
Transition Plan for the Implementation of the New Framework to Support Scale Up to Universal Access to DR-TB Management April-June 2011

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Rationale for the New Global Framework

- Very few MDR-TB patients on treatment
 - Only 11% of people with MDR receiving *any* treatment
 - Less than 3% of people receiving care of known quality
- Revision of the global framework was urgently required

‘Shift from a controlling to a supporting mode’

Three Task Forces:

- I. Provision of technical assistance
- II. Availability of quality assured second-line TB drugs (SLDs)
- III. Monitoring and evaluation, and the governance structure for MDR-TB management scale-up

Coordinating Board Request - November 2010

- A detailed transition plan:
 - Resources needed for implementation (Paul Nunn)
 - Management of technical assistance & drug procurement
 - Roles and responsibilities of the TBTEAM, WHO, Stop TB Partnership secretariat, donors, countries, etc
 - Oversight of the proposed functions by WHO and CB

Timeline to New Framework & Transition Plan

- Stakeholder's Retreat Oct 2009
Feb 2010
- Task Forces start work
- Stakeholder's Meeting Feb 2011
- Transition Plan Meeting Mar 2011

Goal: Universal Access to DR-TB Management by 2015

1. Increased level of technical support to countries
2. Increased access to high-quality, affordable SLDs
3. Strengthened advocacy
4. Regular monitoring and evaluation of country performance
5. Regular updating of international policy and guidelines
6. Provision of advice to funding agencies upon their request

3.1. Global GLC Committee (gGLC)

Global level strategic gGLC with dual role of advising Stop TB Partners and WHO.

1. a sub-group of the MDR-TB working group of the Stop TB Partnership and
 2. an advisory committee to WHO and Partners
- Members appointed in individual capacity
 - All relevant technical areas, constituencies and regions are represented

3.2. Regional GLC Committee (rGLC)

Regional advisory committee with dual role of advising Stop TB Partners and WHO Regional Offices to guide countries on scale-up

1. Phased decentralization to regions (3 in Year 1)
2. All relevant technical areas and constituencies represented
3. Composition should reflect the different needs of the respective region

3.3 Conflict of Interest

3.4 Compensation

3.3 Management of Conflicts of Interest

Transparency applied to all processes

3.4 Compensation for GLC members

Honorarium

3.5. Reporting Structures & Accountability

In its role as sub-group of the MDR-TB Working Group, the Global GLC will report and be accountable to the Executive Secretary of the STP through the Chair of the MDR-TB Working Group.

In its role as a WHO advisory committee the Global GLC will report and be accountable to the Director of the STOP TB department

4. Action Points for Transition Period

- 4.1 Increase technical assistance to countries
- 4.2 Increase access to high-quality, affordable, second line anti-TB medicines
- 4.3 Planning, monitoring and evaluation
- 4.4 Relationships with funding agencies & countries
- 4.5 Governance of new framework
- 4.6 Strengthened advocacy
- 4.7 Up-date evidence base, and WHO policy and guidelines relating to PMDT

4.2 Actions for Increased Access to SLDs via GDF

1. Support direct procurement of quality-assured SLDs from GDF
2. Conduct situational analysis of SLD status in all MDR-TB high-burden countries
3. Implement new forecasting tools
4. Propose regional-specific strategies for access to quality assured SLDs

4.3 – 4.6 Monitoring/Relationships/Advocacy

1. Further define indicators for monitoring & evaluation
2. Unified PMDT data collection via gGLC/rGLC Secretariats
3. Expanded organization of monitoring missions
4. Training of Regional GLC members
5. Define implications of new framework on existing LoA/MoU (WHO STB and STP [GDF], WHO STB and STP, and GF, May 2011)
6. Provision of TA to GF applicants earlier in the GF process
7. Identify advocacy priorities with partners and develop a comprehensive strategy to support scale-up

4.8 Communication of Transition Plan

APRIL	MAY	JUNE/EARLY JULY
<ul style="list-style-type: none"> • Coordinating Board decision points incorporated into the transition plan, budget and the terms of reference for the GLCs. • Review implications on existing MoUs (WHO on behalf of the STP) and LoA (GDF) with partners. • Invite nominations from individuals wishing to serve on gGLC/rGLCs. 	<ul style="list-style-type: none"> • Information to be widely distributed on the formation of the Global and Regional GLCs, the respective Secretariats and the processes. • An advocacy document on MDR-TB and a concept paper on the humanitarian appeal for greater access to second-line drugs will be distributed early in the month. 	<ul style="list-style-type: none"> • The Global and Regional GLCs, and their respective Secretariats will be operational • Information provided to countries and stakeholders that the system will be live on July 1. • See Section 5 for action points from July onwards

Core Group: Considerations for the Coordinating Board

The document shared with the Board was the product of a number of meetings and conversations and is supported by the Core Group.

Two inputs for affirmation by the Board .

1. For affirmation by the Board

1. That the modus operandi of the Core Group be reconstructed to include:
 - Governance of the relation with and coordination of other WGs supporting scale-up and other partners who want to be involved;
 - Integration of the functions of the MDR-TB subgroups into a coherent set of activities that advance the goals of the partnership;
 - Complement technical functions of the gGLC with strategic activities based on information from partners and lessons from the field;
 - Adequate resources to support the core group activities.

2. For affirmation by the Board

2. gGLC membership will be selected by a committee jointly convened by the Stop TB Partnership, the Stop TB Department, and the Core Group of the MDR-TB Working Group

Request for Endorsement

- Approve the transition plan and allow the Partnership to proceed with implementation
- Affirm the 2 inputs of the Core Group

**Table 1. Estimated costs for Year 1
April 2011 - March 2012 (in USD \$)**

INCREASED TECHNICAL ASSISTANCE	INCREASED ACCESS TO HIGH QUALITY, AFFORDABLE, SECOND LINE ANTI- TB MEDICINES	STRENGTHENE D ADVOCACY	GOVERNANCE OF NEW FRAMEWORK				TOTAL ^B
			GLOBAL GLC		REGIONAL GLC (3 REGIONS - AMRO, EURO, WPRO)		
			ACTIVITIES	SALARIES	ACTIVITIES	SALARIES	
17,570,000	3,073,000	282,000	127,000	1,049,000	346,000	671,500	\$23,118,500

a. INCLUDES ESTABLISHMENT OF IN-COUNTRY TB ADVISOR(S) POSITIONS, TRAINING COURSES, SUPPORT FOR NATIONAL TECHNICAL ASSISTANCE CENTRES, AND GLC MONITORING AND TECHNICAL ASSISTANCE MISSIONS.

B. TOTAL FIGURE DOES NOT INCLUDE PROGRAMME SUPPORT COSTS.

**Table 2. Estimated costs for Year 2
April 2012 - March 2013 (in USD \$)**

INCREASED TECHNICAL ASSISTANCE	INCREASED ACCESS TO HIGH QUALITY, AFFORDABLE, SECOND LINE ANTI- TB MEDICINES	STRENGTHENED ADVOCACY	GOVERNANCE OF NEW FRAMEWORK				TOTAL ^B
			GLOBAL GLC		REGIONAL GLC (ALL 6 REGIONS)		
			ACTIVITIES	SALARIES	ACTIVITIES	SALARIES	
15,700,000	2,923,450	232,300	156,000	1,016,600	592,000	1,284,430	\$21,904,780

a. INCLUDES ESTABLISHMENT OF IN-COUNTRY TB ADVISOR(S) POSITIONS, TRAINING COURSES, SUPPORT FOR NATIONAL TECHNICAL ASSISTANCE CENTRES, AND GLC MONITORING AND TECHNICAL ASSISTANCE MISSIONS.

B. TOTAL FIGURE DOES NOT INCLUDE PROGRAMME SUPPORT COSTS.