

CALL FOR APPLICATIONS THE GLOBAL DRUG-RESISTANT TB INITIATIVE WORKING GROUP, STOP TB PARTNERSHIP

The Global Drug-resistant TB Initiative (GDI) is announcing a call for applications for new members to serve on the GDI Core Group in 2023-2025

Closing date of applications: 30 April 2023

Background

The mission of the GDI is to serve as a multi-institutional, multi-disciplinary platform organizing and coordinating the efforts of stakeholders to assist countries to build capacity for programmatic management of DR-TB (PMDT) in the public and private sectors. The ultimate aim is to ensure universal access to care and appropriate treatment for all DR-TB patients. The group mobilizes resources and undertakes activities to ensure a holistic, quality-assured, patient-centred approach for all DR-TB patients within existing TB care structures as well as through innovative new partnerships in priority countries.

The GDI has the following strategic priorities:

- Build global consensus on appropriate management of DR-TB for patient-centred care delivery in accordance with international best practices.
- Promote strategies to facilitate patient access to high-quality DR-TB care, including among especially vulnerable populations such as miners, migrants and displaced persons through a long-term, in-country capacity-building approach targeting both the public and private sector;
- Facilitate appropriate integration and coordination of efforts to align diagnostic services for patients with access to high-quality care.
- Facilitate strengthening DR-TB reporting and monitoring systems to improve patient notification, drug management, patient medical records, and community-based care through public and private facilities;
- Facilitate effective knowledge sharing among partners and harmonise coordination with existing technical assistance mechanisms to ensure quality support to PMDT;
- Strengthen regional frameworks and collaboration with rGLCs for support to country-level PMDT expansion activities;
- Develop targeted advocacy strategies and resource mobilization for DR-TB management scale-up;
- Support prioritization of research to generate evidence for PMDT scale-up.

The GDI and the GDI Core Group

The GDI is a Working Group of the Stop TB Partnership with open membership, with a Core Group (CG) of selected GDI members. The CG consists of a maximum of 17 members, of which 6 seats are reserved for the chairs of the regional Green Light Committees (rGLCs). The rGLCs, according to the 6 WHO regions, have been established to provide decentralised oversight and technical assistance to countries in scale-up of MDR-TB services, and hence form an important link between the GDI's CG and countries, providing an opportunity for experience sharing and appraising the GDI's CG members of ground realities and challenges.

Members of the CG are expected to attend all CG meetings and participate in all CG decisions. To fulfil the desired tasks, the members need to be familiar with the primary guiding documents on GDI policies and procedures and be familiar with the Stop TB Partnership, WHO and the public health context in which the GDI operates, including the main partners and their guiding policy and position statements.

Through the CG, the members are expected to:

1. Strengthen GDI processes by contributing to related policies and procedures;
2. Identify current bottlenecks and challenges in PMDT expansion and quality and provide recommendations to WHO and partners on the way forward;
3. Share relevant technical experience and needs from respective constituencies to guide policy-making processes;
4. Participate and contribute equally to the CG activities
5. Nurture and provide oversight of task force activities
6. Review and endorse publications offered for endorsement to the GDI
7. Periodic review of activities of the GDI and its task forces vis-à-vis the strategic plan of the GDI Working Group; and

8. In coordination with the Secretariat, prepare an annual report of activities.

There will be a maximum of 1 in-person CG meeting per year, with a maximum meeting duration of 2 days, depending on the availability of funds and agreed on agenda items. Ad-hoc meetings via tele/videoconference may be organized as and when required. Members will serve for a term of 2 years, renewable for a second consecutive term.

GDI GC selection:

The selection of CG members is based on consideration of expertise and experience, and membership is balanced by gender, region, and the following constituencies:

- *Donor/ funding agencies*
- *rGLC chair*
- *Technical agencies and implementation partners assisting NTPs of high-burden DR-TB countries*
- *Academic institutions, institutions of high scientific and technical standing having attained international recognition in the area of DR-TB management*
- *Civil society, patients and affected communities*
- *Non-governmental sector partners*
- *Private for-profit sector*
- *National TB programmes of high DR-TB burden countries*
- *National/international/ scientific/professional medical associations and nursing associations*

Selection of members is tasked to a committee constituted of the CG Chair, 2 Core Group members and a member of the GDI Secretariat. Their recommendations will be reached through consensus and confirmed by the full Core Group.

The GDI Secretariat is provided by the WHO Global TB Programme and is hosted in the WHO Headquarters in Geneva, Switzerland.

Applicants should note that members will be selected to ensure that the perspectives of a broad range of constituencies and regions continue to be represented on the Core Group.

To apply for CG membership

Interested individuals are invited to send their applications by email to gegiam@who.int

The applications should include:

1. Letter of motivation highlighting the experience, areas of expertise and appropriate constituency to be represented.
2. Detailed CV with chronological order of experience.
3. Letter from the institution supporting participation on the CG