Helping Global Health Partnerships to increase their impact: Stop TB Partnership – McKinsey collaboration

Pre-reading for Coordinating Board presentation

Thursday, Nov 5, 2009

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Contents

- **Project overview**
- Global Drug Facility
- Advocacy
- Communication, Marketing and Branding
- Challenge Facility for Civil Society
- MDR-TB Working Group
- Next steps

Background to this work: The performance of Global Health Partnerships (GHPs) is increasingly important and scrutinized, yet achieving high performance is proving challenging

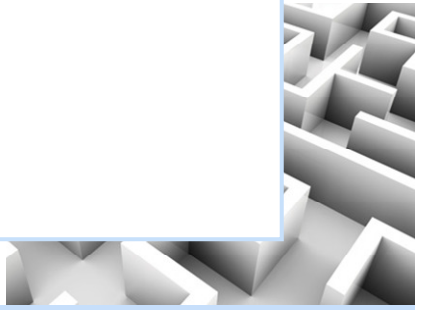
Increasing role of GHP performance

- GHPs play a major role in global health
- Performance of GHPs can have huge impact on health of world's population
- The focus on performance is increasing, driven by
  - Increasing donor focus on impact, effectiveness, and efficiency
  - Increasing number of Partnerships in global health
  - Likelihood of lower funding growth or less funding, given financial crisis

Challenging factors

Complex environment and nature of GHP organizations create challenges, e.g.

- **Objective-setting:** distinguishing between change GHP hopes to bring about in the world vs. the goals it sets itself that will help bring about the change
- **Accountability:** ensuring accountability and delivery in the context of loose Partnership structures, voluntary membership, and limited hierarchy
- **Capabilities:** gaining the capacity and capabilities needed to continuously improve their performance



Project goals, approach, and end-products: The project will deliver practical insights on improving the performance of GHPs based on piloted improvement ideas

Goals

- Develop a joint perspective, tested and proven, on how GHPs can improve performance, by
  - Exploring how to improve performance in a GHP, not simply to adopt existing (e.g. private sector) approaches
  - Testing new ways of working with STB bodies that could lead to higher performance
  - Develop a joint perspective to share with global health community

Approach

- Build on strengths and improvement opportunities outlined in 2008 evaluation
- Joint working, collaborative, co-creation. Not client-consultant work
- Duration: ~22 weeks: 10 weeks (diagnosis and design), 12 weeks (delivery)
- Scope: 5 Partnership bodies: GDF, MDR-TB WG, CFCS, Advocacy and CB&M teams
- External interactions with other GHPs, e.g., RBM, UNAIDS, GAVI, GF

3 main end-products

- Successful performance **improvement pilots** in selected Partnership bodies, with accompanying documentation to support roll-out to other bodies
- A **co-authored project report**, suitable for publication in major journals, detailing the experience, including impact of the work and lessons for other GHPs
- A **"practitioners guide"** to support McKinsey teams conducting similar work

Project approach: This project is organized in 3 distinct phases

Today

Diagnose
August – September

- Selection of Partnership Bodies to work with
  - GDF
  - Advocacy
  - Communication, Marketing and Branding
  - CFCS
  - MDR-TB Working Group
- Understanding of current performance
- Identification of areas of high performance
- Selection of one performance issue to improve

Design
September – October

- Intensive work within selected Partnership Bodies to
  - Develop improvement ideas on selected performance issue
  - Select actions to implement in next phase
- Development of implementation plans for Delivery phase
- Information update to Coordinating Board in Nov 2009

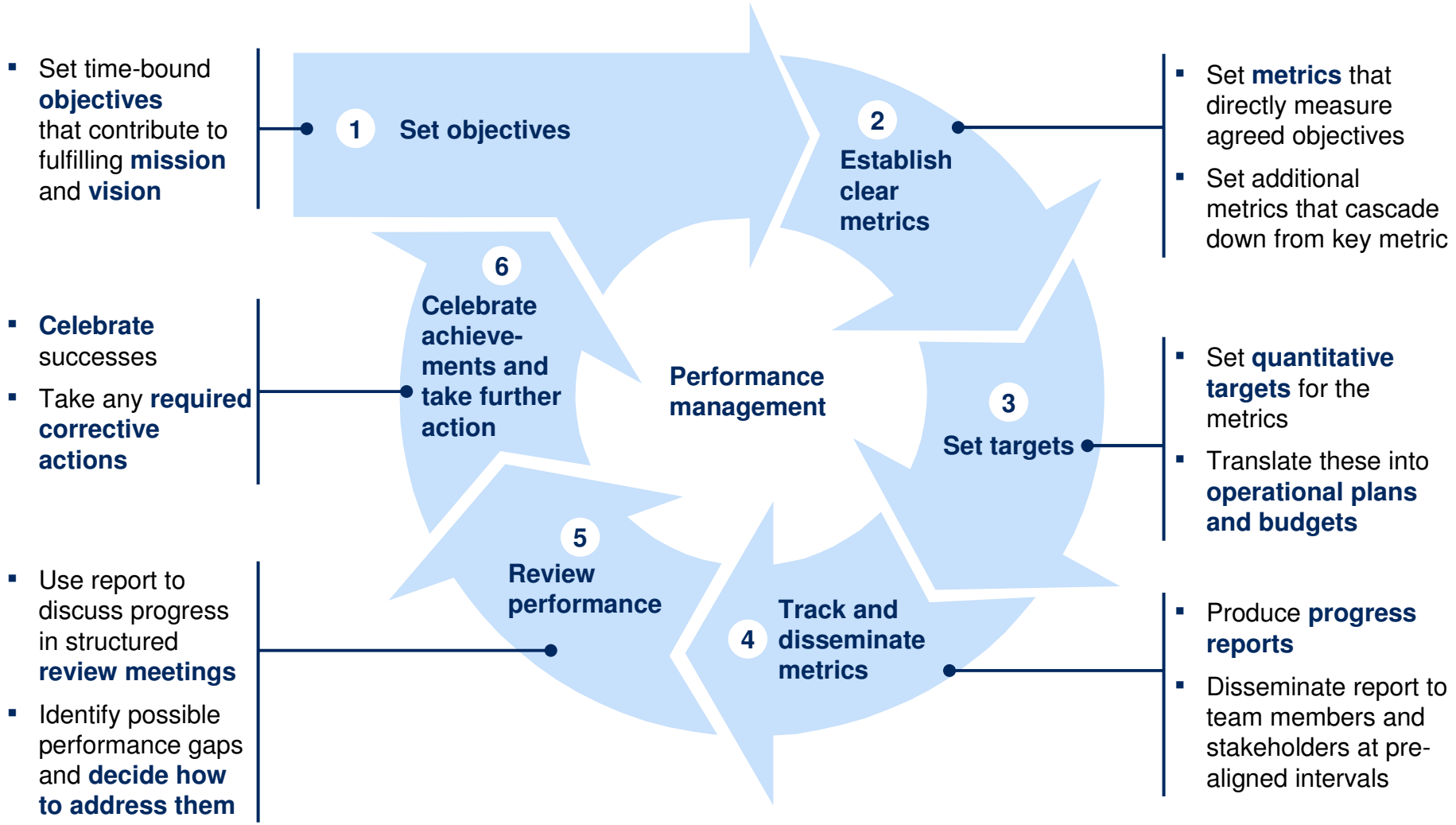
Deliver
November - December

- Implementation and refinement
- Problem-solving sessions on findings, lessons learned, and implications
- Workshop to share achievements across Partnership
- Report and publication of results
- Presentation of results to Coordinating Board in March 2010

Project deliverables for December 2009

End-products	Description
Improvement pilots	▪ Each participating Partnership body conducting improvement project, focusing on one relevant area, e.g. – Definition of objectives/goals – Development of scorecards – Improvement of processes – Activation of relevant 'enablers', e.g., mindsets and capabilities ▪ Pilot progress showcase/workshop (mid-December) ▪ Development of accompanying "pilot playbook" (how-to guide for Partnership bodies)
Project report	▪ A detailed project description, including – Problem definition and why it matters – Why it is and remains a problem – Case account of Stop TB Partnership (what it's doing well; what can be improved) – Perspective from other GPH organizations (How "typical" is this?) – Improvement projects launched and early findings – Lessons, insights, conclusions
Practitioners Guide	▪ Detailed account of work conducted to improve performance management for use by consultant teams in and beyond social sector

Framework: We think about performance in terms of both processes and enablers –(1) Processes



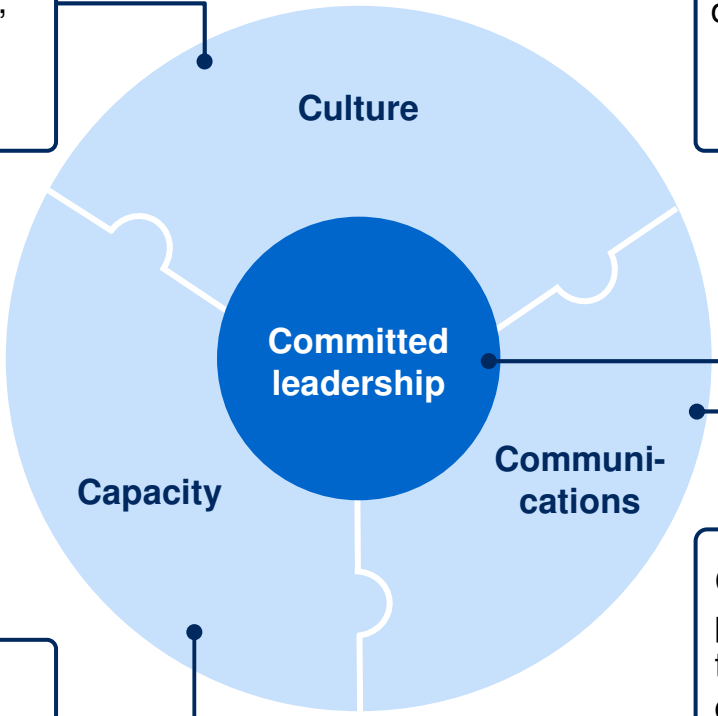
Framework (backup): Definition of performance management terms

	Definition/description	Example
Vision	▪ Articulates the aspiration or target for the future ▪ Describes core ideology, which may include "timeless" guiding principles and purpose	▪ A TB-free world
Mission	▪ Defines the organization's purpose and primary objectives	▪ Supply low-cost, quality drugs to countries that need them
Objective	▪ Narrow, time-bound, quantifiable goal that contributes to delivering the mission	▪ Supply low cost, quality TB drugs at USD 20/treatment course for X number of patients in 2010
Metric	▪ Measurable variable that indicates progress towards objective	▪ E.g., funds raised, number of patient treatments supplied, number of grants and treatments approved
Target	▪ The target value of the metric chosen	▪ E.g., 15 million patient treatments supplied by 2010
Report	▪ Set of metrics and current values vs. target ▪ Explanation of reasons for current performance and how to get to targets	▪ See pages 22, 23 in this document for examples
Performance review	▪ A sequence of meetings conducted to – Review performance – Understand root causes of performance gaps – Decide how to address them – Agree appropriate actions	

Framework: We think about performance in terms of both processes and enablers –(2) Enablers

Developed shared cultural norms for performance (e.g., accountability, behaviors)

Strong leadership involvement and dedication



Ensure sufficient skills, infrastructure, and resources for performance

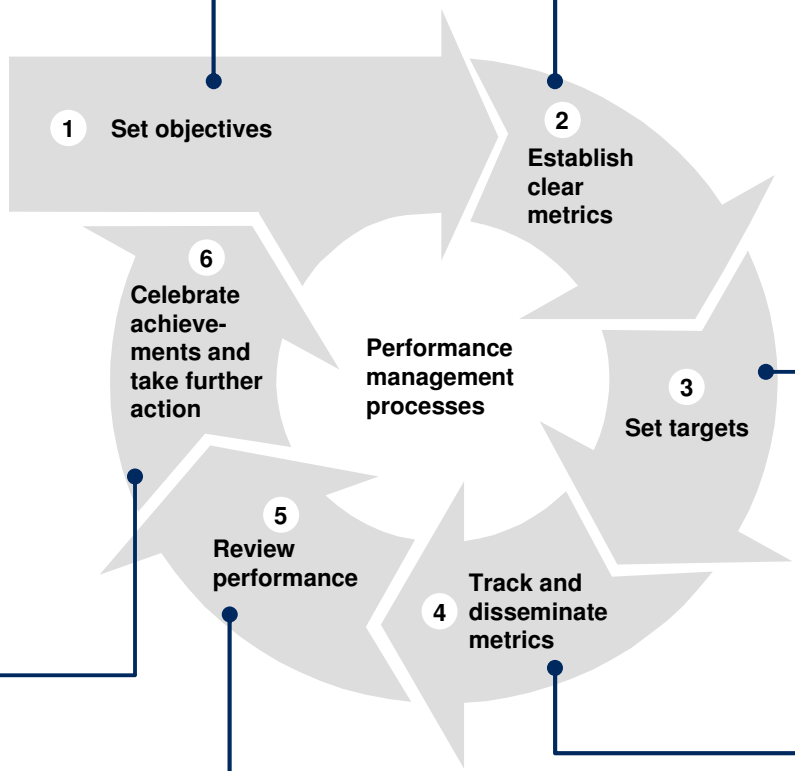
Communicate both performance and the importance of discussing performance regularly to all stakeholders

Challenges (1): Many Global Health Partnerships find some performance processes challenging given their complex environment and structure

- **Getting from a vision to the specific objectives** for the partnership and its bodies rather than directly to activities
- **Aligning divergent partner views** on which objectives to pursue
- Setting **advocacy objectives** that stay current and relevant in changing external circumstances
- Finding and making visible **tactical advocacy opportunities** for partners to act on

Committing to specific **corrective actions**, given loose and voluntary nature of partnership

Holding regular, **trust-based performance conversations**



- Agreeing **the right metrics** for objectives that are difficult to measure, e.g., awareness about TB
- Aligning organization structures with performance drivers and metrics to enable **clear accountability**

- **Committing to targets** is sometimes difficult because
  - (a) some targets are not entirely deliverable by partnership
  - (b) voluntary nature of partnerships
  - (c) consequences of not meeting targets (e.g., on future funding)

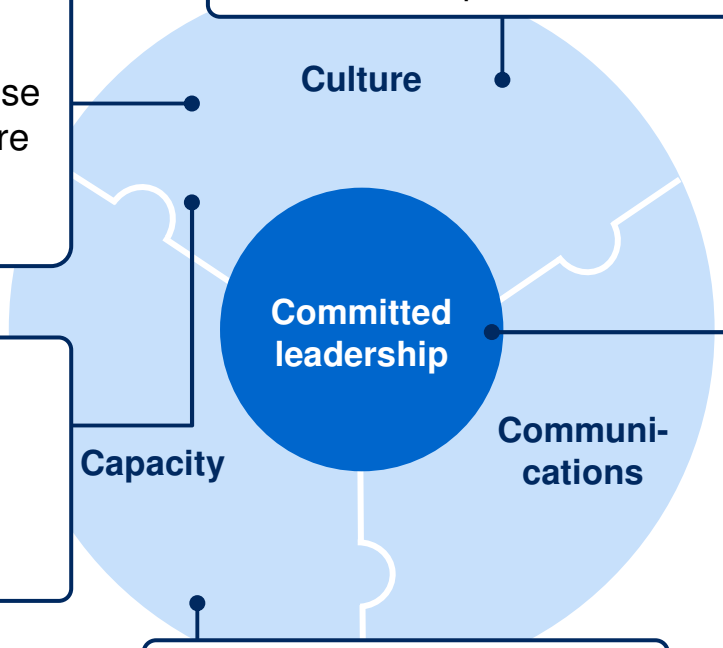
Getting **good performance data** because of in-country data gathering limitations

SOURCE: Interviews with Stop TB Partnership, Global Alliance for Vaccines and Immunization, UNAIDS

Challenges (2): Many GHPs also struggle with the right enablers

- Establishing a **shared understanding of accountability** across the different backgrounds of partners
- Ensuring partners within a loose working group arrangement are **engaged and motivated to contribute**

Getting from a **culture of performance measurement** (e.g., extensive reporting) to **performance management** (including open discussion of performance outcomes)

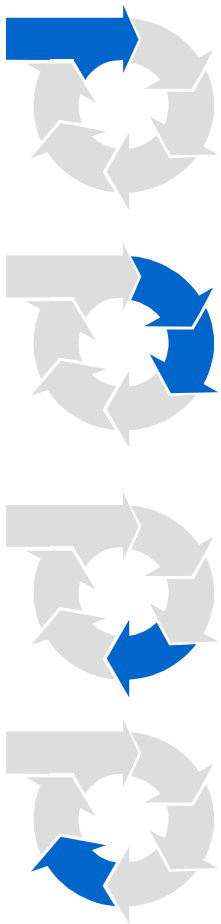


Ensuring that **leaders regularly lead and participate in performance reviews,** in spite of many other calls on their time

Defining specific and ambitious goals given **culture of consensus-building** that tends towards more inclusive, yet abstract objectives

Allocating appropriate resources to perfor-mance management given limited resources for internal processes

Diagnostic phase findings (1): The Stop TB Partnership displays a number of strengths across performance processes



Examples

- **Setting objectives** – GDF objectives are clearly defined and distinguish "the change the GDF hopes to bring about in the world" (e.g., Millennium Development Goals – 70% TB cases diagnosed, 85% cure rate) from the internal goals it sets itself that will enable this change

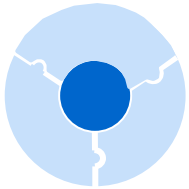
- **Establishing clear metrics and setting targets** – MDR-TB Working Group defines concrete metrics (e.g., number of patients with access to MDR-TB treatment; research projects launched for evaluation of diagnostic algorithms) and sets specific targets for these metrics (e.g. for 2009, 200000 patients, 4 projects)

- **Tracking and disseminating metrics** – Despite limited resources for performance management, GDF manages to track and report on a wide variety of metrics to meet the different demands of donors

- **Reviewing performance** – In response to donor demands, the Advocacy Team conducts an in-depth review of performance against objectives stated in funding proposal so as to take stock of results achieved and lessons learned

Diagnostic phase findings (2): The Stop TB Partnership also displays a number of strengths across the enablers of performance

Examples



- **Committed leadership**
  - GDF leaders driving performance improvement initiatives
  - Secretariat leaders setting ambitious performance targets for teams
  - Coordinating Board members supporting focus on performance

- **Culture** – GDF has created a culture of performance with a focus on continuous improvement and quality management. The team is actively eliciting feedback on performance, e.g., through the Business Advisory Committee

- **Communication** – The Advocacy Team engages in ongoing communication across the Secretariat as well as with key partners such as the Stop TB department at WHO and the TB-HIV Working Group. Thereby, performance objectives are well known among relevant stakeholders

- **Capacity** – The Communications, Marketing and Branding Team makes efficient use of pro bono resources volunteered by partners. These resources are used to deliver some of the team's activities (e.g., production and distribution of public service announcements) as well as to assess performance against specific metrics (e.g., data received from partner on number of viewers)

Diagnostic phase findings (3): Brief overview of performance issues we have jointly agreed to address in Design and Deliver phases (more detail in following sections)

	Central Global Health Partnership performance issue	Specific question addressed with Partnership body
GDF	▪ Agreeing the right metrics for objectives that are difficult to measure	▪ GDF tracks 250 metrics but – Not all are related to GDF – Some overlap – Metrics are not organized systematically/hierarchically
Advocacy	▪ Setting advocacy objectives that stay current and relevant in changing external circumstances	▪ Setting advocacy objectives within Stop TB Partnership that stay current and relevant in changing external circumstances
Communication, Marketing and Branding	▪ Getting from a vision to the specific objectives for the partnership and its bodies rather than directly to activities ▪ Agreeing the right metrics for objectives that are difficult to measure, e.g., awareness about TB	▪ Determining detailed objectives for each audience group that the Communications, marketing and branding team seeks to address ▪ Define metrics for each detailed objective
Challenge Facility for Civil Society	▪ Getting from a vision to the specific objectives for the partnership and its bodies rather than directly to activities	▪ Refine the mission based on experience and lessons learned in the first two years of the CFCS program ▪ Articulate specific objectives around the newly refined mission statement
MDR-TB Working Group	▪ Ensuring partners within a loose working group arrangement are engaged and motivated to contribute	▪ Developing a simple survey-based tool to assess the level of working group engagement

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GDF issues and opportunities

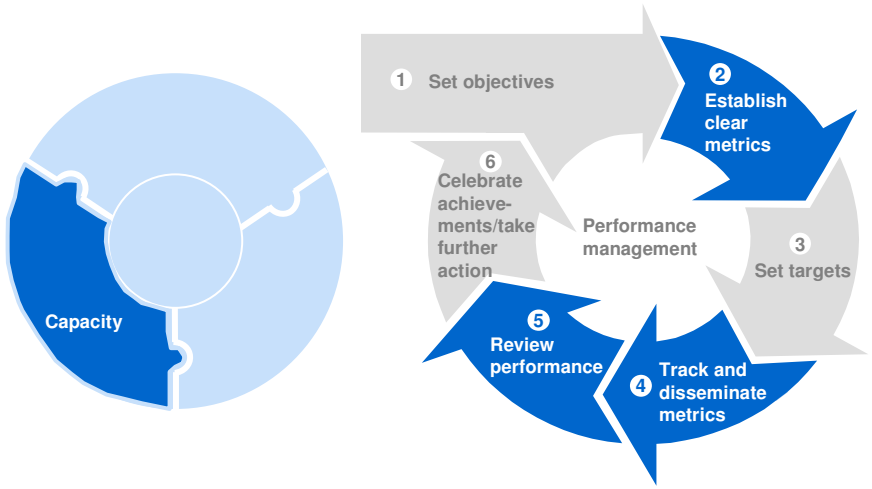
GHP performance issue

② Agreeing the right metrics for objectives that are difficult to measure

② Aligning organization structures with performance drivers and metrics to enable clear accountability

④ Getting good performance data because of in-country data gathering limitations

⑤ Holding regular, trust-based performance conversations



GDF performance improvement opportunity

② GDF tracks 250 metrics but
- Not all are related to GDF
- Some overlap
- Metrics are not organized systematically/hierarchically

② Limited clarity on accountability for data collection/performance against each KPI

② Difficult to assess GDF's performance against its objectives

④ Limited resources (personnel and time) to gather data and prepare reports for internal use

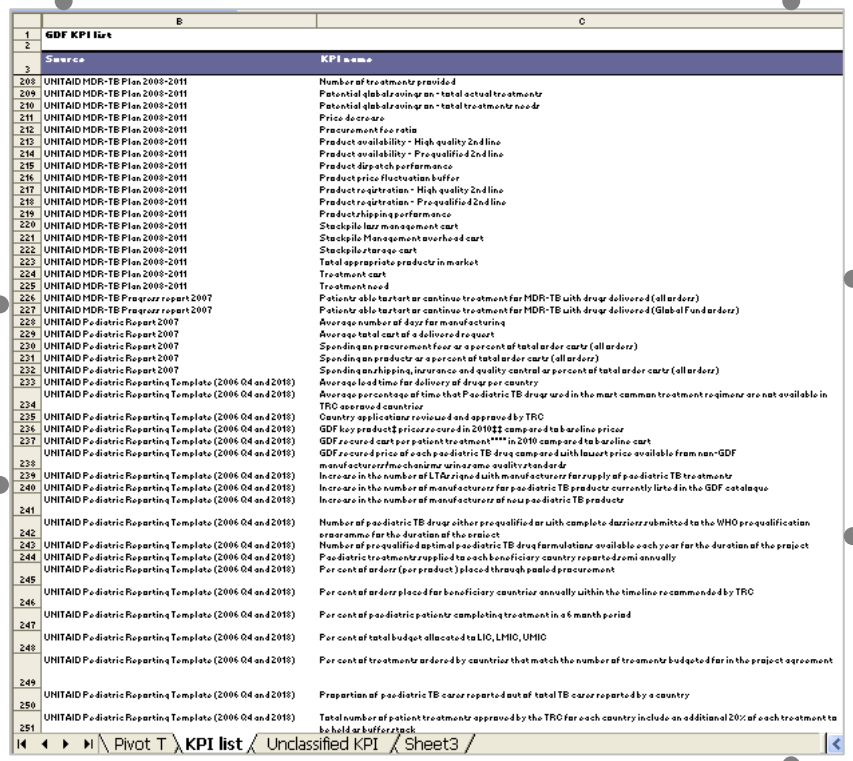
⑤ Limited time available for performance discussions

While most of the 250 metrics were relevant and helpful to GDF, data collection and reporting was onerous

"All together we report on over 200 KPIs that cover our numerous external reporting requirements"

"Most individual KPIs are relevant and helpful"

"KPIs are specific and measurable"



	B	C
1	GDF KPI list	
2		
3	Source	KPI name
208	UNITAID MDR-TB Plan 2008-2011	Number of treatments provided
209	UNITAID MDR-TB Plan 2008-2011	Potential global savings plan - total actual treatments
210	UNITAID MDR-TB Plan 2008-2011	Potential global savings plan - total treatments needed
211	UNITAID MDR-TB Plan 2008-2011	Price decrease
212	UNITAID MDR-TB Plan 2008-2011	Procurement fee ratio
213	UNITAID MDR-TB Plan 2008-2011	Product availability - High quality 2nd line
214	UNITAID MDR-TB Plan 2008-2011	Product availability - Pre-qualified 2nd line
215	UNITAID MDR-TB Plan 2008-2011	Product dispatch performance
216	UNITAID MDR-TB Plan 2008-2011	Product price fluctuation buffer
217	UNITAID MDR-TB Plan 2008-2011	Product registration - High quality 2nd line
218	UNITAID MDR-TB Plan 2008-2011	Product registration - Pre-qualified 2nd line
219	UNITAID MDR-TB Plan 2008-2011	Product shipping performance
220	UNITAID MDR-TB Plan 2008-2011	Stockpile loss management cost
221	UNITAID MDR-TB Plan 2008-2011	Stockpile Management overhead cost
222	UNITAID MDR-TB Plan 2008-2011	Stockpile storage cost
223	UNITAID MDR-TB Plan 2008-2011	Total appropriate products in market
224	UNITAID MDR-TB Plan 2008-2011	Treatment cost
225	UNITAID MDR-TB Plan 2008-2011	Treatment need
226	UNITAID MDR-TB Progress report 2007	Patients able to start or continue treatment for MDR-TB with drugs delivered (all orders)
227	UNITAID MDR-TB Progress report 2007	Patients able to start or continue treatment for MDR-TB with drugs delivered (Global Fund orders)
228	UNITAID Pediatric Report 2007	Average number of days for manufacturing
229	UNITAID Pediatric Report 2007	Average total cost of a delivered request
230	UNITAID Pediatric Report 2007	Spending on procurement four or a per cent of total order costs (all orders)
231	UNITAID Pediatric Report 2007	Spending on products or a per cent of total order costs (all orders)
232	UNITAID Pediatric Report 2007	Spending on shipping, insurance and quality control or per cent of total order costs (all orders)
233	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Average lead time for delivery of drugs per country
234	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Average percentage of time that Paediatric TB drugs used in the most common treatment regimens are not available in TRC approved countries
235	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Country applications reviewed and approved by TRC
236	UNITAID Pediatric Reporting Template (2006 04 and 2018)	GDF buy product‡ prices procured in 2010‡‡ compared to baseline prices
237	UNITAID Pediatric Reporting Template (2006 04 and 2018)	GDF procured cost per patient treatment**** in 2010 compared to baseline cost
238	UNITAID Pediatric Reporting Template (2006 04 and 2018)	GDF procured price of each paediatric TB drug compared with lowest price available from non-GDF manufacturers/mechanisms using same quality standards
239	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Increase in the number of LTA signed with manufacturers for supply of paediatric TB treatments
240	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Increase in the number of manufacturers for paediatric TB products currently listed in the GDF catalogue
241	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Increase in the number of manufacturers of new paediatric TB products
242	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Number of paediatric TB drugs either pre-qualified or with complete dossiers submitted to the WHO pre-qualification programme for the duration of the project
243	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Number of pre-qualified optimal paediatric TB drug formulations available each year for the duration of the project
244	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Paediatric treatments supplied to each beneficiary country reported semi-annually
245	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Per cent of orders (per product) placed through pooled procurement
246	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Per cent of orders placed for beneficiary countries annually within the timeline recommended by TRC
247	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Per cent of paediatric patients completing treatment in a 6 month period
248	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Per cent of total budget allocated to LIC, LMIC, UMIC
249	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Per cent of treatments ordered by countries that match the number of treaments budgeted for in the project agreement
250	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Proportion of paediatric TB cases reported out of total TB cases reported by a country
251	UNITAID Pediatric Reporting Template (2006 04 and 2018)	Total number of patient treatments approved by the TRC for each country include an additional 20% of each treatment to be held as buffer stock

Pivot T | KPI list | Unclassified KPI | Sheet3

"It takes too much time to collect the information and to adapt it to our 200+ KPIs"

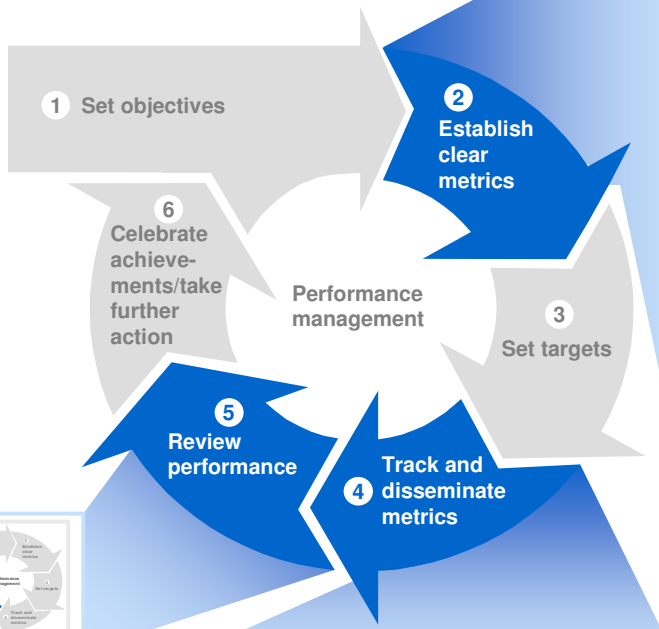
"It is difficult to define metrics for some areas so we have KPI gaps"

"Some of our KPIs overlap so it is unclear what we are optimizing for"

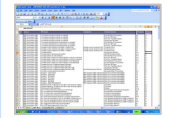
"Since the hierarchy of KPIs is not clear, it is hard to prioritize"

SOURCE: Interviews

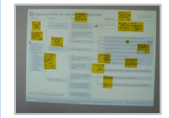
The team followed an 8 step process to create streamlined and structured KPIs, dashboards, and review meetings



a Collate all GDF metrics reported on in one database: sum: ~ 250



b Agree on GDF objectives and cluster metrics/KPIs to objectives



c Develop detailed KPI tree for each objective

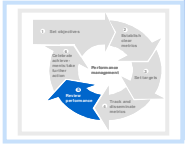
d Streamline detailed trees, excluding activity-related or non-GDF-owned KPIs

e Assign owners to, and define review frequency of each KPI

f Develop clear cascade of KPIs from teams up to COO annual performance review

g Create dashboards and review calendars for each team

h Hold workshop on conducting performance dialogues

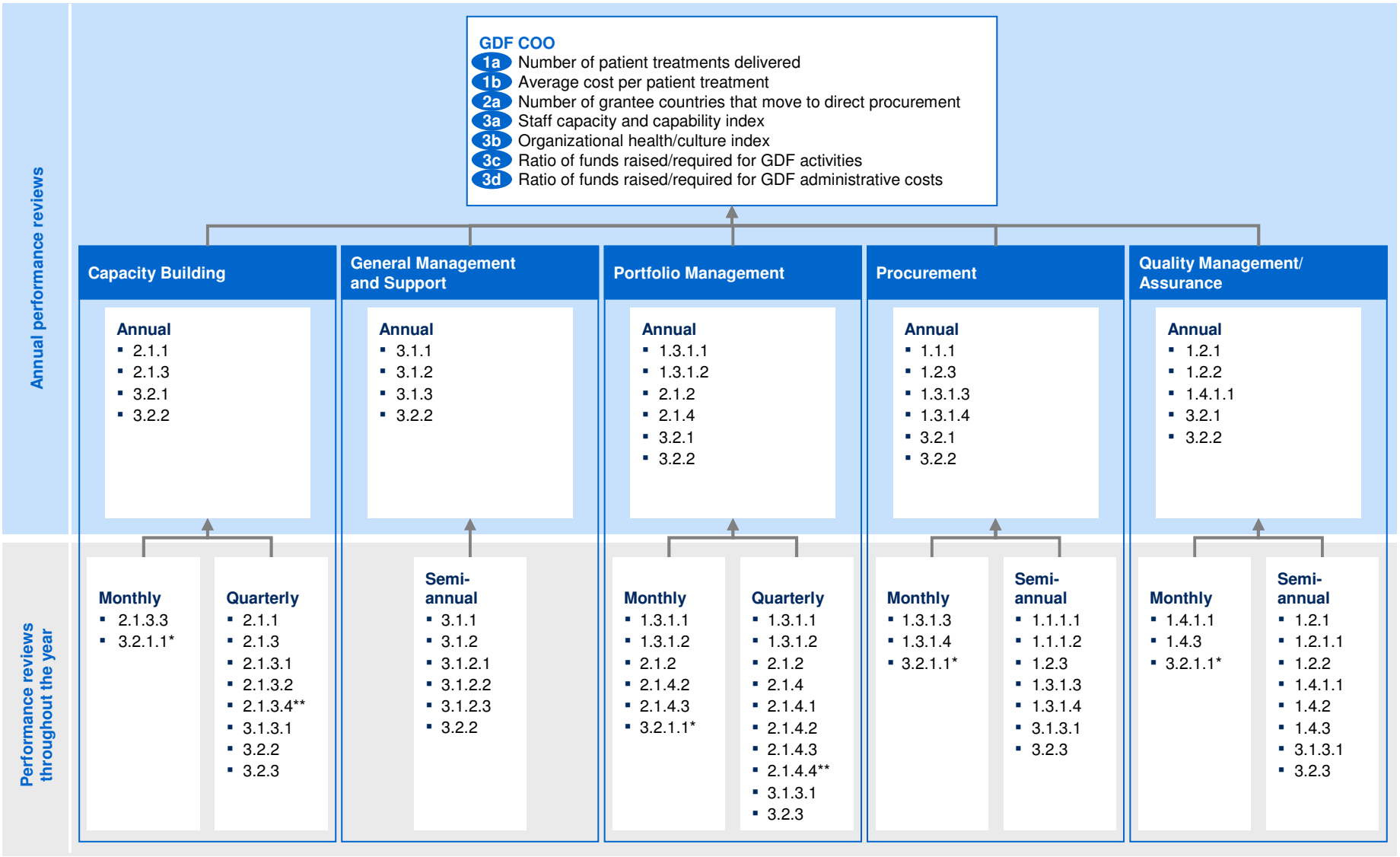


7 KPIs give a clear overview of GDF's performance against its 3 main objectives

Objective	KPI
1 Provide uninterrupted supply of 1st and 2nd line TB drugs and diagnostics: ▪ At low-cost ▪ At high quality ▪ Timely ▪ In a demand and customer-driven way ▪ To eligible countries	**1a** Average cost per patient treatment **1b** Number of patient treatments delivered
2 Sustainably strengthen eligible countries' national drug management and procurement capacity, and financial self-sufficiency[1]	**2a** Number of countries that move to direct procurement
3 Ensure appropriate and efficient staffing and funding to drive the mission	**3a** Organizational health and culture index **3b** Staff capacity and capability index **3c** Funds raised vs. required for GDF administrative costs **3d** Funds raised vs. required for GDF activities

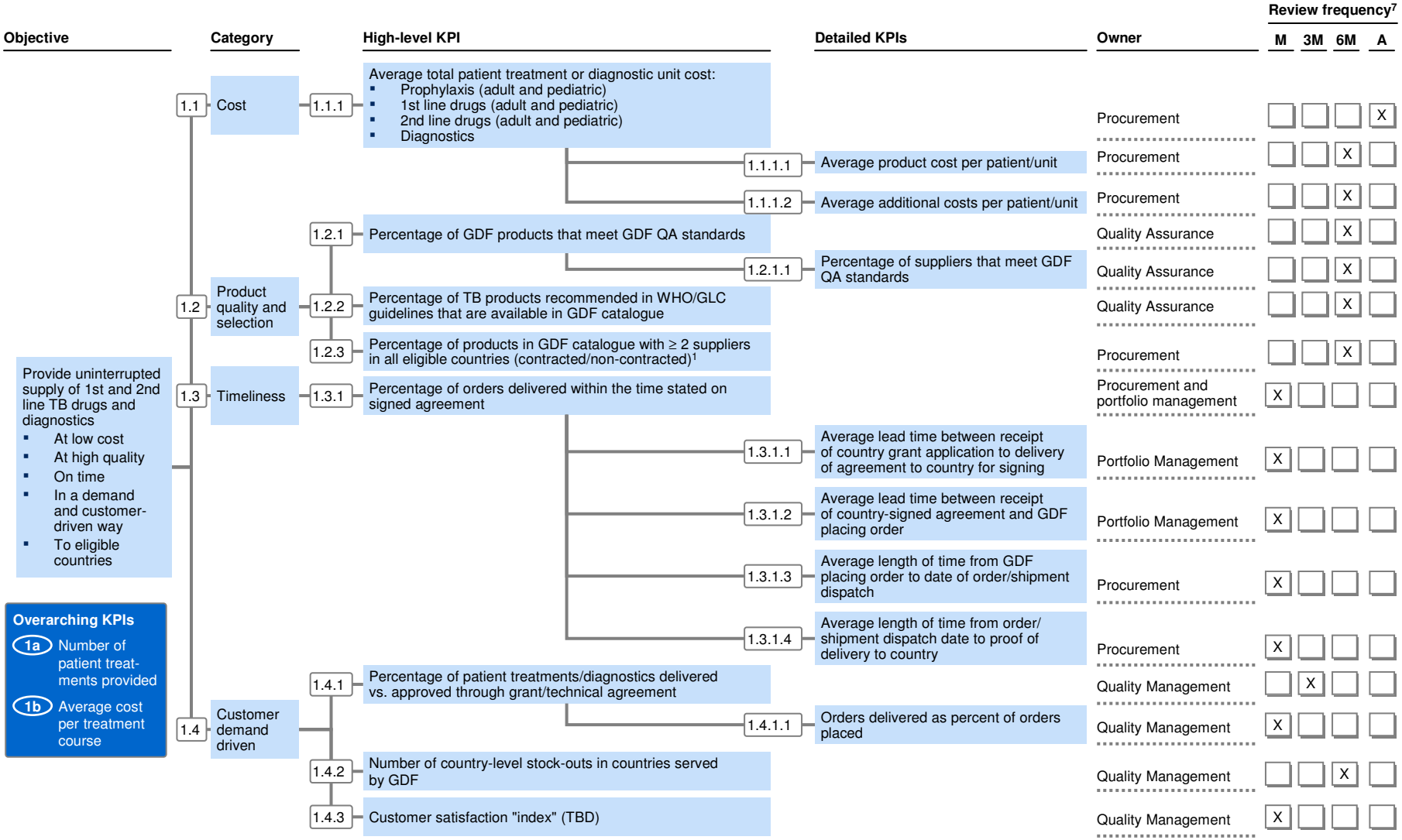
1 Financial self-sufficiency of countries may be an objective for the Partnership as a whole

The COO's annual dashboard is the output of each team's performance review



* May be reviewed less frequently depending upon team needs
** To be reviewed semi-annually

KPI tree for GDF's first objective



1 Depends upon shortlist of suppliers received from Quality Assurance function
2 M = monthly; 3M = 3 monthly; 6M = 6 monthly; A = annually

SOURCE: Annual GDF report 2008; GDF strategic plan 2006 -10, Standard Operating Procedure for surveillance and measurement (SOP – 40.00); GDF Quality Management Manual Rev 4.1 issue March 3, 2009; Team analysis

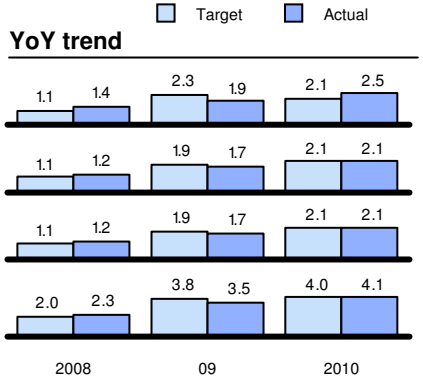
COO – *Annual dashboard*

DUMMY NUMBERS

Objective 1

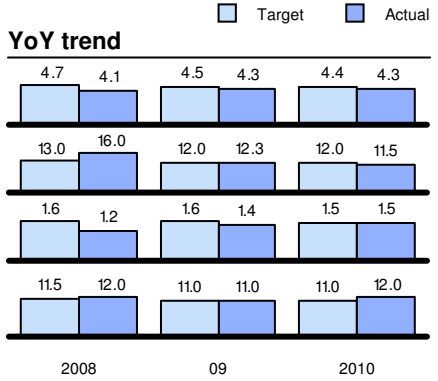
1a Number of patient treatments delivered

	Target	Actual	YoY trend
1st line	X	X	
2nd line	X	X	
Prophylaxis	X	X	
Diagnostics	X	X	



1b Average cost per patient treatment or diagnostic unit ($)

	Target	Actual	YoY trend
1st line	X	X	
2nd line	X	X	
Prophylaxis	X	X	
Diagnostics	X	X	



Objective 2

2a Number of grantee countries that moved to direct procurement this year

Target	Actual	Countries	Comments
X	X	… … … … … … … …	… … … … … … … …

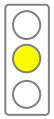
Objective 3

3a Staff capacity and capability index

Comments

… … … …

3b Organizational health/culture index



Comments

… … … …

3c Ratio of funds raised/required for GDF activities ($M)

Funds raised	Funds required	Ratio
X	Y	X/Y

3d Ratio of funds raised/required for GDF administrative costs ($M)

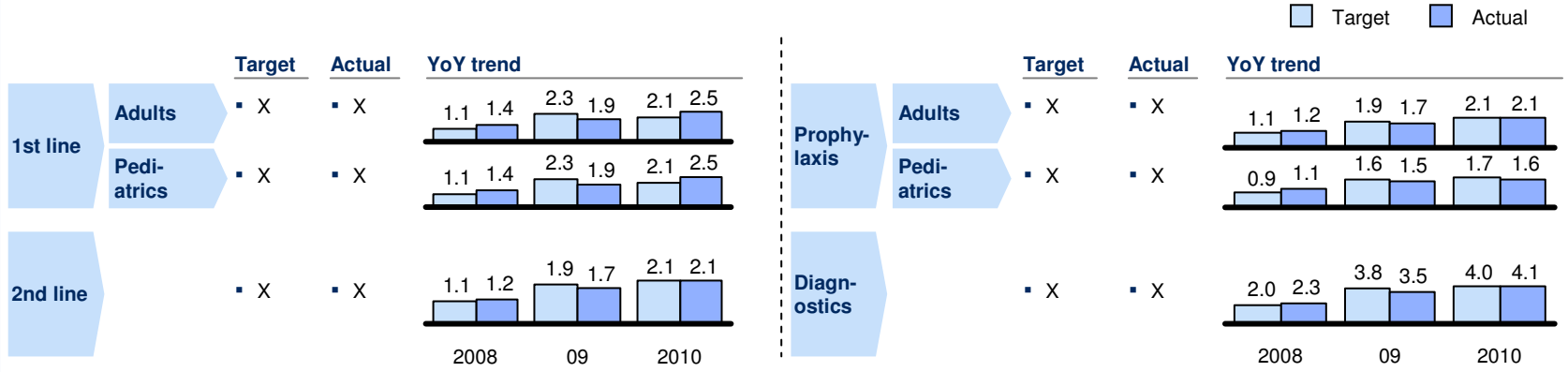
Funds raised	Funds required	Ratio
X	Y	X/Y

Procurement Team – *Annual dashboard*

DUMMY NUMBERS

Objective 1

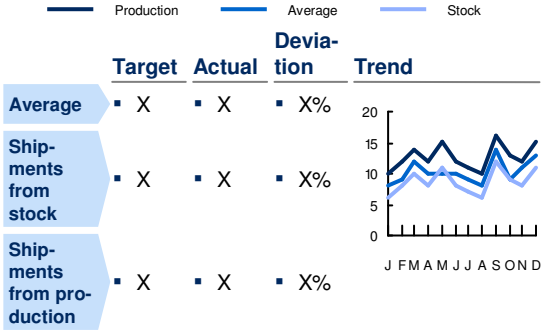
1.1.1: Average cost per patient treatment or diagnostic unit (USD)



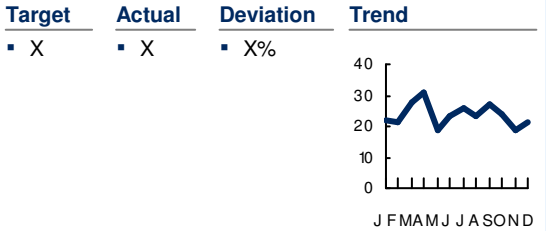
1.2.3: Percentage of products in GDF catalogue with ≥ 2 suppliers in all eligible countries

		Number of products	Percentage with ≥ 2 suppliers
1st line	Adults	X	X%
	Pediatrics	X	X%
2nd line		X	X%
Prophy-laxis	Adults	X	X%
	Pediatrics	X	X%

1.3.1.3: Average length of time from GDF placing order to date of order/shipment dispatch (days)

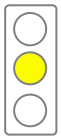


1.3.1.4: Average length of time from order/shipment dispatch date to proof of delivery to country (days)



Objective 3

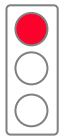
3.2.1: Staff satisfaction and motivation



Comments

- …
- …
- …

3.2.2: Staff retention level/attrition rate



Comments

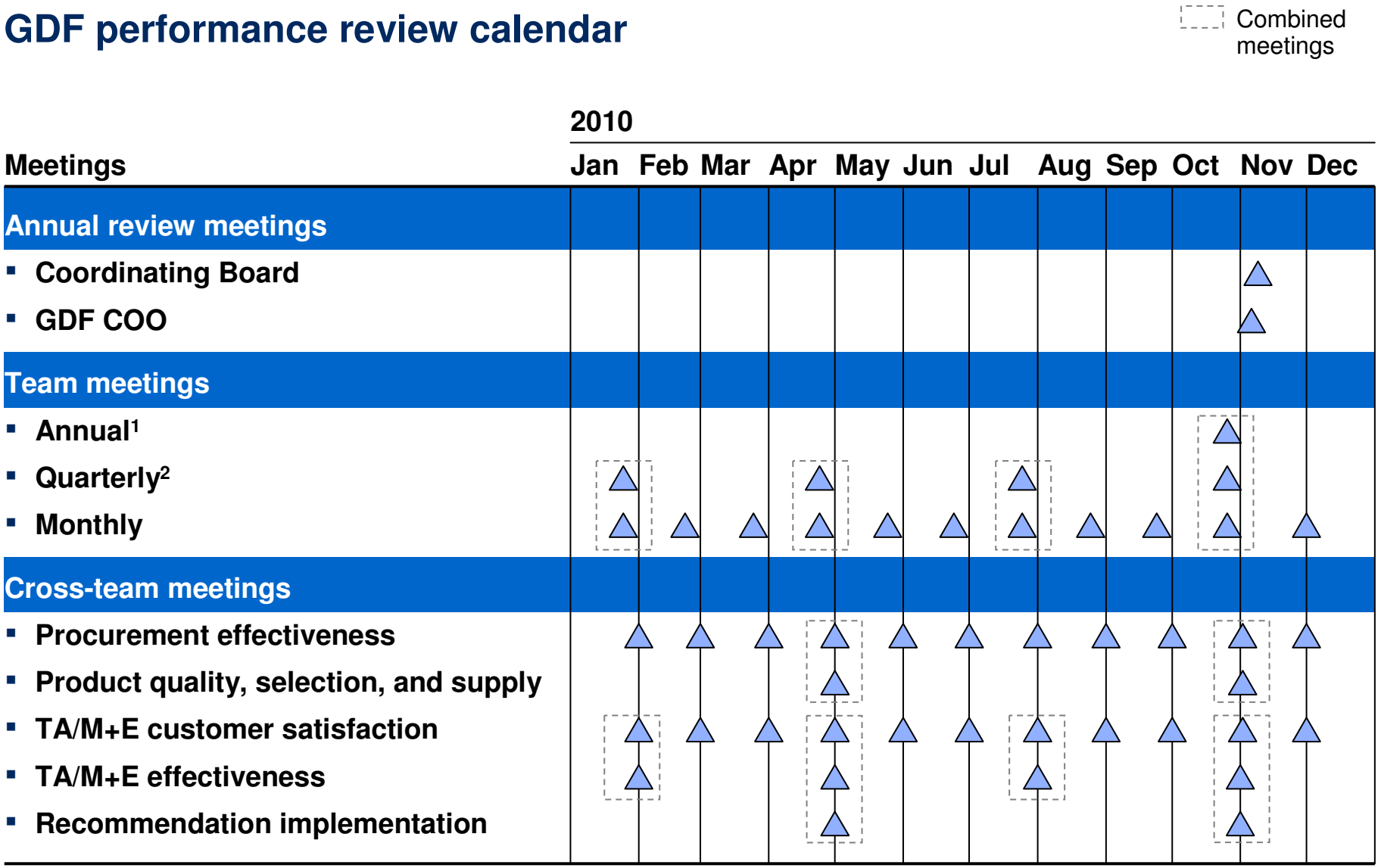
- …
- …
- …

Procurement Team – *1.2.3 Percentage of products in GDF catalogue with ≥ 2 suppliers in all eligible countries*

Does not meet target

	Total number of products	Percentage with ≥ 2 suppliers	Product	Number of suppliers					
				> 4	4	3	2	1	0
1st line ▪ Adults	x	x	A	✓					
			B		✓				
			C					✓	
			D			✓			
			E				✓		
			F	✓					
			G		✓				
			H						✓
			I			✓			
1st line ▪ Paediatrics	x	x	A		✓				
			B			✓			
			C					✓	
			D				✓		
			E			✓			
2nd line	x	x	A						
			B					✓	
			C						
			D				✓		
			E					✓	

GDF performance review calendar



1 Quarterly and monthly KPIs can be discussed as necessary
2 Monthly KPIs can be discussed as necessary

Next steps to implement and capture benefits

	Description
Share KPI trees with donors	▪ Present GDF KPI tree to donors and compare with KPIs/metrics requested by donors ▪ Discuss with donors if streamlined GDF KPIs meet their reporting requirements ▪ Agree on any additional KPIs that need to be reported upon
Integrate KPIs into MIS	▪ Establish simple mechanisms within GDF's existing MIS system to input and analyze data required for KPIs
Complete performance dialogue workshop	▪ Conduct 2 hour workshop with GDF team leads on facilitating constructive performance dialogues with teams
Embed KPIs in team performance review	▪ Officially launch new performance management process; next steps are – Assign data collection/reporting responsibilities within teams – Schedule review meetings or add review to agendas of existing meetings – Complete one round of performance reviews – Refine KPIs and review process based on team feedback

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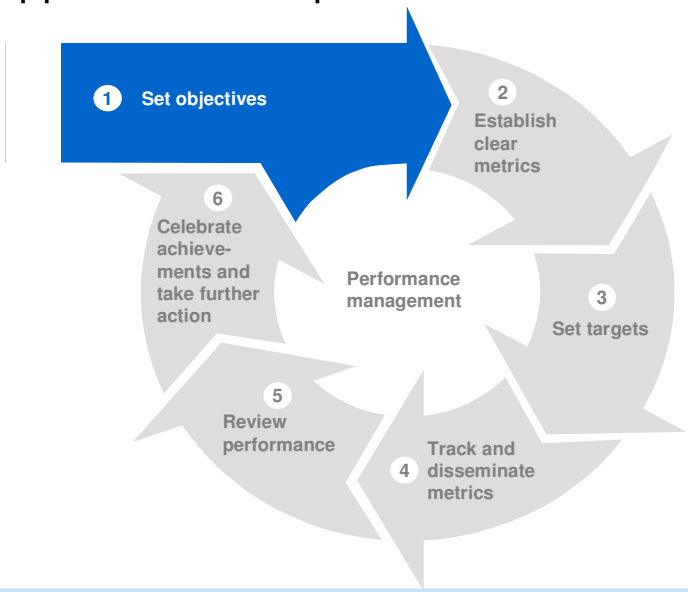
Advocacy Team issues and opportunities

GHP performance issue

1. Setting advocacy objectives that stay current and relevant in changing external circumstances

2. Finding and making visible tactical advocacy opportunities for partners to act



Advocacy improvement opportunities

1. Setting advocacy objectives within Stop TB Partnership that stay current and relevant in changing external circumstances

2. Finding and making visible tactical advocacy opportunities for Stop TB partners to act

3 steps ensure that emerging opportunities are incorporated in advocacy partners' plans and/or into the Framework Document

1 Get more information

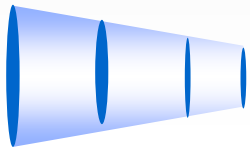
- Make advocacy every partner's business and get them to increase their information sharing
- Extend the reach of TB advocacy beyond the Partnership

"Develop the sunflower"

2 Filter the information received

- To manage the flow of information collected, set up a process that allows the Advocacy Team[1] to filter the information for
  - Validity
  - Impact
  - Global relevance
  - Feasibility

"Filter the intelligence"

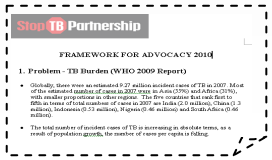


3 Create new or adjust current objectives and activity plans

I For tactical opportunities requiring immediate action
- Create new or adjusted objectives and activity plans based on new opportunities
- Define what success looks like, how to track progress

II For all opportunities not requiring immediate action
- Draft adjustments into the Framework Document
- Seek advice from AAC on changes drafted
- Share revised objectives and plans with partners

"Keep the framework relevant"



Review performance on new and adjusted objectives

1 Advocacy Team includes Secretariat advocacy and WHO STB department advocacy teams

SOURCE: Workshops

1 There are 2 steps to get more relevant information, faster

Make advocacy every partner's business

- **A** Present the advocacy framework to the Partnership
- **B** Use recent framework developments to keep partners informed and excited about advocacy priorities
- **C** Foster partner discussions on advocacy priorities/activities on Center for Resource Mobilization website
- **D** Actively engage “Network Stars” within the Partnership

Extend the reach of TB advocacy beyond the Partnership

- **E** Locate, research and prioritize target Network Stars
- **F** Create opportunities to initiate contact with the Network Stars targeted
- **G** Nurture relationships with collaborative Network Stars, de-prioritize others

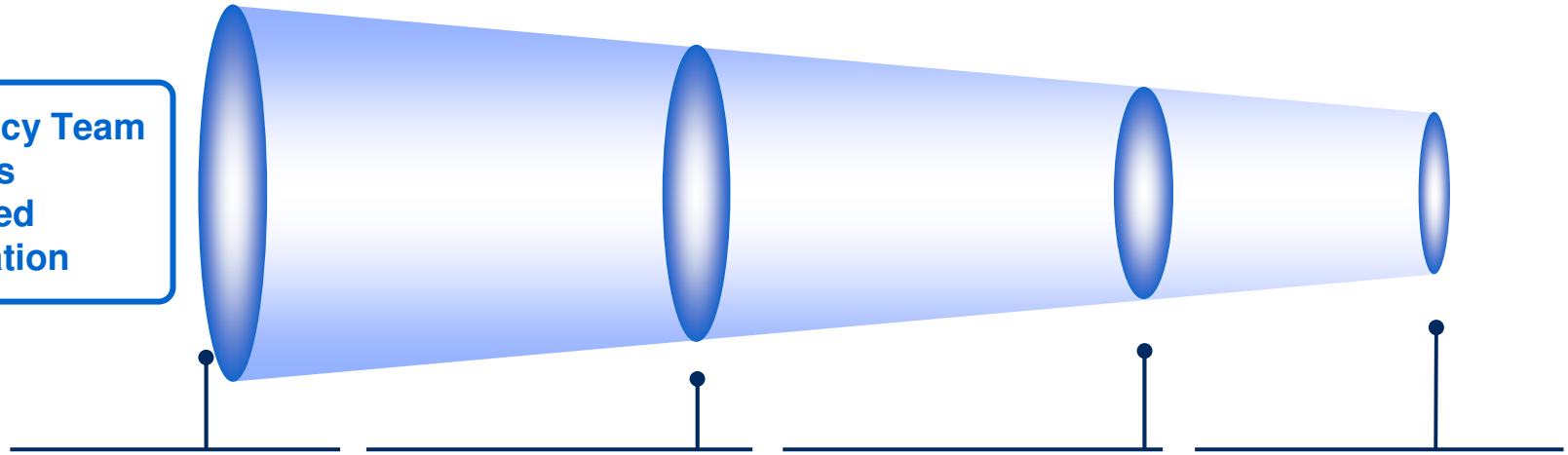
1 Network Stars are defined as the most highly connected individuals within a network through whom information flows first

SOURCE: Workshops

2 The information received from an active and extended network needs to be filtered across 4 criteria

PRELIMINARY

Advocacy Team receives unfiltered information



Validity Filter

The received information is checked for validity with a second source: "Is the information accurate and true?“

Impact Filter

Once validated, the information is filtered for work plan impact: Can the information affect

- Policy?
- Donors?
- Public opinion?

Global Filter

The information is filtered for global relevance: "Does it have implications beyond local/national boundaries?"

Feasibility Filter

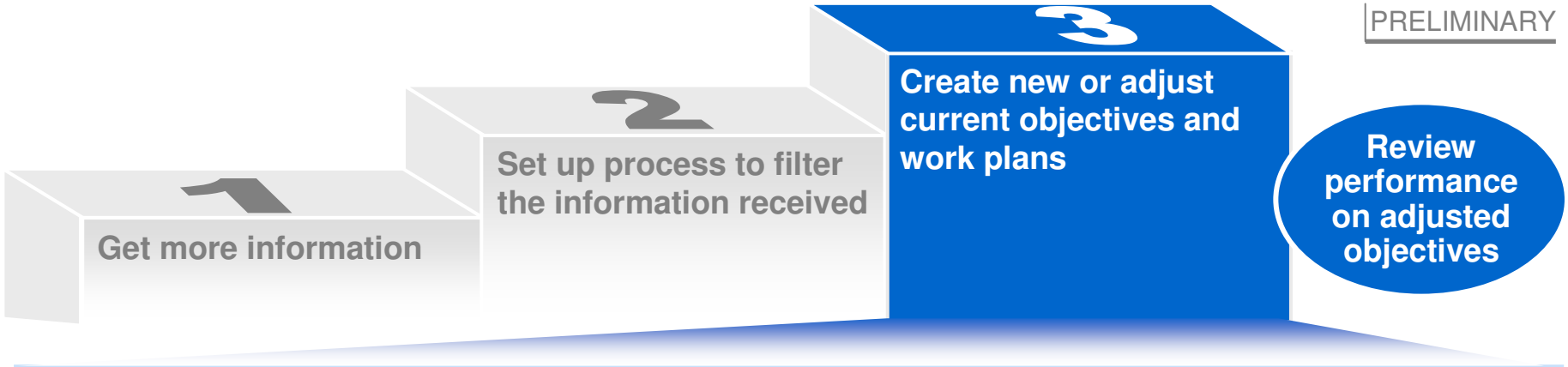
Determine whether the information can feasibly and realistically be translated into sufficiently impactful activities

Apply filter at start of advocacy meetings

SOURCE: Workshops

3 Framework document needs to be refined and revised based on information received

PRELIMINARY



I For tactical opportunities requiring immediate action

Analyze filtered intelligence and create new–or update current–objective	Prompt for rapid input from AAC	Share updates to all relevant stakeholders for immediate buy-in and action
▪ Create new objectives and plans, define success and how to measure progress	▪ As time is limited, input gathering to happen over phone or same day email feedback loop	▪ Share new/adjusted objectives and plans ▪ Define success and how to measure/track progress (e.g., how many updates suggested? Pursued? Achieved?)

II For all opportunities not requiring immediate action

Analyze filtered intelligence and create new–or update current–objective	Share updates with and seek advice from AAC	Input into Framework Document, share with Advocacy Network
▪ Secretariat Leadership and Advocacy Team jointly analyze and discuss the filtered information, drafting new or adjusted objectives	▪ Submit changes to AAC for input by next Advocacy Network call ▪ More substantial adjustments to be submitted to the Coordinating Board	▪ Share adjusted Framework with Advocacy Network and other partners – In monthly Advocacy Network call – In monthly email update with link to CRM website

SOURCE: Workshops

Next steps and expected impact

PRELIMINARY

	Description
Engage the Partnership	▪ Present framework document to – Coordinating Board: Nov 2009 – Advocacy Network: Dec 2009 (Cancun) – Stop TB Leadership: Nov 2009 – Core groups of the Working Groups: Nov 2009 ▪ Set up Advocacy Network calls
Identify Network Stars, plan engagement	▪ Map Network Stars within and beyond the Partnership ▪ Link Network Stars to objectives, prioritize outreach ▪ Plan engagement for prioritized Network Stars
Develop CRM website section, Standard Operating Procedures	▪ Advocacy Team to determine ideal structure and content of the CRM site section devoted to the framework ▪ Develop and disseminate Standard Operating Procedures for sharing information, updating the website (Nov 2009) ▪ Complete work on CRM website (Dec 2009)

Expected impact

- Strengthen Advocacy Network ties and increase dialogue between advocacy stakeholders
- Improve the use and increase the sharing of relevant information
- Stay ahead of emerging threats and opportunities
- More efficient use of Advocacy Team's limited time – no extra resources required

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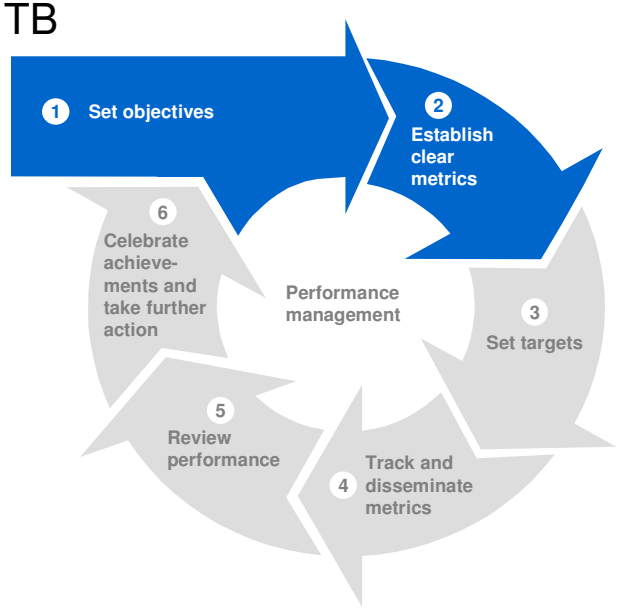
Communications Marketing and Branding issues and opportunities

GHP performance issue

① Getting from a vision to the specific objectives for the partnership and its bodies rather than directly to activities

② Agreeing the right metrics for objectives that are difficult to measure, e.g., awareness about TB



Communications, marketing, and branding improvement opportunities

① Determining detailed objectives for each audience group that the Communications, marketing and branding team seeks to address

② Define metrics for each detailed objective

4 steps lead to clear objectives, metrics and targets, as well as to required activities to deliver

1 Identify audience groups

2 Raise awareness about TB among members of the public in donor countries and selected high-burden countries

High level objective	Stakeholder group/audience
2 Raise awareness about TB among members of the public in donor countries and selected high-burden countries / BRICS	2.1 High net worth individuals, DC
	2.2 High net worth individuals, HBC, BRICS
	2.3 Students / young adults, DC and HBC, BRICS
	2.4 All other adults, DC
	2.5 All other adults, HBC and BRICS
	2.6 Children, DC and HBC, BRICS

SOURCE: Team discussion

McKinsey & Company | 5

Identified and prioritized all audience groups per high-level objective

2 Define specific objectives per audience group

2 Raise awareness about TB among members of the public in donor countries and selected high-burden countries

PRELIMINARY

High level objective	Stakeholder group/audience	Objective per stakeholder group/audience
2 Raise awareness about TB among members of the public in donor countries and selected high-burden countries / BRICS	2.1 High net worth individuals, DC	▪ Raise awareness about TB via traditional and innovative c… to increase private donations and penetrate influential net…
	2.2 High net worth individuals, HBC, BRICS	▪ Raise awareness about TB (focusing on the target's own … traditional and innovative channels in order to increase pr… and penetrate influential networks
	2.3 Students / young adults, DC and HBC, BRICS	▪ Develop and roll out a viral marketing / social media camp… – Stimulate commitment and action against TB from st… – Generate student involvement for World TB Day, e… and organization of activities
	2.4 All other adults, DC	▪ Raise awareness about the prevalence and th… and innovative channels in order to grow do… additional bottom-up pressure on governm…
	2.5 All other adults, HBC and BRICS	▪ Provide communications and marketing support in raising aw… and familiarity with TB so as to: – Support the increase in detection and treatment (e.g., educating about self-diagnosis, treatment steps), understanding of contagion risks – Foster additional pressure from civil society onto HBC governments
	2.6 Children, DC and HBC, BRICS	▪ Raise children's awareness for and sensitivity to TB by providing playful educational materials about the threat of TB, preventative measures, and common symptoms (in local language), e.g., using the Figo animated cartoon

SOURCE: Team discussion

McKinsey & Company | 5

Defined key communications/ marketing objectives for each audience group/ stakeholder

3 Set metrics and targets

1B Raise awareness about TB among members of the public in donor countries and selected high-burden countries/BR…

PRELIMINARY

High level objective	Stakeholder group/audience	Objective per audience group	Metrics
1B Raise awareness about TB among members of the public in donor countries and selected high-burden countries/BRICS	1B.1 HNWI[1] and highly networked individuals, DC	▪ Raise awareness about TB via traditional and innovative channels	▪ Numb… indivi… ▪ Mone… pro bo… public
	1B.2 HNWI and highly networked individuals, HBC, BRICS	▪ Raise awareness about TB in individual's country via traditional and innovative channels	▪ Numb… target… ▪ Perce… old ac… Health…
	1B.3 Students / young adults, DC and HBC, BRICS	▪ Develop and roll out a viral marketing/social media campaign	▪ Numb… tar…
	1B.4 All other adults, DC	▪ Raise awareness about the prevalence and threat of TB using traditional and innovative communication channels and marketing products	
		▪ Provide communications and marketing support in raising awareness of and familiarity with TB (special focus on women)	▪ …old ac… Health… ▪ Numbe… Day camp…
	1B.5 All other adults, HBC and BRICS	▪ Raise children's awareness for and sensitivity to TB by providing playful educational materials about the threat of TB	▪ Number of children reached through educational projects
	1B.6 Children, DC and HBC, BRICS		

Metrics:
- Website traffic from DC/BRICS)
- Public rating of TB as Global Health priority (in DC/BRICS)

1 High Net Worth Individuals
2 Value of in kind donations to be estimated and translated in dollar amounts

SOURCE: Team discussion

McKinsey & Company | 5

Set specific metrics and S.M.A.R.T. targets for each prioritized objective

4 Define activity plan

1C Raise awareness about TB among selected institutions – Business community (1/2)

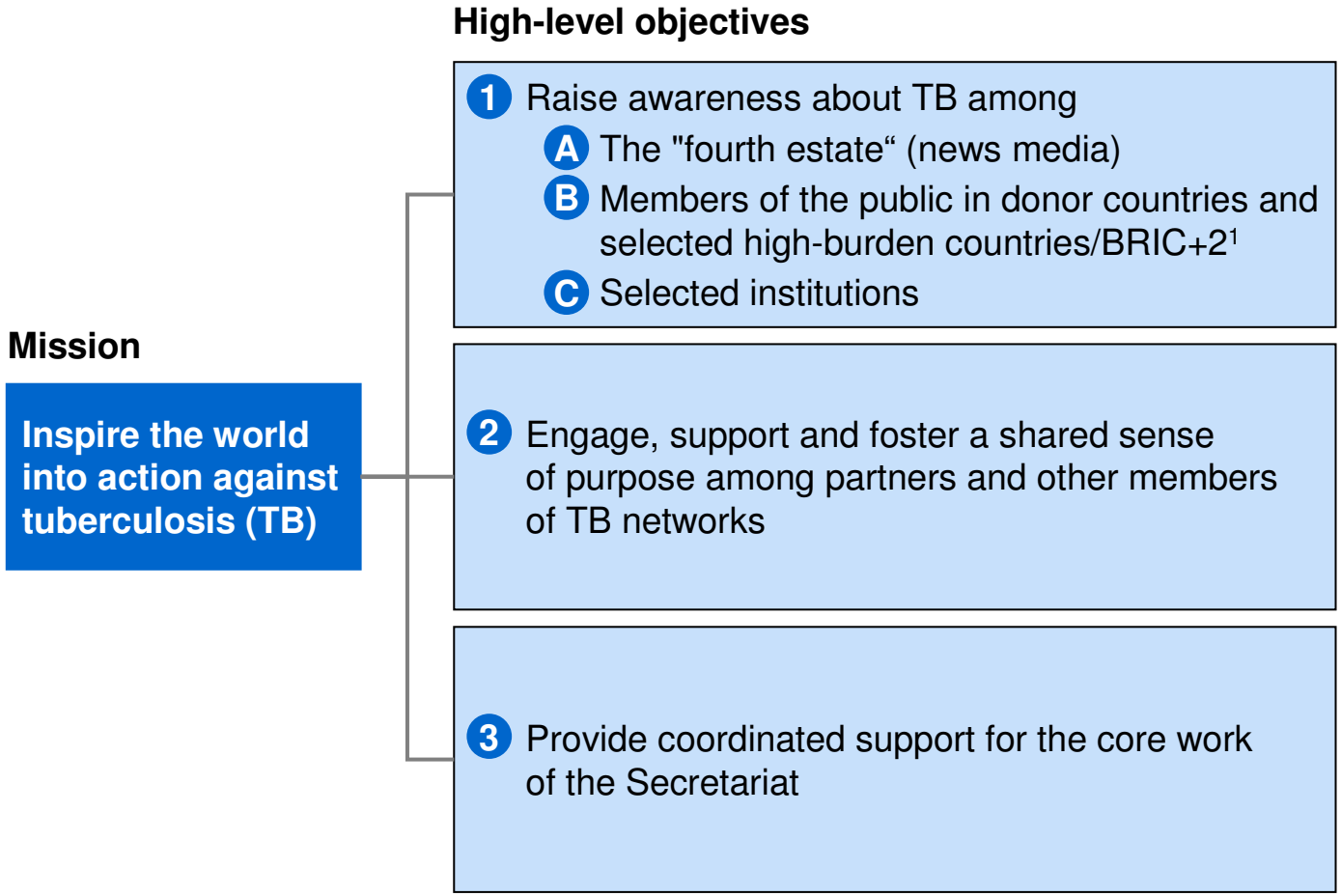
Priority stakeholder group/audience	Objectives	Metrics	Target
Business community	▪ Raise awareness among business people by targeting locations and venues they regularly encounter (restaurants, hotels, conference centers, rental car agencies)	▪ Number of business people reached through business partners (e.g., Kempinsky, Sixt)	▪ 5M (VC to confirm Kempinsky numbers for 2009)
		▪ Monetary and in kind contributions[1] (e.g., pro bono consultancy, TV placement of public service announcements)	▪ >50% ▪ $2,000 confirm
WHO DGO			
UNAIDS			

1 Value of in kind donations to be estimated and translated into dollar amount

SOURCE: Team discussion

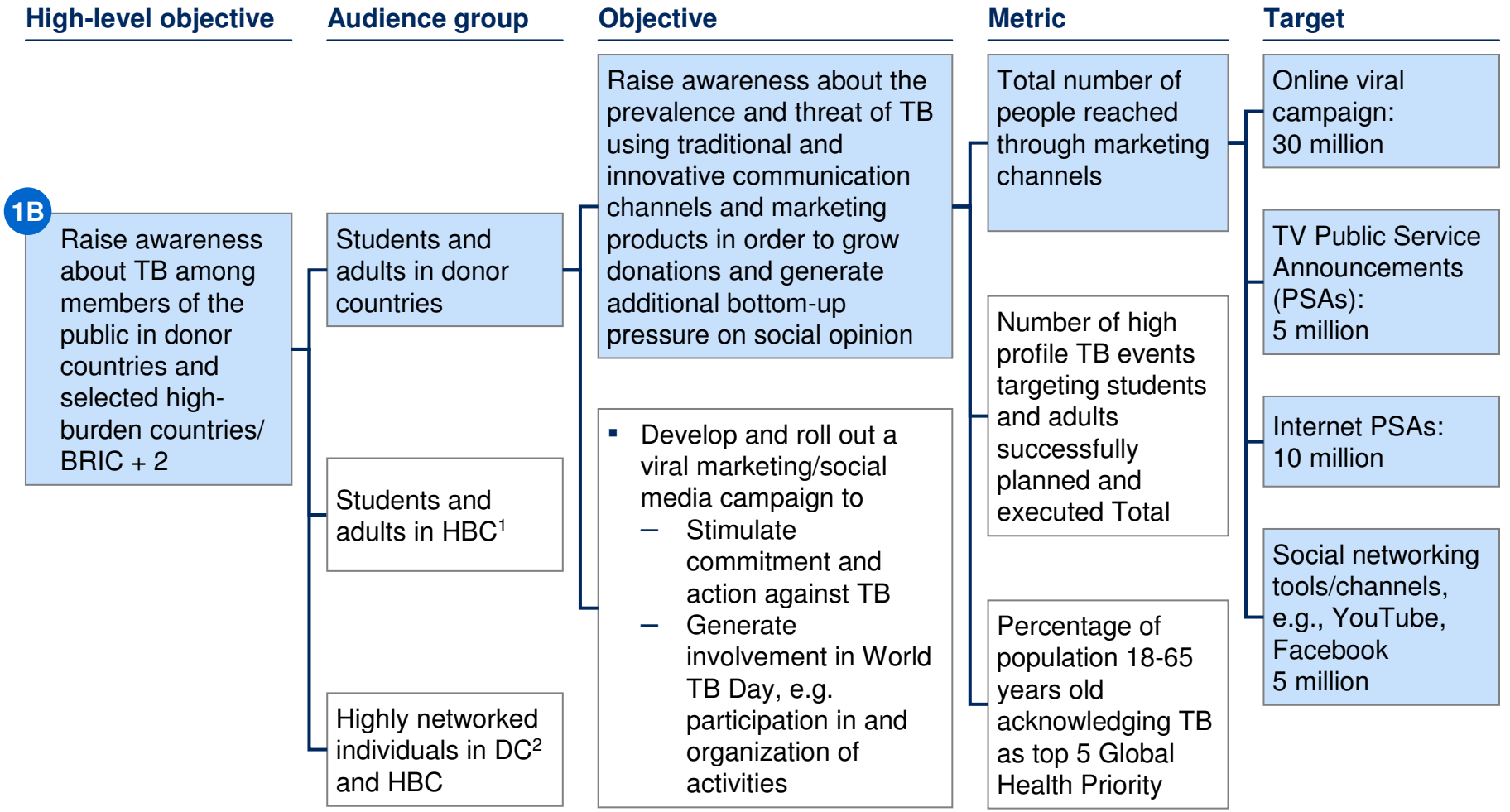
Defined activity plans required to achieve each prioritized target

The high-level objectives are related to 3 areas – raising awareness about TB, engaging TB networks and supporting the Secretariat



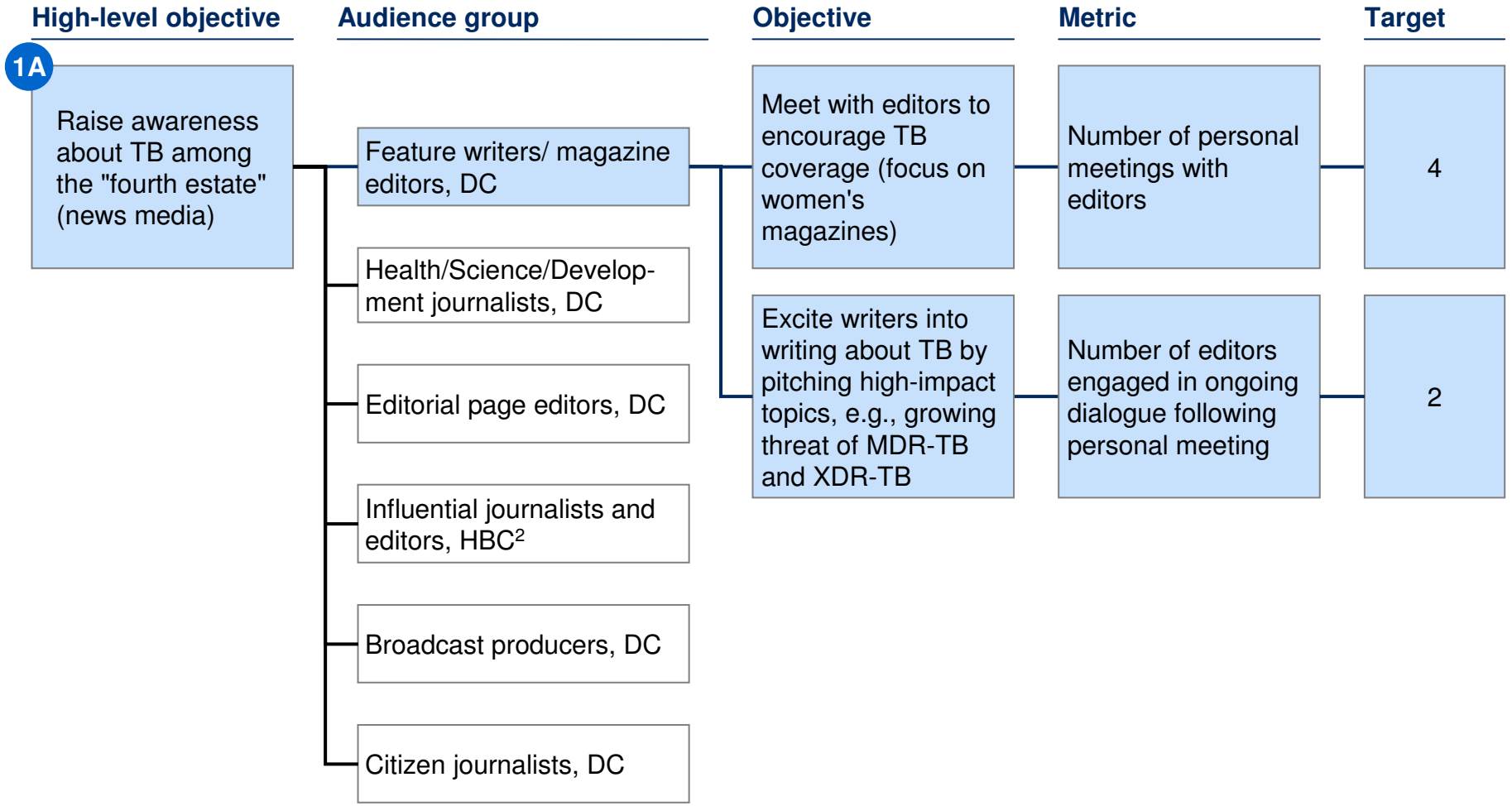
1 BRIC + 2 = Brazil, Russia, India, China, Indonesia and South Africa

For each high-level objective, audience groups, objectives, metrics, and targets have been defined (1/2)



1 HBC = High burden countries including BRIC +2
2 DC = Donor countries

For each high-level objective, audience groups, objectives, metrics, and targets have been defined (2/2)



The team will finalize execution plans and align with other teams to ensure the right activities get done

	Description
Execution plans and budgets	▪ Present updated objectives to Executive Secretary ▪ Complete detailed execution plans with activities required to meet objectives ▪ Allocate budgets/resources to activities
Internal and cross-functional alignment	▪ Align with Advocacy and Partnering and Social Mobilization teams to ensure – Responsibilities for shared objectives are clear – Ownership of activities is transparent – Interfaces on joint projects are well managed
Performance review	▪ Ensure regular (e.g., quarterly) review to assess progress against objectives

Expected impact

- Focus within team on the high-impact activities that directly aim at delivering against objectives
- Clear ownership for deliverables, within and across teams
- Ability to measure and review performance of communication, marketing and branding – functions that are typically difficult to assess

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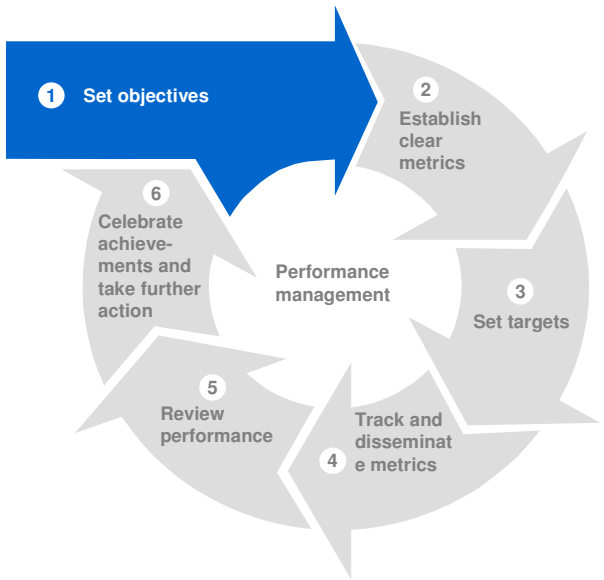
CFCS issues and opportunities

PRELIMINARY

GHP performance issue

① Getting from a vision to the specific objectives for the partnership and its bodies rather than directly to activities



CFCS improvement opportunities

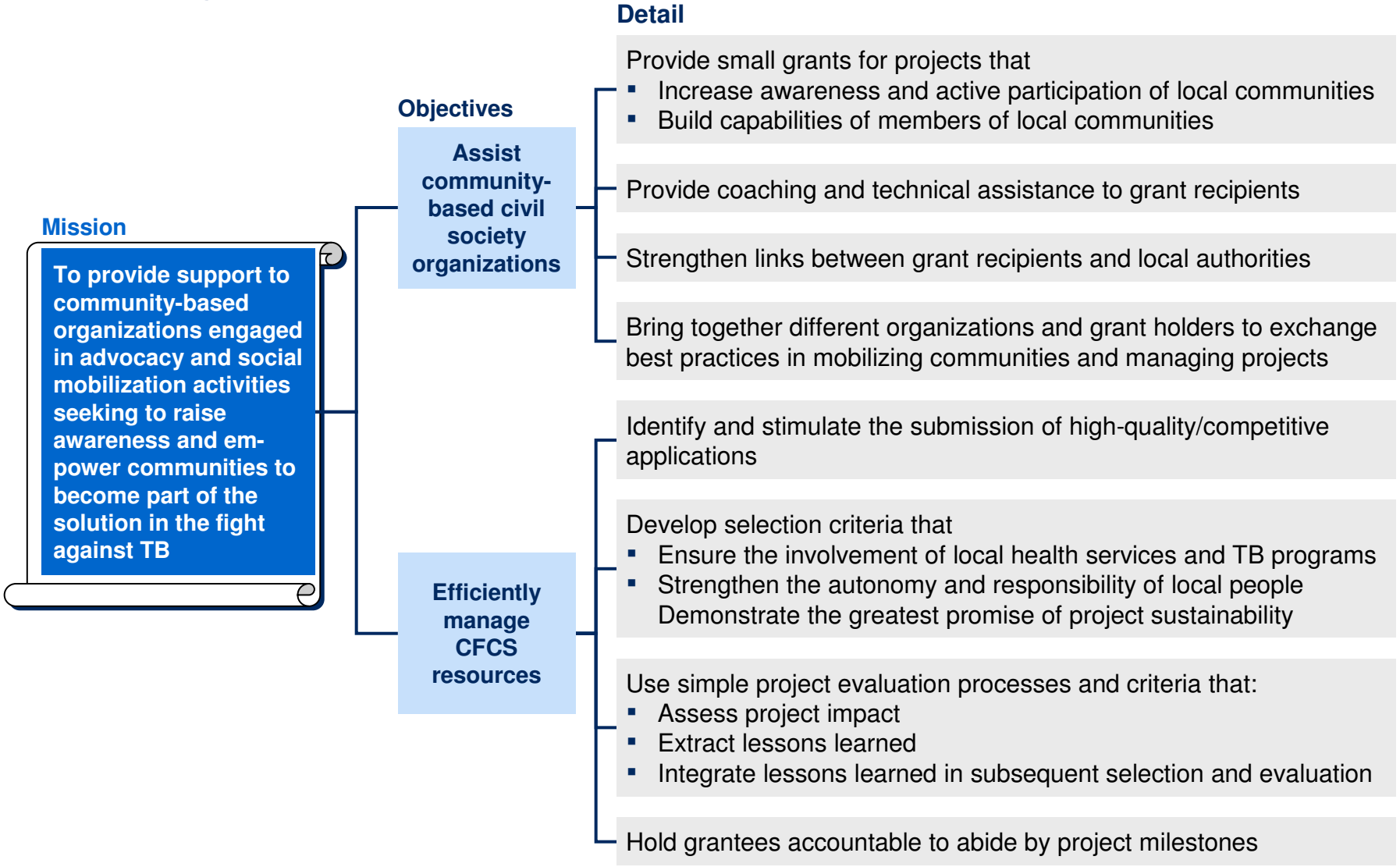
① Refine the mission based on experience and lessons learned in the first two years of the CFCS program

① Articulate specific objectives around the newly refined mission statement

The team conducted 4 workshops to revise the CFCS mission, objectives, selection and evaluation criteria

1. Refine current mission based on the experience accumulated since program inception, reviews and lessons from field visits
2. Define objectives based on the newly revised mission
3. Determine the proper set of application selection criteria that best help achieve CFCS objectives
4. Define grant evaluation criteria and template to allow for easy and efficient assessment of individual grant performance

As a first step, the team clarified the CFCS mission and defined objectives to deliver this mission



The CFCS team can use 2 simple indicators to monitor performance against the objectives

Objectives	Metrics
Assist community-based civil society organizations	Percentage of funded projects that have impact, defined as achieving ≥X score on **evaluation criteria**
Efficiently manage CFCS resources	Percentage of funds dispersed to projects that receive ≥Y score on **selection criteria**

The selection and evaluation criteria help to define performance standards

The selection template will allow the selection committee to assess if proposals aim to deliver against CFCS objectives

0 Strongly disagree
4 Strongly agree

Themes	Detailed criteria	Score 0	1	2	3	4
Contribution of grants to CFCS objectives	▪ The proposal includes advocacy and social mobilization activities within the target community	☐	☐	☐	☐	☐
	▪ The proposal includes activities that build awareness and encourage participation of local community	☐	☐	☐	☐	☐
	▪ The proposal contains capability building/training activities that empower individuals within the target community with practical knowledge about their rights and responsibilities in TB care and control	☐	☐	☐	☐	☐
	▪ The proposal contains activities that strengthen the engagement of local health services and other relevant organizations with the local community	☐	☐	☐	☐	☐
Clarity of objectives and activities	▪ Grant objectives respond to a specific TB control challenge	☐	☐	☐	☐	☐
	▪ Objectives are S.M.A.R.T.[1]	☐	☐	☐	☐	☐
	▪ Activities are in logical and consistent relation to the objectives	☐	☐	☐	☐	☐
	▪ Each activity is appropriately budgeted	☐	☐	☐	☐	☐
	▪ Administrative costs do not surpass 25% of the total budget	☐	☐	☐	☐	☐
Clarity of expected outcomes	▪ The proposal includes metrics and targets	☐	☐	☐	☐	☐
	▪ There is a clear plan to measure against metrics	☐	☐	☐	☐	☐
Project sustainability	▪ The outcomes generated by the activities in the proposal					
	– Can be sustained in a way that meets funding requirements	☐	☐	☐	☐	☐
	– Result from processes that have been institutionalized	☐	☐	☐	☐	☐

1 SMART – Specific, measurable, actionable, realistic, time-bound

Total score = TBD
(Maximum score = 52)

The evaluation criteria template assesses whether grants have performed against CFCS objectives

0 Strongly disagree
4 Strongly agree

Themes	Detailed criteria	Score 0	1	2	3	4
Empower communities by increasing awareness/ participation and by building capabilities	▪ Grant increased awareness within local community	☐	☐	☐	☐	☐
	▪ Grant increased active participation within local community	☐	☐	☐	☐	☐
	▪ Grant provided evidence of knowledge transfer to local community (e.g., examples of activities within local community that were enabled by training)	☐	☐	☐	☐	☐
Strengthened links with local health services/ other organizations	▪ Grantee has developed a collaboration mechanism with local health services	☐	☐	☐	☐	☐
	▪ Local health services endorsed activities and outcomes	☐	☐	☐	☐	☐
	▪ Grantee proactively engaged and interacted with other local relevant organizations	☐	☐	☐	☐	☐
Ensured activities are sustainable	▪ Generated outcomes are sustainable/long-lasting (e.g., required funds are in place, processes to sustain outcomes are in place)	☐	☐	☐	☐	☐

Total score = TBD
(Maximum score = 28)

Implementing the selection and evaluation criteria would allow CFCS to fund the right proposals and more easily assess their impact

	Description	Expected impact
Imple-mentation	▪ Receive approval to continue CFCS from Coordinating Board ▪ Define list of activities to elicit project proposals that are aligned with objectives and selection criteria ▪ Apply selection template in review of applications for next funding round in Q1 2010 ▪ Apply evaluation templates to assess awarded grants	▪ Increase in number of high potential, relevant applications ▪ Decrease in time and resources needed to – Correctly assess potential of an application – Evaluate the implementation of grants ▪ Synergies captured across CFCS and other Partnership bodies
Cross-functional alignment	▪ Discuss short-listed proposals with other Partnership bodies to ensure synergies between activities at local level*	
Performance review	▪ Ensure regular (e.g., semi-annual) performance review to assess progress against CFCS objectives	

1 E.g., country X to move from GDF grant services to direct procurement; CFCS project supports activities to advocate with local government to increase TB resources

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MDR-TB Working Group issues and opportunities

GHP performance issue

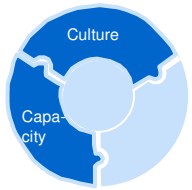
Enablers

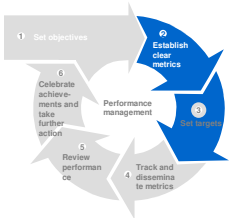
- **Culture** – Ensuring partners within a loose working group arrangement are engaged and motivated to contribute
- **Capacity** – Allocating significant resources to performance management given limited resources for internal processes

Processes

② Agreeing the right metrics for objectives that are difficult to measure

③ Committing to targets is difficult because of voluntary nature of partnerships





MDR-TB Working Group improvement opportunities

Enablers

- Developing a simple survey-based tool to assess the level of working group engagement
- The procedural operations of the WG (e.g., following-up on specific activities) are restricted by limited secretariat/ managerial resources

Processes

② Metrics set by the WG could be more explicitly tied to objectives of the WG and its members

③ Accountabilities and timelines for specific actions/outcomes are not always clear

Questions for MDR-TB WG team barometer

	Strongly disagree 1	2	3	4	Strongly agree 5
Objectives and direction					
The objectives of the WG are clear and members are fully aligned on them	☐	☐	☐	☐	☐
The WG's leaders provide clear strategic direction	☐	☐	☐	☐	☐
The Chair of my subgroup provides clear direction	☐	☐	☐	☐	☐
Delivery against objectives					
I believe the WG is making good progress towards achieving its objectives	☐	☐	☐	☐	☐
My subgroup meaningfully contributes to the overall objectives of the WG	☐	☐	☐	☐	☐
The WG is having a meaningful impact in the fight against MDR-TB	☐	☐	☐	☐	☐
Individual contributions					
My role within my subgroup is clearly defined	☐	☐	☐	☐	☐
The individual contribution of each member of my subgroup meets my expectations	☐	☐	☐	☐	☐
After meetings, accountabilities and deadlines for specific actions are clear	☐	☐	☐	☐	☐
My contribution to the subgroup receives sufficient recognition	☐	☐	☐	☐	☐
Mindsets and behaviors					
The culture within the WG is collaborative and constructive	☐	☐	☐	☐	☐
Members are encouraged to voice their opinions, even if they are controversial	☐	☐	☐	☐	☐

The collaborative work with the MDR-TB Working Group is just beginning – overview of suggested next steps

Next steps

- Launch MDR-TB Working Group “team barometer” survey
- Develop metrics and targets that directly evaluate performance against WG objectives
- Develop further approaches to improve members' participation and accountability
- Assess the implications of MDR-TB scale-up on the WG and assess future capacity requirements
- Develop a "business case" for additional secretariat/ managerial resources, if required

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- Global Drug Facility
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- **Next steps**

Project outlook – the next ~ 10 weeks will focus on implementing the solutions developed

- Implementation within project teams begins
- Problem-solving sessions on findings, lessons learned, and implications are conducted
- Workshops to share achievements with other Partnership bodies are conducted
- Report is produced and findings are published
- Progress is presented to Coordinating Board in March 2010