector as well as community-based organisations. In the case of the latter, the high cost of meeting attendance was mentioned as an impediment to more effective engagement by community representatives.

Survey Results

The survey asked respondents to comment on the representation of certain groups in the WG/SGs. Of all the categories, survey respondents classified NGOs and Academics as the most well-represented while they considered the private sector and government bodies to be the most under-represented in WG/SGs. While the survey did not specifically ask about geographical location or size of partner organisation, in the comments section, respondents emphasized the need for more representation from both grassroots community organisations and also those representing the 22 high-burden countries. In relation to the private sector, health service providers were noted as being important stakeholders that were not actively engaged in WG/SGs.

Interview Perspectives

The interviewees reiterated the importance of effectively engaging grassroots community organizations. There was a general sentiment that relationship building with smaller, community NGOs would be integral to ensuring that policies are implemented on the ground. This point was reiterated by one interviewee who felt that the field implementation perspective of community organizations was the main reason s/he participated in the WG/SGs. While the three implementation groups (MDR-TB, DEWG and HIV/TB) are beginning to engage community organizations more effectively, interviewees from the New Tools Groups felt that enhanced community participation was critical to ensure the relevance and implementation of the products they are developing.

Interviewees discussed the need for greater advocacy training and capacity building for community organizations as many such partners are not familiar with the workings of international organizations. Interviewees who have received such training identified it as integral to their ability to engage in the WG/SGs but also to improving the efficacy of their advocacy and engagement efforts at home. Furthermore, interviewees noted the role that 'Terms of Reference for Community Groups' play in ensuring that community organizations are effectively engaged in WG/SGs. Such local NGOs have little capacity to provide input and therefore need a job description with clearly defined activities and responsibilities.

Similar challenges were identified in engaging governments and/or health ministries. Some form of government participation or communication is necessary in order to ensure that global TB policies are implemented on the ground (especially in the 22 high-burden countries), however communication is often difficult. One interviewee familiar with on the ground implementation noted the importance of including long lead-time in planning efforts with government bodies. This point was reiterated by another interviewee who noted "a common complaint from countries is that the WGs shell out recommendations and programmes but that countries can't keep up! New objectives come before implementation is achieved. "

The geographical location of partners was of concern to interviewees who felt that greater participation is needed from non-EU and US members especially in the core groups. Since EU and US based multilateral organizations tend to dominate membership and funding, they are often seen to be in control of the agenda and initiatives. In particular, US/EU NGOs have tended to dominate discussions without adequate input from countries like China and India where the burden is especially high. Many interviewees, however, acknowledged that there is a tension between the need for a wider global participation with developing country representation and the need for participation from major US/EU NGOs, which provide significant funding in the absence of Stop TB funding.

To encourage further participation from country representatives, some WGs like TB/HIV have moved towards a more regionalized approach to ensure that policies are implemented in way that fits the needs of the specific culture and geography. Doing so ensures attendance but also incentivizes participation by demonstrating that the region is important enough to become a meeting site. A few interviewees reiterated this point by noting that meetings in Geneva automatically focused on the WHO and international NGOs, which were based there.

The issue of partner engagement appears to be less a question of the quantity of global representation but rather one about quality and participation, a theme which is explored more in section 4.3 on Roles and Responsibilities. One interviewee noted that the open nature of WG/SG membership has led many small NGOs from Asia to join, but it is often difficult to manage their engagement given difficulties related to communication and coordination. To improve developing country representation, some interviewees recommended that a regional constituency format be employed whereby one person represents a specific region's or partner category's interest at core working group meetings.

One additional partner category that was recognized as being absent to date is the nursing industry. One New Tools WG partner expressed concern that the WG bias is overly clinical. The nurses have an important perspective as they implement the treatments on the ground and know what the practical limits and issues are. The partner emphasized that it would be important to include nursing representation not just in the WG but also in the core group to ensure they were able to influence decisions here.

Conclusions

The WG/SGs have made great strides since previous evaluations to engage a broader range of partners. Capacity building and the development of ToRs for community organizations are two examples of initiatives which have enhanced the skills and capability of community organizations to engage proactively in WG/SG projects. Representatives in non-EU/US countries still struggle, however, to participate actively due to capacity, language and resource constraints. The constituent model identified by interviewees might be a possible opportunity to overcome such challenges as by representation, the interests and opinions of a wider group of partners will be represented in core group decisions. Generally the analysis points to the need for ongoing membership reviews to ensure that partner representation is sufficiently diverse whilst responding to the current TB challenges and needs of the WG/SG.

4.3 Partner Roles and Responsibilities

Issue Summary

The roles and responsibilities of WG/SG members are not always clearly defined which leads to ineffective and inefficient meetings, communications, implementation and accountability. While there was a general consensus that the roles of the core teams/groups have been appropriately defined, greater clarity was needed for non-core members who often feel poorly engaged in WG/SG decisions and activities. While it is well understood that the number and size of the WGs/SGs makes coordination of each group difficult, articulating more clearly identified roles and expectations could potentially incentivize more active engagement by WG/SG partners.

Documentation Review

With greater funding and better coordination with other relevant meetings, WG/SG attendance has increased. Nonetheless there was recognition that more effort was needed to improve active participation. In particular, previous studies noted that meetings devoted to work planning were less well attended than those focused on networking and information sharing. Furthermore past reviews emphasized the need for greater clarity about which partners are responsible for which aspects of Stop TB policy and implementation. For example, the 2008 McKinsey review emphasized the need to ensure that expectations/demands of partners were clearly articulated and aligned with WG/SG goals.

Survey Results

The online survey asked WG/SG participants to assess the extent to which partner roles and responsibilities are adequately defined and communicated. Nearly 35 percent felt that the roles were either well defined to "great" or "very great" extent, 48 percent indicated that roles were clearly articulated only to a "moderate" or to "some" extent. Finally, 17 percent reported that roles were only defined to a "small" extent or "not at all."

These varied findings were also reflected in the comments, which demonstrated a range of opinions on the subject. Generally, however, there was consensus that core WG/SG member roles were well defined, but not the roles of the

broader WG/SG membership. While some partners felt that greater clarity was necessary, some valued the loose and open structure as it allowed for a diverse group of partners to engage only in issues of their own choice.

Clarity of roles was cited as being especially critical between meetings where some non-core partners felt disconnected from the broader group. Another respondent emphasised that partner roles and responsibilities would be clearer once his/her WG/SG had better defined its own goals and responsibility to the wider Stop TB Partnership, and therefore had a more structured plan and objectives to deliver. One respondent recommended a three or four tier membership structure with specific expectations for involvement as a way to better define partner roles and participation.

Interview Perspectives

WG/SG interviewees, most of whom were current or former WG/SG Chairs emphasized the difficulty they faced engaging partners outside the core group. The major difficulty was ensuring that partners felt incentivized to participate given that they are volunteers and therefore have other commitments, and are not compensated for their time.

Interviewees felt that some partners were deterred from involvement due to frustration with ineffective WG/SG implementation. Further funds were needed to ensure that the WG/SGs worked effectively, that partners were able to participate (if their organization did not provide funds) and that decisions made at the meetings had funding to be implemented and the backing of the Partnership. The WG/SGs which were able to engage their membership most effectively had sufficient funds to implement and monitor projects (e.g. the TB-HIV WG's externally funded Secretariat has been integral to its success).

Other interviewees suggested that meeting formats could be varied to ensure more engagement and participation. As most of the meetings are presentation based, there was a feeling that the focus needed to shift from presenting about activities already implemented to discussing goals, strategy and future plans in order to better engage the membership in the decision-making process. Furthermore, it was noted that follow-up after meetings does not happen consistently and this is considered to be integral to keeping partners engaged. To improve action in between meetings, interviewees recommended clearer allocation of appropriate tasks and roles in between meetings and further WG/SG Secretariat support to coordinate communication.

One interviewee noted the importance of ensuring greater equity between members by giving them more responsibility for decisions. Equally important was allocating clear responsibilities and agreeing timelines in order to encourage further participation by non-core group members. The Stop TB Coordinating Board and Partnership Secretariat could support this effort by identifying what they expect from the WG members, including time and financial commitments. As expressed by one interviewee, "It's nice to have such a large group; however, there should be some expectations from joining." This point was reiterated by another interviewee who said: "While it is important to have an open membership policy, members should be required to participate actively in the group, even if only by email or teleconference. This should be made clear in the terms of reference."

Conclusions

In order for the WG/SGs to function more effectively, partners need to feel that their participation is valued. Allocating clear roles and responsibilities to all WG/SG members would provide partners with greater incentive to participate and assume ownership for a specific WG/SG activity or area of work. While WG/SGs value diversity of thought and currently welcome all actors with an interest and willingness to collaborate on TB, the articulation of clearer expectations of the membership would help to improve the coordination of responsibilities within the WG/SGs and streamline decision-making.

4.4 Working Group Resources and Capacity

Issue Summary

The financial resources provided to WGs by the Stop TB Partnership are currently spread thinly between too many WG/SGs with budgets only just covering expenses for meetings and little else including their Secretariat staff. As a

result, most groups do not have adequate financial and human resources necessary to perform the monitoring, communication and evaluation work that is necessary for them to meet their objectives and achieve desired outcomes. As a result, some groups have sought funding outside the Stop TB Partnership. While this has helped some WG/SGs to operate more effectively and validates the importance of their efforts, it also raises questions about the commitment of certain WG/SGs to the wider Stop TB Partnership.

Documentation Review

The review of documentation showed that Stop TB Partnership funding was spread thinly between too many groups. Furthermore it revealed that levels of financial support and the extent of Secretariat arrangements vary significantly between WG/SGs. Until the 2011 Working Group Review by the Partnership Secretariat, no full documentation of external and internal funding sources existed for the WG/SGs. In a related vein, McKinsey's 2008 report recommended that WG/SGs establish comprehensive funding plans including detailed budgets, external and internal funding sources, activities conducted and related objectives. McKinsey suggested that this information should be submitted to the Coordinating Board and TB Partnership Secretariat for review and feedback.

Survey Results

Survey respondents were asked to what extent they were aware of how funds were distributed to different WG/SGs and additionally how satisfied they were with current distribution of funds between WG/SGs. In relation to the first question, 40 percent expressed that they had "no knowledge" of the process for allocating funds, 38 percent of respondents had a "small" or "some" knowledge of how funds were allocated. Only 12 percent had a "moderate" understanding while a mere 10 percent of respondents characterized their knowledge as "great" or "very great". Satisfaction levels about funding distribution paralleled concerns about budget allocation with 48 percent stating they were "dissatisfied" or "extremely dissatisfied" with the current distribution of funds. 45 percent of respondents noted that they were "moderately" satisfied and only 7 percent indicated that they were "extremely satisfied" with WG/SG funding allocations.

In the comments section, respondents expressed frustration about the lack of transparency from the Stop TB Partnership Secretariat concerning the distribution of funds between WG/SGs. A few expressed views that those WG/SGs with Secretariat support from WHO received more funding and that Implementation Working Groups generally received more funding and support than the New Tools Working Groups. Some SG respondents noted that their groups did not receive funds at all from the Stop TB Partnership Secretariat.

Interview Perspectives

For all interviewees including Coordinating Board members, WG/SG partners as well as members of the Partnership Secretariat, transparency was singled out as one of the biggest challenges impeding relations between all three entities. WG/SG partners reiterated findings from the online survey, which indicated that they have little understanding of how the Partnership Secretariat allocates funds. The Partnership Secretariat and Board interviewees expressed frustration about how little they knew about how WG/SGs used their funds. Most interviewees agreed that funding should be based upon outcomes and outputs to incentivize WG/SGs to both report and implement. Furthermore, WG/SG members recommended that a mechanism be developed which would allow WG/SGs to report when/if they were struggling financially.

Within the context of these frustrations, some WG interviewees appeared to be reluctant to submit an ambitious work plan as they felt that their funding situation would not improve regardless of their planning and therefore might raise false expectations with fellow WG members. For example, a partner from the New Drugs WG described an experience where WG members were invited to prepare a plan for their ideal situation and when they did (asking for \$800,000), they were only given the standard \$100,000 with no explanation about the shortfall. One interviewee noted his/her frustration at having to provide such an extensive report for the Stop TB Partnership Secretariat, when Partnership funding represented such a small portion of their overall operating budget. Furthermore, many interviewees noted that the Stop TB Secretariat rarely provides feedback on the WG submissions, which leads

WG/SGs to question the Secretariat's commitment to the process. A Stop TB Partnership staff member countered this point by suggesting "if the WGs start showing what they've accomplished then funding will be available."

As noted above, many WG/SGs compensate for inadequate funds from the Stop TB Partnership, by raising additional external funds. This has created distinct differences in funding with some groups like HIV-TB achieving the majority of their funding (roughly 80 percent) from external sources beyond the Stop TB Partnership. Meanwhile others rely solely on the support of the Partnership. Whereas external funding has helped WG/SGs further their programming and enabled them to be more effectively managed, some interviewees expressed concern that external funders may steer WG/SG agendas towards donor priorities. It was therefore suggested that further outreach is needed for funding in order to ensure that a WG is not funded just by one entity and therefore help avoid undue donor influence. Interviewees were clear also that while funds from Stop TB often represent a small proportion of WG/SGs overall budgets, the very existence is important as it provides legitimacy for the WG/SGs especially in the international realm where Stop TB and WHO are well recognized and respected.

Interviewees also discussed the funding for WG Secretariats at length. Currently the Implementation WG Secretariats are housed and funded by the WHO whereas the New Tools WG Secretariats are supported by partner organizations. Some recommended that the WHO should not always assume the Secretariat role for the Implementation Groups but that the Secretariat rotates to other organizations within the WG. Other interviewees, however, mentioned that when managed by a non-WHO entity there is not the same level of legitimacy. The WHO, they noted, is necessary in the implementation process in order to engage with country level Ministries of Health where the WHO has a strong profile. While there were differences of opinion about where WG/SG Secretariats should be housed, there was consensus that WG/SGs do not function properly without dedicated Secretariat support. In order to validate these perceptions, there should be further investigation into this matter and potentially funds allocated to all WG/SGs for additional Secretariat support.

Conclusions

The findings demonstrate the frustration by all types of Stop TB participants about the current funding process. It is evident that greater transparency is necessary both from the WG/SGs and also on the part of the Stop TB Partnership Secretariat. In order to move to a more transparent and open process, more coordination is needed between the Stop TB Secretariat, the Coordinating Board and WG/SGs. Furthermore, there needs to be a review process which links WG/SG achievements to the allocation of funds.

4.5 Overall Coordination and Communication

Issue Summary

With hundreds of partners participating in the WG/SGs, effective communication is integral to the success of the partnership. This issue encompasses three types of communication: communication between WG/SGs, communication between the WG/SGs and the Coordinating Board and communication between the WG/SGs and the Partnership Secretariat. While certain mechanisms are enhancing communication and coordination (e.g., having each WG Chair on the Coordinating Board and the ACSM group ensuring that core members participate in relevant WG/SGs groups), communication is generally ad hoc. While there is acknowledgement that an overly formalized process may not be needed and could increase workloads, the lack of coordination between all WG/SGs has created confusion, overlapping activities, and the ineffective management of outcomes.

Documentation Review

Previous evaluations focused on communication between WG/SGs and highlighted that with 7 WGs and 25 SGs, there was often significant overlap in work. Therefore improved coordination and communication could both reduce duplication in work, but also lead to further efficiency through collaboration. Since many WG/SG members serve on more than one WG/SG, such individuals could play key roles in facilitating coordination. Furthermore, more regular updates and information sharing by WG/SGs and the Partnership Secretariat would help to improve both the frequency and quality of communication.

Survey Results

When asked to rate the communication between WG/SG, respondents noted that it was generally inadequate with 55 percent stating that it was “low” or “very low.” Only 9 percent characterized WG/SG communication as “frequent.” In general what communication exists appears to be between similar groups with little coordination between the New Tools Groups and Implementation Groups.

Some respondents emphasized the severity of the communication problem especially for SGs which often times are housed in one WG when their focus is applicable to multiple (e.g., PPM which is housed in DEWG). Others expressed frustration that little had changed following the McKinsey report, which also mentioned poor coordination between WG/SGs as a major issue impeding WG/SG progress. One respondent noted that communication between WG chairs was not sufficient. “At a high level, I'm aware that WG chairs speak to one another, but I think much more communications could be happening among the members of different WG/SGs. The Partners Forums³ are a completely ineffective way to stimulate dialogue between WGs.”

Recommendations about to improve WG/SG communication included the sharing of work plans between groups and assigning a liaison role for all major WGs. Another possible option (discussed in section 4.3) would involve the creation of regional networks where all members from a particular geographical region could meet to share experiences and hold an annual meeting on a key theme where interested partners could share their WG/SGs relevant activities.

WG/SG communication with the Coordinating Board was also ranked low with only 3.8 percent calling it “frequent.” Most notably in this case, a quarter of respondents simply “did not know”, presumably because they had not participated in such communication. **Respondents** suggested that communication was slightly more regular with the Partnership Secretariat with 15.6 percent calling it “frequent” and only 9.4 reporting it as “limited.” Again, however, 25.6 percent reported that they “did not know.” A summary of all responses is provided below.

Please rate the level of communication...

Answer Options	Between WG/SGs	Between WG/SGs & Coordinating Board	Between WG/SGs & Partnership Secretariat
Frequent	9.4%	3.8%	15.6%
Periodic	24.4%	25.6%	25.0%
Limited	33.8%	28.8%	24.4%
Very limited	20.6%	16.3%	9.4%
Do not know	11.9%	25.6%	25.6%

A member of one of the New Tools WGs felt the relationship between the Coordinating Board and his/her WG was particularly weak noting, “I have not been involved. My understanding is that currently communication between the New Tools WGs and the Coordinating Board and Partners Forum happens mainly as a by-product of the Working Group chairs being members of the Coordinating Board. Without this membership the link would be very tenuous.” Another member of a New Tools WG expressed similar frustrations. “The Coordinating Board agendas never include reports from the New Tools WG. There are many advances that need to be communicated and discussed for coordination in the future.” Some respondents characterized the lack of communication as being a key factor in the Coordinating Board undervaluing the contribution of the Working Groups.

Comments on the WG/SG relationship with the Partnership Secretariat covered a broad spectrum. Some described it as sufficient citing frequent updates and emails. Others, however, noted the lack of transparency in the Partnerships Secretariat’s actions and that as a WG/SG they did not have the funds to engage the Partnership Secretariat in any

³ According to the Stop TB website “The Partners' Forum is the assembly of the Stop TB Partnership and consists of an inclusive, consultative meeting of representatives of all the Partners. In addition, all who have an interest in helping to achieve the objectives of the Partnership are welcome to participate upon invitation of the Executive Secretary.”

meaningful way. One respondent noted that communication was largely focused on budgetary matters rather than substantive activities.

Interview Perspectives

While the issue of communication between WG/SGs was of greater importance to the survey respondents, for interviewees the lack of communication between the Coordinating Board and WGs and between the Secretariat and WGs was given much more emphasis. This difference might reflect the roles of many interviewees who tended to be WG/SG Chairs and Board members for which this communication is much more significant.

Communication between WG/SGs:

Interviewees generally felt that the large number of WG/SG made targeted communication and coordination difficult and ineffective. In the absence of reform to limit WG/SGs, some interviewees suggested that communication should remain ad hoc and not formalized. Interviewees emphasized that there are already too many emails being circulated among partners and that there needs to be a balance between keeping partners aware and overloading them with information.

Two interviewees suggested that WG/SG Secretariats could play a more active role in coordinating between WG/SGs. They recommended that instead of having different secretariats for each group, perhaps a few individuals (e.g., WHO staff) could serve as the secretariats for all groups in order to better coordinate communication.

A current example of good practice in communication is the HIV/TB WG which in 2006 started publishing a regular newsletter. More recently it has begun using Twitter and Facebook to communicate not just to other WGs but the broader public. Interviewees familiar with this example, however, highlighted the importance of fundraising in ensuring capacity to manage communication. The HIV-TB Secretariat obtained the funding from the Gates Foundation and now has both staff and US government support. Another example is the GLI WG which is represented on other WGs and also has other WGs represented in GLI to ensure coordination and non-duplication of roles and work.

WG and Secretariat:

WG interviewees felt that the Partnership Secretariat did not provide clear direction on the types of reporting information they should provide (i.e. information in its plans or annual reports). Interviewees were particularly frustrated given that they already provide significant information to the Secretariat but generally do not receive much in the way of feedback. A number of interviewees noted that communication between the Secretariat and WGs has worsened over the last year and that the Secretariat appears to be less transparent with its decisions than in the past.

Interviewees from both WG/SGs and the WHO itself stressed the importance of clarifying their relationship. There was a feeling that the WHO is wary of the WG/SGs contribution. One WHO representative reaffirmed this opinion and recommended that the WG/SGs be housed elsewhere (e.g., TB/HIV with the HIV community or another partner organization). One WG/SG member expressed additional concerns. For this interviewee, the primary concern was that the Stop TB Partnership was controlled by the WHO. This relationship led to ineffective funding and an inability to bring together innovative partnerships. The interviewee noted that WG/SGs need to be independent entities to be effective; otherwise they continue to deal with the same people and partners as normal WHO initiatives.

WG and Coordinating Board:

A number of interviewees emphasized the importance of improving WG presentations to the Coordinating Board. They noted that presentations have tended to merely outline WG/SGs activities of the previous year and instead felt that there should be greater focus on specific accomplishments, outcomes and responses to questions raised by the Board. At the same time, the Board needs to clarify and communicate its expectations of the WG/SGs. In particular, interviewees felt that the Board should take a lead on identifying content and frequency of reporting. In exchange, the WG/SGs would like to be allocated sufficient time at Board meetings to present. This point was made by a number of interviewees who claimed that the Coordinating Board did not provide all WGs with sufficient attention at Board meetings. There was a feeling that the Coordinating Board could be more inclusive of the WGs, for example, by allowing WG members to submit ideas for the Coordinating Board agenda.

Conclusions

The size of the Stop TB Partnership makes WG/SG coordination and communication difficult at all levels. In the absence of increased funding to strengthen capacity, WG/SGs need to take it upon themselves to identify individuals within their groups with particular skills and capacity for communication. Where distinct overlaps between WG/SGs exist, collaboration between groups should become more formalized, perhaps building on the experience of the GLI WG. With their oversight roles in the Partnership, it is the Coordinating Board and Partnership Secretariat's responsibility to ensure that WG/SGs build greater linkages. Additionally when asking for information from the WG/SGs, the Coordinating Board and Partnership Secretariat need to communicate specifically what is expected of all WG/SGs and to provide feedback when asked.

4.6 Accountability and Evaluation

Issue Summary

There is currently no formal process in place for reviewing WG/SG performance against agreed objectives. This has led to confusion within the Coordinating Board and Partnership Secretariat about WG/SG contributions to the overall Partnership. Introducing a more structured evaluation process would help to ensure that relevant WG/SGs are in place, funding is linked to tangible outcomes, and that the Coordinating Board and Partnership Secretariat are cognisant of WG/SG achievements and the challenges they face in achieving them.

Documentation Review

Previous WG studies emphasized the importance of evaluation in ensuring policies and guidelines are implemented, goals are achieved, and that WG/SGs should compile this information and communicate transparently its performance against goals. At the time of the 2008 McKinsey review, there was inconsistency between how individual WGs monitor progress and a need was identified for a system to ensure that the efficacy of WGs is monitored on a continual basis. In support of that goal, McKinsey recommended to that the Coordinating Board review the efficacy of the WG structure every three years. The recommendations also suggested that individual WGs should meet semi-annually with the WG sub-committee of the Coordinating Board for informal feedback and review with an annual final report on the state of WGs accomplishments made by the WG sub-committee to the entire board.

Survey Results

When asked to identify the main ways (no more than three) that WG/SGs currently evaluate progress, survey respondents provided the following answers.

Question 18: What are the main ways in which your working group (or sub-group) currently reviews & evaluates its progress? Select no more than three.

Answer Options	Response Percent	Response Count
Agenda item for discussion in meetings	54.1%	79
Surveys/questionnaires	26.0%	38
Report to the Partners Forum and/or Coordinating Board	33.6%	49
Annual review & report for internal use	38.4%	56
Annual review & report for external use	14.4%	21
Review by Stop TB Secretariat	18.5%	27
Independent external evaluation	8.2%	12
My working group (or sub-group) does	19.2%	28

not currently review & evaluate progress		
Other (please specify)	25	
<i>answered question 146</i>		

The survey results demonstrate that there is presently a wide range of review and evaluation processes used by WG/SGs. Critical is the fact that 19 percent of respondents suggested that WG/SGs have no formal evaluation process in place. Despite being required to submit end of year reports to the Stop TB Partnership Secretariat, only 18.5 percent indicated that the Partnership Secretariat played a role in their evaluation process. While respondent’s comments recognized the importance of evaluation, there were concerns about funding and increased work load for WG/SGs.

One respondent expressed his/her concern by saying, “We are receiving the guidelines regularly, but the heavy workload is a major constraint for replies and other actions which we are unable to do many times.” Another stated: “In the case of most implementation WGs, the end-results are part of the annual Global Report by WHO. I do not think there should be more work. WGs are a fora for discussion and consensus building and should not pretend to be more than that.”

Survey respondents were also asked which of the following resources would be necessary to improve evaluation:

- Additional funding
- Additional WHO/Stop TB staff time
- Training in review and evaluation
- Guidelines from the Stop TB Partnership Secretariat

Of the responses the majority (63 percent) chose funding, followed by guidelines (54 percent), training (46 percent) and more staff time (33 percent). While funding was identified as the most significant barrier, comments focused on the Stop TB Partnership Secretariat and the need for more specific and actionable guidelines on how to evaluate. A number of comments also expressed frustration with the question which they felt implied that evaluation needed improvement – a notion with which they disagreed.

Interview Perspectives

Generally there was inconsistency between interviewees’ perception of the reporting and evaluation process with some noting that they already provide significant information and others saying that the information is limited to solely a report of activity and nothing else. Broadly speaking there appeared to be confusion about where the accountabilities of WG/SGs actually lie. For example, are WG/SGs accountable to: the Stop TB Secretariat, the Coordinating Board and/or WHO? Or are they ultimately accountable to their membership?

WG/SG interviewees felt even when they did report outcomes and achievements that they had little knowledge about what the Stop TB Partnership did with the information. Some interviewees appeared to disagree with claims by the Coordinating Board and/or Partnership Secretariat that the WG/SGs are not transparent or accountable. Some of the WG/SG interviewees mentioned that they had requested time with the Coordinating Board multiple times without success. In that vein, some recommended that every WG/SG should be permitted a yearly presentation to Coordinating Board where they might receive feedback and gain buy-in for their efforts. This recommendation would also support improved communication and coordination between the two entities.

WG/SG interviewees suggested that they would be more likely to provide information if the outcomes of the process were known (e.g. if evaluation were linked to funding). In order to balance the autonomy of WG/SGs with guidance from the Stop TB Secretariat and Coordinating Board, it will be important that evaluation is conducted collaboratively by all three entities with the WG/SGs being responsible for gathering the information, the Partnership Secretariat managing the process and the Coordinating Board reviewing the results.

There was general consensus that evaluation should play a greater role in the establishment and closure of WGs and SGs and that the Coordinating Board should set up time-bound measures including performance goals to evaluate

whether a WG or task force has accomplished its intended goals. Interviewees, however, recognized that a framework like this would require that all WG/SGs have concrete goals and targets, which as noted in 4.1 is not currently the case.

Conclusions

Evaluation is critical to ensuring that WG/SG goals are achieved but also in determining the value of and need for certain WG/SGs. In the current context, where questions are being raised about the role of WG/SGs within the Stop TB Partnership, evaluation is a critical tool for the Coordinating Board and Partnership Secretariat to assess progress but also to encourage WG/SGs to reflect on their group's strategy, goals and challenges. Implementation of such a system, however, would require significant financial and human resources. Therefore before implementing a more elaborate evaluation system, the Partnership Secretariat must ensure that WG/SGs have the resources available to undertake appropriate evaluations of their work but equally that both the Secretariat and the Coordinating Board are committed to reviewing and responding to reports received from WG/SGs. In a partnering context, a commitment to mutual accountability by all partners helps to produce results that one partner working alone could not achieve.

4.7 Structure and Organization of Working Groups

Issue Summary

The current structure and organization of the WG/SGs does not meet the needs of the Stop TB Partnership nor its response to the TB epidemic as a whole. The current WG/SG structure is simultaneously too rigid in that it does not readily enable WGs to evolve to reflect current TB needs, but also too flexible in that the lack of formal processes for the establishment of new SGs has led to a proliferation of groups, considerable overlap and diffused funding.

By reconfiguring the current WG/SG infrastructure and with the active engagement of all relevant partners, there should be greater potential for the Stop TB Partnership to deliver new, expanded and improved programmes and projects. Ultimately this would enable a more effective and ultimately impactful Stop TB Partnership to emerge.

Documentation Review

The 2008 McKinsey review recommended that the WG/SG structure be reviewed against the current Stop TB Partnership strategy and priorities. It made several specific recommendations related to WG/SG composition. First and foremost WG/SGs should be reduced to 7-8 groups with a fixed duration of 3 years after which they would be evaluated for efficacy and depending on the outcomes either renewed or disbanded. The World Bank report from 2009 echoed these feelings by arguing that the Stop TB Partnership should align the WG/SG structure with the activities that the Partnership needs. To that end a more focused review of the WG/SGs and their efficacy was deemed to be necessary.

Survey Results

The issue of WG/SG structure and organisation has been an overarching theme of the current study and is closely linked to many the key issues already discussed above. Survey respondents offered a number of specific comments about the need for WG/SG reform. Respondents provided perspectives on the WG/SG organizational structure throughout the survey in order to address issues such as communication, capacity, funding, and efficacy.

Survey respondents identified a number of specific examples of where reducing the number of WG/SGs would be beneficial to the Stop TB Partnership as a whole. These included WG/SG funding with a reduction in groups helping to streamline budgets and provide remaining WG/SGs with the resources necessary to achieve significant outcomes. A smaller number of WGs would also potentially improve communication, reduce redundancies in work and offer more opportunities for WG/SGs to collaborate.

Interview Perspectives

WG/SG partners, Coordinating Board members and Partnership Secretariat staff all have opinions about how to improve the WG/SG infrastructure. While there are some common themes, there is also recognition of the

differences and a sense that political considerations (i.e., the power and influence specific partners and WG/SG agendas) will make any change in the structure, difficult to implement and sustain.

One of the most commonly mentioned options was to reconfigure the current seven WGs into two 'super' working groups as follows:

- **Implementation WG:** Includes the DEWG, MDR-TB WG, and TB/HIV WGs which focus on the delivery of TB care and treatment.
- **Research WG:** Encompasses all New Tools Working Groups, who are concerned with the broad research and development agenda for TB.

Those opposed to such an option argued that something similar had been previously attempted when there was discussion about merging DEWG, MDR-TB and HIV/TB. Whereas the first two of these WGs were in favour, HIV/TB felt that they might lose the participation of the HIV community as a result. There was general consensus among respondents from the New Tools Groups that a merger of the three WGs concerned with new diagnostics, drugs and vaccines into one research group would not be beneficial. These three WGs are all well-established as individual groups and thus interviewees felt that creating a Research WG would not add any real value. There was a feeling that the three New Tools WG secretariats already work closely together and the creation of a larger research WG would merely add additional layers of bureaucracy in the form of reporting structures and cost.

Another recommendation made by a few interviewees was to reorganize the current 7 working groups into 4 new WGs which would be focussed on approaches to and elements of addressing TB as opposed to the specific patient categories as they are currently organized, for example within the implementation groups. Specifically, one interviewee identified the following four possible categories for new WGs:

- Health Systems Strengthening
- Empowering TB Patients and Communities
- Engaging all TB Health Care Providers
- TB Research and Development

In this instance, not all current WG/SGs would fit neatly into each group and a full reorganization of WG compositions would be necessary. While it is likely that the New Tools WG would form the bulk of TB Research and Development group, members from DEWG, MDR-TB, and HIV/TB would likely to be dispersed between the others. For example, some partners from MDR-TB, depending on their interest and expertise might join one of the new WGs. The patient categories like MDR-TB, TB/HIV and Childhood TB would crosscut all groups thereby being only one element but not necessarily the focus of the new WGs.

As noted in earlier sections, many interviewees discussed the potential to create more regionally focused WG/SGs as the TB issues differ drastically in different regions of the world. Some of the interviewees noted that this might address funding and participation challenges for community members who are currently unable to attend Geneva-based meetings. The formation of regional WG/SGs might also enable the Partnership to mobilize new and additional regional sources of funding.

In particular, the DEWG group was identified as an example of why it is important to evaluate and update the WGs. While the WG was noted by numerous interviewees as being integral to the acceptance and use of DOTS as a global TB treatment, its very success indicates the need to 'sunset' the WG. Partners of the DEWG WG and outsiders alike shared this feeling. Given that the WG has a long-standing and engaged membership, some noted that it might be appropriate to refocus it on something more relevant to the current TB climate (where DOTS is used almost universally). Suggestions included shifting the focus to structural issues impeding access or availability or potentially looking into quality of care.

Similar points were made about the MDR-TB WG. It was originally developed to increase awareness of MDR-TB. Today, the issue is much more well-known and therefore some interviewees felt that the group should evolve and focus on different elements. The examples of the DEWG and the MDR-TB WG highlight the point made by a number of interviewees that WGs need to be more flexible to the evolving nature of the TB epidemic. Interviewees recommended a mapping exercise that would examine areas of the Stop TB Plan and then identify which of the

WG/SGs would be best placed to deliver results. Similarly to the McKinsey recommendations, some interviewees suggested that such an exercise could be performed every few years to ensure the relevancy of the WG/SGs.

There was a general consensus that regardless of what happened to the WGs, the SG structure needed extensive change. Interviewees noted a number of issues with the current system.

There is currently no formal process for establishing a SG. This has led to a proliferation of SGs without buy in from the Partnership Secretariat or the Coordinating Board. This has resulted in a lack of funding and Secretariat support, and thus inefficiencies in how some of the SGs currently operate. Furthermore, due to a lack of communication between WGs, there is often significant overlap between the SGs leading to redundancies in work-load and inefficiencies in budget spend.

To remedy the current situation, some of those interviewed offered suggestions for the way forward, for example:

- Implement a more formal process for setting up new Subgroups
- Ensure that all SGs are time limited
- Focus on one issue or challenge as identified by the related WG
- Introduce a formal review process to ensure greater SG accountability

To support the notion of more time-limited, project based SGs, some suggested that the name be changed from 'Subgroup' to 'Task Force'. This would suggest that SGs would be expected to deliver desired results and then be disbanded when their tasks are completed.

The aforementioned views of interviewees focused on the current SG structure whereby SGs are an element of a specific WG. A number of interviewees expressed interest in changing the current structure to one whereby SGs become cross-cutting entities as opposed to being linked to an individual WG. Interviewees used the example of the ACSM and PPM subgroups that are currently housed in the DEWG, but in reality are relevant to the work of all WGs. A more radical suggestion was to do away with WG/SG structure completely and have the Coordinating Board establish task-focused groups that would have limited timeframes, specific resources and deliverables, and then disbanded when their tasks are achieved.

Conclusions

It is clear from both the interviews and the survey results that the Coordinating Board, Partnership Secretariat and many WG/SG members acknowledge the need for reform of the current WG/SG structure and a reconsideration of the number of groups required. In addition, there is consensus of the need for a more streamlined process to identify and re-evaluate the TB-related issues that each new group would address. Although a number of options exist as to how the WG/SG structure should be reformed, any change process must ensure that Stop TB partners continue to respond to the needs of the both the Partnership as a whole and the global TB epidemic more broadly.

5. Overall Conclusions and Recommendations

1. The goals of the Working Groups and Subgroups should be more results oriented and strategically aligned with the Global Plan to Stop TB.

Recommendation: Make the identification of goals and KPIs a requirement for all working group funding received from the Stop TB Partnership. Goals and KPIs should focus on specific, and achievable outcomes that each working group aims to achieve rather than a list of planned activities.

2. There is a need for greater geographic and sectoral diversity of partners across all Working Groups & Subgroups, with particular attention to mobilizing and engaging community organizations.

Recommendation: Broaden current advocacy training to include all interested Community Task Force members across all working groups

Recommendation: Introduce annual membership reviews to enhance the diversity of partner representation in all working groups and subgroups

3. The roles and responsibilities of Stop TB partners in the Working Groups and Subgroups need to be more explicitly and clearly articulated, documented and reviewed.

Recommendation: Membership guidelines should be developed by each core team/group in consultation with the Coordinating Board. Guidelines would provide a framework for partners to agree to specific time and resource commitments to their working groups and subgroups. Such agreements would also offer a basis for a more transparent and measurable accountability framework for all partners.

4. The existing process for budget allocation to Working Groups and Subgroups is unsatisfactory and lacks transparency.

Recommendation: Strengthen planning, coordination and timely access to information about funding and budgets between the Stop TB Secretariat, the Coordinating Board and the working groups/subgroups. This would enable all working groups/subgroups to anticipate funding shortfalls and plan for external resource mobilization as required.

Recommendation: Introduce an annual budget review process that links budget allocation to goals and KPIs as jointly identified by each working group and the Coordinating Board.

5.5 The extent and nature of current coordination and communication between the Partnership Secretariat, Coordinating Board and the Working Groups/Subgroups are both inadequate and unbalanced.

Recommendation: Offer all working groups and subgroups the opportunity to make a formal annual presentation to the Coordinating Board and receive official feedback.

Recommendation: Develop an online platform where all Stop TB Partnership documents (including relevant workplans) are stored and made readily available to all partners.

Recommendation: Encourage all working groups and subgroups to identify individuals and organizations within their groups with particular skills and capacity for communication.

Recommendation: Explore the value of more formal collaboration between working groups and subgroups with reference to the experience of the Global Laboratory Initiative.

6. Regular monitoring and evaluation of Working Groups and Subgroups activities is needed to strengthen accountability to all relevant Stop TB stakeholders and to determine their ongoing value to the Partnership.

Recommendation: Encourage all working groups and subgroups to reflect and report annually on their strategy, goals and achievements and ensure that all such reports receive formal feedback from the Stop TB Secretariat and the Coordinating Board.

Recommendation: Develop and implement a more elaborate monitoring and evaluation system for working groups and subgroups. The Partnership Secretariat and the working groups/subgroups should allocate and/or mobilize the necessary resources to undertake appropriate group assessments.

7. Reform of the current Working Group structure is required to ensure the future success of the Stop TB Partnership. This should include a reconsideration of the number of groups and agreement on a process to identify and re-evaluate the TB-related issues that each new group would address.

Recommendation: The current infrastructure of the Working Groups and Subgroups could be reconfigured as follows:

Option #1:

Maintain the current number of working groups but reevaluate and realign each group's focus to be more relevant to current TB issues and needs. For example, the DEWG may decide to focus more specifically on treatment quality rather than quantity given that DOTS is now the universally accepted treatment method.

Disband the current subgroup structure and replace it with a more formalized and accountable task force system. Task forces would become a key element of the WG planning process and be included in workplans submitted to the Coordinating Board annually for approval. As part of the workplan, each WG would establish the task forces required to meet the group's goals. In doing so each WG would need to demonstrate there are sufficient partners committed to working on the task force, articulate desired outcomes, budget needed, how they plan to measure impact, and identify the connection the Global Plan. Under this option, the Coordinating Board would approve the establishment of task forces and their workplans. On an annual basis, task force

representatives would report to the Coordinating Board which would then assesses whether each task force's mandate be extended or not.

Option #2;

Reduce the current number of working groups to two: one for implementation and one for research with more structured subgroups paralleling some of the current working groups and subgroups. In this option, each WG core team/group would assume greater responsibility and would act as the intermediary between the Coordinating Board and the WG/SGs. Core teams/groups would disseminate funding to the subgroups through an application and assessment system similar to the one outlined above for task forces. However, in this option the core teams/groups would play a more prominent role in the approval and review process.

Option #3:

Reduce the number of working groups to three or four which are more focused on specific issues in current TB research and implementation. In this option, the new working groups would be oriented around the needs of key types of patients (i.e. childhood TB, MDR-TB, TB/HIV) as well as the processes needed to ensure adequate care and delivery. For example, the WGs could be reorganized as follows: Empowering TB Patients and Communities; Engaging all TB Healthcare Providers; TB Research and Development; and Health System Strengthening. In this option, coordination and collaboration between WGs would be integral and could potentially encourage the development of cross-cutting subgroups (i.e. key members from across WGs partnering to meet the needs of specific types of patients). In this option, the subgroups would be accountable to the Board and would follow a similar application and assessment process as outlined in Option #1.

6. Annex

6.1 Stop TB Working Group Evaluation Online Survey Questions

1. Your Details (optional):

Name:

Organization:

Title:

2. Your Organization Type:

- Academic / Research Institution
- Foundation
- Governmental Organization
- Multilateral Organization
- NGO
- Patient Organization
- Private Sector
- Other (Please Specify)

3. Please indicate which working group you most actively participate in (select one only):

- DOTS Expansion
- TB/HIV
- MDR-TB
- Global Laboratory Initiative
- New TB Diagnostics
- New TB Drugs
- New TB Vaccines

4. Please indicate the sub-groups and/or task forces in which you participate (tick all that apply):

- DOTS Expansion: Advocacy, Communication & Social Mobilization (ACSM)
- DOTS Expansion: Childhood TB
- DOTS Expansion: Human Resource Development (HRD)
- DOTS Expansion: Public Private Mix (PPM)
- DOTS Expansion: TB & Poverty
- TB/HIV: Infection Control
- MDR-TB: Global Green Light Committee (gGLC)
- MDR-TB: Research
- Global Laboratory Initiative: TB Supranational Reference Laboratory Network
- New TB Diagnostics: Drug Susceptibility
- New TB Diagnostics: Diagnostics for Latent TB infection
- New TB Diagnostics: Point-of-Care diagnostics for TB
- New TB Diagnostics: Evidence Synthesis and Policy
- New TB Diagnostics: Community, Poverty & Advocacy
- New TB Diagnostics: Paediatric TB
- New TB Drugs: Biology Targets
- New TB Drugs: Candidates
- New TB Drugs: Critical Knowledge and Tools

- New TB Drugs: Clinical Trials Capacity
- New TB Vaccines: Harmonization of Assays for TB Vaccine Development Task Force
- New TB Vaccines: Clinical Research Issues in TB Vaccine Development Task Force
- New TB Vaccines: New Approaches to TB Vaccine Development Task Force
- New TB Vaccines: Economics and Product Profiles for new TB Vaccines Task Force
- New TB Vaccines: Advocacy, Communications and Social Mobilization Task Force
- I do not participate in any sub-group

5. To what extent do you understand the goals of the working group (or subgroup) in which you participate? Refer to the WG websites if unfamiliar with goals.

- Full Understand
- More or less understand
- Vaguely understand
- Not at all

6. To what extent do you think the goals of your working group (or subgroup) are appropriately defined? Refer to the WG websites if unfamiliar with goals.

- Well-defined
- Something defined
- Vaguely defined
- Undefined
- Do not know

7. The objectives of the Global Plan to Stop TB are to:

- **Achieve universal access to high-quality care for all people with TB**
- **Reduce the human suffering and socioeconomic burden associated with TB**
- **Protect vulnerable populations from TB, TB/HIV and drug-resistant TB**
- **Support development of new tools and enable their timely and effective use**
- **Protect and promote human rights in TB prevention, care and control**

To what extent is your working group (or sub-group) helping to achieve these objectives?

- Not at all
- To a small extent
- To some extent
- To a moderate extent
- To a great extent
- To a very great extent

8. To what extent are partner roles & responsibilities clearly defined in your working group (or subgroup)?

- Not at all
- To a small extent
- To some extent
- To a moderate extent
- To a great extent
- To a very great extent

9. How frequently does your working group (or subgroup meet (both in person or via teleconference)?

- Much too often
- A little too often
- Just about right
- Not often enough
- Hardly at all

10. Which of the following aspects of your meetings need improvement? (select all that apply)

- Agenda setting
- Facilitation & process
- Partner attendance and participation
- Documenting and distributing minutes and action points

11. How would you characterize the representation from the following organizations in your working group (or subgroup)?

	Over-represented	Well-represented	Under-represented	Not represented
Academic / Research Institution				
Foundation				
Governmental Organization				
Multilateral Organization				
NGO				
Partnership				
Patient Organization				
Private Sector				

12. To what extent are you aware of the actual distribution of funds amongst different working groups?

- Not at all
- To a small extent
- To some extent
- To a moderate extent
- To a great extent
- To a very great extent

13. How satisfied are you with the current distribution of funds among working groups?

- Extremely dissatisfied
- Dissatisfied
- Moderately satisfied
- Extremely satisfied

14. Please rate current levels of communication between working groups.

- Frequent
- Periodic
- Limited
- Very limited
- Do not know

15. What three recommendations would you give to improve communication between working groups?

16. Please describe the current levels of communication between working groups and the Partners Forum and/or Coordinating Board?

- Frequent
- Periodic
- Limited
- Very limited
- Do not know

17. Please describe the current level of communication between working groups and the Stop TB Partnership's Secretariat.

- Frequent
- Periodic
- Limited
- Very limited
- Do not know

18. What are the main ways in which your working group (or subgroup) currently reviews and evaluates its progress? Select no more than three.

- Agenda item for discussion in meetings
- Surveys/questionnaires
- Report to the Partners Forum and/or Coordinating Board
- Annual review and report for internal use
- Annual review and report for external use
- Review by Stop TB Secretariat
- Independent external evaluation
- My working group (or subgroup) does not currently review and evaluate progress

19. What additional resources or support would you need in order to improve review and evaluation of your working group (or subgroup)?

- Additional funding
- Additional WHO/Stop TB staff time
- Training in review and evaluation

- Guidelines from the Stop TB Partnership Secretariat

20. What three recommendations would you make to improve the overall efficiency and effectiveness of working groups (and subgroups)?

6.2 Stop TB Specialists or Board Members: Interview Guide

Project Overview:

- The overall objective of the consultancy is: to review the governance and management of the Working Groups and present three options for refining the Working Group structure, including the development of Key Performance Indicators (KPIs) for each group linked to budget allocation. The range of options for refining the structure of the Working Groups will need to take account of efficiency, affordability, value for money, results and measurable impact.
- The interview will be used in conjunction with the online survey and these questions are designed to elaborate on some of the key themes that have been identified from preliminary survey results as well as a review of past Stop TB Partnership evaluations
- Each interview will be no longer than 30 minutes. Notes will be taken but there be no attribution of views in the final report, unless the interviewee has granted explicit permission for his/her views to be explicitly identified.
- Not all of the questions will be relevant to all interviewees due to varying levels of working group engagement and knowledge.

Introduction:

- Explain your individual/organizational role in the Stop TB Partnership.
- And how you currently relate to or interact with the working groups / subgroups?

Goals:

- To what extent do you feel that the working groups / sub-groups deliver upon the goals of the Global Plan to Stop TB?
- Do you have any suggestions for how better to align working group / sub-group activities with the broader goals of Stop TB?

Outcomes:

- In the next 3 years, what kinds of results would you like to see the working groups / sub-groups achieve (please be very specific)?
- What are the main barriers or challenges that might prevent the working groups / sub-groups delivering these results?
- From what you know of the working groups, how do they evaluate progress, achievements and results? Is this helpful for you in assessing their performance?

Partners, Roles and Responsibilities:

- The majority of the Stop TB partners are members from international NGOs. Are there specific ways that working groups could engage a greater variety of partners/members (e.g., locally-based organizations, private sector, patient groups)?
- The online survey noted that some members of working groups are under utilised. How could the working groups strengthen the participation of their non-core members?

Resources and Capacity:

- Concerns have been raised in the survey that working groups / subgroups do not have sufficient resources to carry out their activities.
- What is your understanding of how resources are currently allocated to the working groups / subgroups? Do you have any specific suggestions about how WG resource mobilization and allocation could be improved?
- What are the possibilities/opportunities for WGs to mobilize financial resources, beyond what is currently made available by the Partnership?

Working Group Structure

- Do you think that the current set of Working Groups and Subgroups meets the needs of the Global Plan to Stop TB?
 - Which, if any, groups would you say are currently missing?
 - Which, if any, groups are redundant and/or might be merged with other groups?
 - Which, if any, groups are no longer needed to meet the needs of the Global Plan to Stop TB?
- What criteria would you suggest when deciding whether a working group / subgroup had completed its task and subsequently should be closed?
- What criteria would you suggest be used to determine if a new working group / subgroup should be established or if an existing group should continue?

Communication / Coordination:

- What do you see as the main barriers to communication / coordination between the working groups / subgroups and the Secretariat / Coordinating Board?
- What specific role(s) could the Coordinating Board play in facilitating inter- group communication (given that the Board has representatives from all groups)?

Any other comments?

6.3 Stop TB Working Group Members: Interview Guide

Project Overview:

- The overall objective of the consultancy is: to review the governance and management of the Working Groups and present three options for refining the Working Group structure, including the development of Key Performance Indicators (KPIs) for each group linked to budget allocation. The range of options for refining the structure of the Working Groups will need to take account of efficiency, affordability, value for money, results and measurable impact.
- The interview will be used in conjunction with the online survey and these questions are designed to elaborate on some of the key themes that have been identified from preliminary survey results as well as a review of past Stop TB Partnership evaluations
- Each interview will be no longer than 30 minutes. Notes will be taken but there be no attribution of views in the final report, unless the interviewee has granted explicit permission for his/her views to be explicitly identified.
- Not all of the questions will be relevant to all interviewees due to varying levels of working group engagement and knowledge.

Introduction:

- Explain your individual/organizational role in the Stop TB Partnership and the working groups/subgroups you are affiliated with?

Purpose:

- What is the purpose or mission of your working (or sub) group?

Goals:

- What are the goals of your working (or sub) group and how do they relate to goals of the Global Plan to Stop TB? How are the goals determined?
- To what extent do you feel that your working (or sub) group delivers upon the goals of the Global Plan to Stop TB (in the context of the work of the Stop TB partnership)?
- In your opinion, what should be the goals of the working (or sub) groups?

Outcomes:

- What have been the main achievements of your working group / sub-group over the past 3 years?
- How does your working group evaluate your progress, achievements and results? What specific methods or tools do you use?
- In the next 3 years, what would your working group / sub-group like to achieve (please be very specific)? How were these outcomes selected as your top priorities?
- Does your working group / sub-group have a clearly defined work plan to meet its goals? How is the work plan developed and how often is it reviewed?
- What are the main barriers or challenges that you face in getting there?

Partners, Roles and Responsibilities:

- Local NGOs and the private sector representatives were noted in the online survey as being under-represented. How might your working group / subgroup engage these actors more actively?
- How would you characterise the current level of engagement of core-group members and of all members in your working group? How might general (non-core) members of working groups be more actively engaged or utilised?

Resources and Capacity:

- To what extent does your working group / sub group seek the support of the Stop TB Secretariat to help achieve your goals?
- If you were provided with more financial resources, what would you use them for?
- Are there any ways that your group might reduce its current expenditures?
- What are the possibilities/opportunities for your working group to mobilize financial resources, beyond what is currently made available by the Partnership?

Working Group Structure:

- Do you think that the current set of Working Groups and Subgroups meets the needs of the Global Plan to Stop TB?
 - Which, if any, groups would you say are currently missing?
 - Which, if any, groups are redundant and/or might be merged with other groups?
 - Which, if any, groups are no longer needed to meet the needs of the Global Plan to Stop TB?
- What criteria would you suggest when deciding whether a working group / subgroup had completed its task and subsequently should be closed?
- What criteria would you suggest be used to determine if a new working group / subgroup should be established or if an existing group should continue?

Meetings:

- Tell us about your current working group / subgroup meetings.
- Tell us about your core-group meetings.
- What specific suggestions would you have to enhance general member and core-group member participation and engagement in working group / subgroup meetings? And on an ongoing basis between meetings?

Communication/Coordination:

- What do you see as the main barriers to communication / coordination
 - Between working groups / subgroups?
 - Between the working groups / subgroups and the Secretariat / Coordinating Board?
 - Between core-groups and general membership
- What concrete suggestions do you have for overcoming these barriers/challenges?

Any other comments**6.4 Interview List**

Name	Title and Affiliation	Working Group
Michael Greco	Vaccine Expert: France	Chair, New Vaccines
Mike Brennan	Senior Advisor, Global Affairs Aeras Global Vaccine Foundation	New TB Vaccines
Jelle Thole	Director Tuberculosis Vaccine Initiative	New TB Vaccines
Salmaan Keshavjee	Partners in Health	MDR-TB Working Group Member
Paula Fujiwara	The Union, Department of HIV	TB-HIV
Jeremiah Chakaya	Kenya Medical Research Institute	Chair, DEWG
Aamir Khan	Indus Hospital, Pakistan	Chair MDR-TB
Malgosia Grzemska	WHO Stop TB Department	Secretariat, DEWG
Ernesto Jaramillo	WHO Stop TB Department	Secretariat, MDR-TB
Rifat Atun	Director of Strategy, Performance and Evaluation Cluster at the Global Fund to Fight AIDS, Tuberculosis and Malaria	Chair Stop TB Partnership Coordinating Board

Blessi Kumar	Rahein	Vice-Chair Stop TB Partnership Coordinating Board
Lucica Ditiu		Executive Secretary Stop TB Partnership
Mario Raviglione	Director WHO Stop TB Dept	
Peter Gondrie	KNCV TB Foundation	Board Member
Suvanand Sahu	Stop TB Partnership	
Christian Lienhardt	Stop TB Partnership	
Nichola Cadge	DfID, Health Advisor	Board Member
Sara Nicholls	CIDA	Board Member
Mohamed Aziz	WHO EMRO	
Netty Kamp	KNCV TB Foudnation	Chair ACSM Subgroup
Diane Havlir	University of California	Chair, TB/HIV
Paul Thorn	UK/TB Survival Project	Vice-Chair, MDR-TB
Richard O'Brien	Foundation for New Innovative Dew Diagnostics	Chair, Global Lab Initiative
Karin Weyer	WHO Stop TB Department	Secretariat, Global Lab Initiative
Madhukar Pai	McGill University, Canada	Former Co-Chair New TB Diagnostics
Barbara Laughon	Office of the Director, Division of Microbiology and Infectious Diseases at the National Institute of Allergy & Infectious Diseases (NIH/NIAD)	Co-Chair New TB Drugs
Luis Cuevas	Liverpool School of Tropical Medicine	Childhood TB Subgroup

Lee Reichman	New Jersey Medical School Global Tuberculosis Institute	DEWG Member
Amy Bloom	USAID	TB/HIV Member
Jacob Kayombo	lead researcher for Public Health Watch's TB/HIV Monitoring and Advocacy Project at VUKA Tanzania	DEWG Community Representative
Gracia Violeta Ross Quiroga	Bolivian HIV Activist	TB/HIV Community Representative
Robert Nakibumba	Public Health Communications Consultant	New Vaccines Community Representative
Philip Hopewell	University of California, San Francisco	Chair, PPM
Kefas Samson		NTP Swaziland
Darivianca Laloo	Partnership for TB Care and Control India	ACSM SG Member
Dermot Maher	Global Fund	DEWG Member
Sai Pothapregad	Global Fund	
Draurio Barreira		NTP Brazil
Ibu Dyah		NTP Indonesia
Jaap Broekmans	Former Executive Director KNCV	Stop TB Partnership Founder

6.5 Working Group and Sub-Group List

Implementation Groups	DOTS Expansion	Advocacy, Communication and Social Mobilisation (ACSM)
		Childhood TB
		Human Resources for TB (HRD-TB)
		Introduction to New Tools (INAT)
		Public Private Mix (PPM)
		TB and Poverty
	TB/HIV	Infection Control

	Multi-Drug Resistant TB (MDR-TB)	Green Light Committee Research Drug Management (inactive)
	Global Lab Initiative (GLI)	TB Supranational Lab Network 4 Technical Working Groups
New Tools Groups	New TB Diagnostics	Drug Susceptibility Testing Diagnostics for Latent TB Infection Point-of-care Diagnostics Evidence Synthesis and Policy Community, Poverty and Advocacy Diagnostics and Pediatric Care
	New TB Drugs	Biology Targets Candidate Critical Knowledge and Tools Clinical Trials Capacity
	New TB Vaccines	Harmonisation of Assays for Vaccines Clinical Research Issues in TB Vaccine Development New Approaches to TB Vaccines Economics and Product Profiles for New Vaccines Advocacy, Communication and Social Mobilization

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