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*COORDINATION, ADVISORY AND REVIEW GROUP (CARG)
FOR THE TUBERCULOSIS CONTROL PROGRAMME*

*REPORT OF THE MEETING OF THE CARG TASK FORCE
ON MANAGEMENT STRUCTURE
15-16 AUGUST 1991*



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At its meeting on 2-3 May 1991, the Coordination, Advisory and Review Group (CARG) for the Tuberculosis Control Programme requested the WHO Secretariat to develop a paper describing options for the management structure of the expanded effort for global tuberculosis control. A small Task Force was created by the CARG to assist and guide the Secretariat with this responsibility and other preparations for the second CARG meeting, scheduled for 22-23 November 1991, at which the proposed Programme Budget for 1992-1993 would also be discussed. The CARG recommended that the Task Force be constituted as follows:

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representatives of the CARG members (Drs Salomao and Tripathy), the World Bank, the United Nations Development Programme, representatives of major donors (from Japan, European countries and North American countries), the International Union Against Tuberculosis and Lung Disease, the International Federation of Anti-Leprosy Associations, Dr R. Wilson, and one representative from the scientist group (either Dr Bergström or Dr Kostrzewski). Dr Shimao, CARG Chairman, will serve as an ex-officio member.

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The participants of the Task Force meeting are listed in Annex 1 and the meeting Agenda is shown in Annex 2.

Consideration of Background Documents

In preparation for the meeting of the Task Force, the Secretariat prepared two draft documents: A Summary of Management Mechanisms Utilized by WHO-Executed Programmes Supported Predominantly by Extrabudgetary Resources (TUB/CARG/TF(1)/91.1 and Necessary Programmatic Activities and Management Options for Enhancing Global Tuberculosis Control (TUB/CARG/TF(1)/91.2. These are provided as Annexes 3 and 4 respectively.

The Task Force received favourably the documentation prepared for it and recommended its distribution to the CARG after making any necessary modifications described below.

The discussion of these documents by the Task Force led to the identification of a number of key issues upon which it felt the CARG should focus its consideration. These included:

- the desirable scope and balance of Programme activity;
- the desirability of creating a management body for the Programme and the relationship of the existing CARG to it;
- the desirability of creating a standing committee to assist the Programme Secretariat;
- the need to review the effectiveness of the Programme's support to national tuberculosis programmes, and the overall progress of tuberculosis control globally;
- the need to review the Programme's research activities from a scientific and technical viewpoint;

- the relationship of the Programme to other WHO programmes, such as the Global Programme on AIDS (GPA), the Special Programme for Research and Training in Tropical Diseases (TDR), the Diarrhoeal Disease Control Programme (CDD), the Programme for the Control of Acute Respiratory Infections (ARI), the Expanded Programme on Immunization (EPI), etc.

After discussion of these issues the Task Force formulated various conclusions and recommendations or identified the most realistic options for consideration by the CARG; these are provided below.

Conclusions and Recommendations on Management Structure

The Task Force reconfirmed the principle endorsed at the CARG meeting of 2-3 May 1991, that the major thrust of the Programme should be to foster and facilitate effective national TB control programmes. It endorsed the scope, balance and management mechanisms of the Programme proposed by the Secretariat, namely:

- (a) The Programme should undertake activities in three major areas: support to national tuberculosis control programmes, operational research and research and development;
- (b) An appropriate balance of the Programme budget would be approximately two-thirds to support for disease control and one-third to research;
- (c) To ensure that research activities are maximally supportive of disease control, the three activity areas mentioned above should fall under the same overall management; and
- (d) The Programme should seek active collaboration with all relevant programmes in WHO.

The Task Force recommended that the Secretariat delineate for the CARG the implications of this strategy in terms of staffing responsibilities and levels, programme activities and interactions at country, regional and global levels. This should include a description of the interrelationships of the Programme with other WHO programmes.

The Task Force recommended that the CARG consider at its 22-23 November meeting the following proposals for the Programme management structure:

1. Evolution of the CARG to serve the function of the Management Body for the Programme. Proposed terms of reference, including suggestions for composition and selection procedures for members, should be circulated by the Secretariat to CARG members, within one month of the Task Force meeting, for their initial comments, which would be incorporated into a draft for discussion in November after review by the WHO Legal Counsel.

The revised CARG Terms of Reference should cover:

- providing an overview of Programme management;
- evaluating, in partnership with collaborating countries, progress in Programme implementation, particularly the effectiveness of support to National Tuberculosis Control Programmes;
- reviewing reports from scientific and technical advisory bodies;
- reviewing and providing guidance on the Programme's proposed budget;

- organizing external reviews of Programme accomplishments and strategies at appropriate intervals, e.g. every 5 years;
- promoting information exchange and linkages to facilitate effective tuberculosis control worldwide;
- promoting the adoption by countries collaborating in global tuberculosis control of appropriate methods for ascertaining progress towards national and global targets with regard to cure and case-detection rates;
- advocacy and resource mobilization for tuberculosis control, in collaboration with national governments and other interested parties.

The CARG should meet at least once per year at a time which should be determined on the basis of proposals from the Secretariat.

The following composition was proposed for CARG consideration: representatives of 11 countries where tuberculosis is a major health problem and TB "endemic" countries whose Governments are actively engaged in tuberculosis control; representatives of 9 governments providing extrabudgetary resources for the Programme; 2 representatives of NGOs; the World Bank and UNDP. Other agencies could be considered for later addition. In regard to TB "endemic" countries, it was noted that good geographic balance should be sought.

Other interested parties should be invited to CARG meetings as observers; observer status for CARG meetings may be granted by the Director-General, WHO, upon application to him. Observers should have speaking but not voting rights at CARG meetings.

The Task Force proposes that the terms of office should normally be three years. Initial terms of membership should be staggered. Members should be eligible for re-election but may not serve for more than two consecutive terms. Representatives of TB endemic countries should be chosen from those countries indicating to the Director-General, WHO, their countries' commitment to TB control. CARG members representing governments financially contributing to TB control should be selected by a means that they shall decide among themselves (possibly similar to that used for deciding TDR/JCB membership for financial contributors). NGO representatives shall be selected by the CARG from among those indicating to the Director-General, WHO, their interest for membership.

The Task Force strongly recommended that the CARG should consider rotating its meetings between Regions, and involving local national programme managers in its deliberations.

2. A Standing Committee of the CARG should be considered, consisting of WHO, UNDP, the World Bank and two other members elected by and from the CARG. The Standing Committee should meet in association with the CARG meetings and at least once between such meetings.

3. The Task Force proposed the creation of research steering committees for operational research and research and development to be considered by the CARG. It also recommended that a scientific and technical advisory body be in place, which reports annually to the CARG on strategies, plans, proposed activities and achievements of the Programme's operational research and research and development components. It discussed options for the management of tuberculosis research, which include the possibility of merging responsibilities with those of existing relevant steering committees (IMMTUB of FVD, and IMMLEP and THELEP of TDR) and/or the use of existing scientific and technical advising bodies to complement such a body dedicated to tuberculosis.

The Task Force concluded that the strongest case for joint management could be made in the area of basic research and drug development activities (with TDR and PVD and TDR/LEP respectively).

In regard to operational research, most Task Force members shared the view that the primary responsibility should lie with the Programme, but that collaboration with some other WHO programmes would be beneficial if acceptable working arrangements could be devised. The relative benefits of informal and formal collaboration in operational research management with various other WHO programmes was discussed.

In the case of joint research activities with other programmes, the Task Force noted that a scientific and technical advisory committee or its equivalent for each programme should review its respective joint research activities.

With these considerations in mind, the Task Force recommended:

- (a) Steering Committees should be created in Basic Mycobacterial Research and in Drug Development. These Steering Committees should be jointly organized with the relevant steering committees of other Programmes, including TDR and PVD. Specific proposals for the execution of this joint responsibility should be made to the CARG by the Secretariat after full consultation.
- (b) A Steering Committee on Operational Research with the participation of scientists of diverse backgrounds, which include those engaged in National TB Control Programmes (NTPs), economists, anthropologists, communication experts, etc should be created. The objective of the Committee would be not only to actively assist the countries in conducting operational research to solve specific problems encountered during the implementation of its NTP, but also to direct operational research projects on themes that are of importance to tuberculosis control programmes in more than one country or region or globally. The following three options were proposed by the Task Force for CARG's consideration:
 - (i) vesting responsibility for its management with the Tuberculosis Control Programme, on the understanding that this includes the obligation to consult and collaborate with all other relevant WHO programmes with experience in operational research (e.g. CDD, EPI, ARI, TDR, etc); or
 - (ii) joint responsibility with one other WHO programme, chosen from among those with expertise in operational research, including but not limited to CDD, ARI, TDR, EPI, HSR, etc.
 - (iii) joint responsibility with a number of other WHO programmes chosen from those listed above under (ii).

(c) Both operational research and research and development activities of the Programme should be reviewed by a scientific and technical advisory body. Options for this review body include:

(i) the creation of a body as a "sub committee" of the CARG specifically for the Programme;

or

(ii) utilization of existing bodies of other Programmes with appropriate modifications (such as TDR/STAC, etc) for this purpose. (Periodic review of the success of this approach would be needed).

4. The Task Force suggests, subject to the agreement of the CARG, that the Director-General, WHO, take up with UNDP the possibility of their joining WHO as co-sponsors of the Programme. Other groups that may consider co-sponsorship are encouraged to make their interests known to the Director-General, WHO.

Review of the tentative format for presentation of the programme budget

The Secretariat provided a briefing on initial planning for preparation of the 1992-1993 Proposed Programme Budget. In advising on initial plans, the Task Force agreed that:

1. the budget should derive from clearly specified plans of work for support to countries and for research;
2. a "unified" budget should be presented specifying total resources needed by all aspects of the Programme (i.e., with no identification of anticipated source, regular budget versus extrabudgetary sources);
3. a separate accounting of anticipated income should be made;
4. the programme areas and components (outlined in TUB/CARG/TF(1)/91.3) were acceptable.

Other matters

The Task Force also identified drug supply as an area in which it suggested further work by the Secretariat in preparation for the next CARG meeting.

Work directed toward identifying sources of supply, quality assurance, achieving the lowest possible prices and ensuring reserve supplies would be necessary in general support of all countries. This would be part of the Programme activities. Additionally, the source of funds that would cover drug costs would need to be addressed early in the planning process for expanding each national programme. It was not considered desirable that WHO should automatically cover drug cost, but it was felt likely that some source of external support would be needed for many programmes for these costs.

The Task Force suggested that the Secretariat consider the preparation of a paper for the CARG outlining the Programme's strategies in this area.



CARG TASK FORCE ON MANAGEMENT STRUCTURE
15-16 AUGUST 1991

LIST OF PARTICIPANTS

- Dr B. Austveg Health Division, Norwegian Agency for Development Cooperation (NORAD), Oslo, Norway
- Dr S. Bergström (Scientist Group), Professor Emeritus of Biochemistry, Karolinska Institute, Stockholm, Sweden
- Dr B. Bloom Professor, Department of Microbiology & Immunology, Albert Einstein College of Medicine of Yeshiva University, New York, USA (representing UNDP)
- Dr J. Heiby Medical Officer, Applied Research Division, USAID, Washington, D.C. (accompanied by Ms P. Feeney, A.I.D. Affairs Officer, United States Mission to the UN Office and other International Organizations at Geneva)
- Dr L. Janssens Damien Foundation, Brussels, Belgium (representing the International Federation of Anti-Leprosy Associations (ILEP))
- Dr J. Kostrzewski (Scientist Group), Professor of Epidemiology, National Institute of Hygiene, Warsaw, Poland
- Dr A. Measham Chief, Population, Health and Nutrition Division, Population and Human Resources Department, The World Bank, Washington, D.C.
- Mr H. Ogata First Secretary, The Permanent Mission of Japan to the United Nations Office and to the International Organizations at Geneva, Geneva, Switzerland
- Dr A. Rouillon Executive Director, International Union Against Tuberculosis and Lung Disease (IUATLD), Paris (accompanied by Dr D. Enarson, Director of Scientific Activities, IUATLD)
- Dr A. Salomao (CARG Member), Chief of Division of Endemic Disease, Ministry of Health, Maputo, Mozambique
- Dr T. Shimao (CARG Chairman), Chairman, Board of Directors, Japan Anti-Tuberculosis Association, Tokyo, Japan. (ex-officio)
- Dr S.P. Tripathy (CARG Member), Director-General, Indian Council of Medical Research, New Delhi, India (Chairperson)
- Dr R. Wilson (Scientist Group), Task Force on Health Research for Development, UNDP, Geneva (Rapporteur)

SECRETARIAT

- Dr R. Henderson Assistant Director-General
- Dr G. Torrigiani Director, Division of Communicable Diseases
- Dr A. Kochi Chief, Tuberculosis Unit
- Dr R. Widdus Programme Management Officer, TUB
- Dr R. O'Brien Coordinator, Research & Development Component, TUB
- Mr H.G. ten Dam Acting Coordinator, Operation Support Component, TUB
- Dr F. Luelmo Global Programme on AIDS (GPA)



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TENTATIVE AGENDA

Thursday 15 August 1991

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|-------|---|------------------------|
| 9:30 | Opening | Dr R. Henderson, ADG |
| 9:45 | Selection of Chairperson
Adoption of Agenda | |
| 10:00 | Introduction | Dr A. Kochi, Chief TUB |
| 10:15 | Management Mechanisms of other WHO
Programmes Supported Predominantly
by Extrabudgetary Contributions | Dr R. Widdus |
| 10:45 | <i>Coffee</i> | |
| 11:15 | Discussions | |
| 12:00 | <i>Lunch</i> | |
| 14:00 | Necessary Programme Activities
and Management Options for
Enhancing Global TB Control | |
| 14:30 | Discussions | |
| 15:30 | <i>Coffee</i> | |
| 16:00 | Proposed Format of the
Programme Budget & Provisional
Staff Requirement | Dr R. Widdus |
| 16:15 | Discussions | |
| 17:00 | Meeting Adjourned | |

Friday 16 August 1991

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| 9:00 | Discussions (Management Structure) | |
| 10:30 | <i>Coffee</i> | |
| 11:00 | Finalization of Management Options | |
| 12:00 | Closing | |