



**STOP TB PARTNERSHIP**  
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**ANNUAL REPORT**

**2016**

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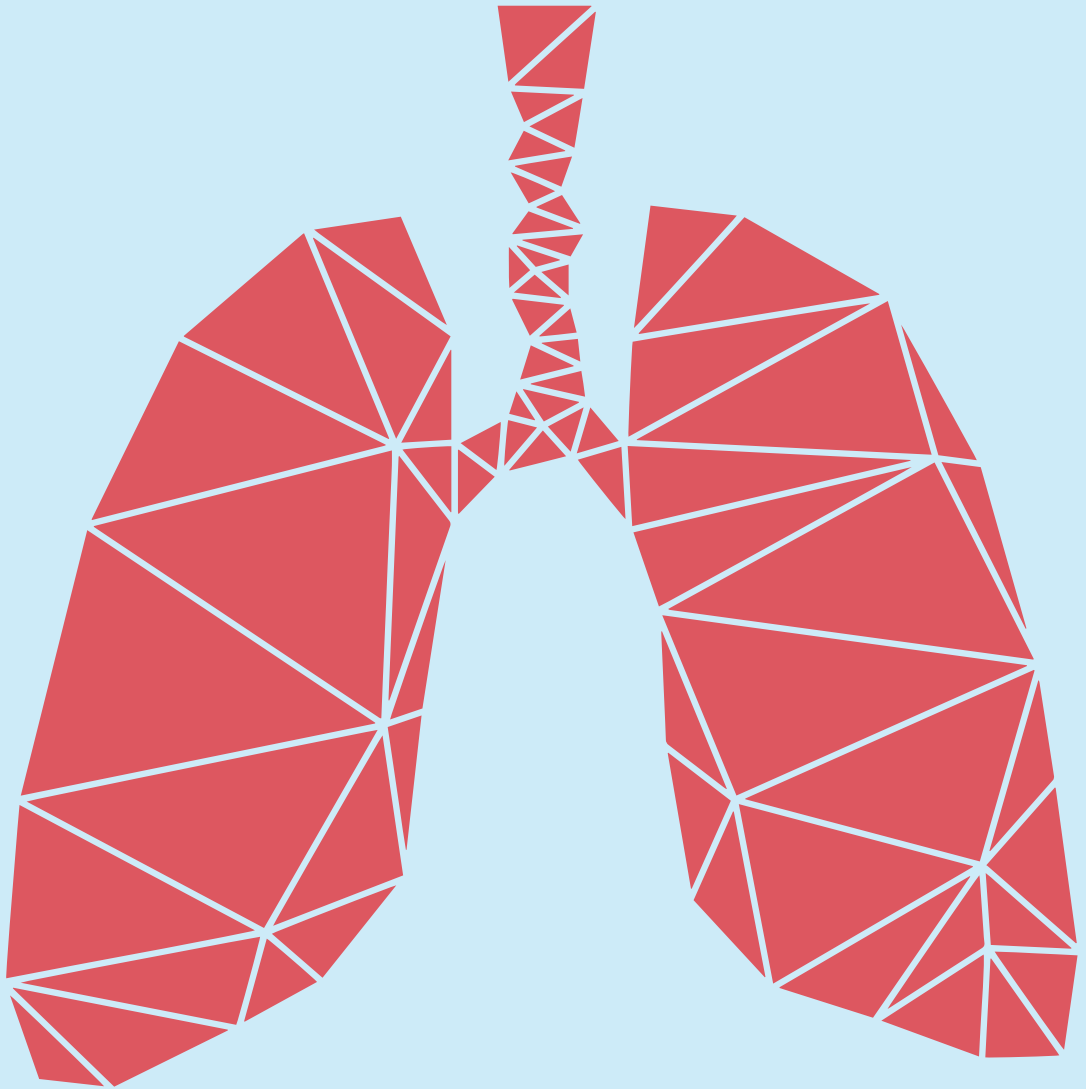
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# 1. MESSAGE FROM THE CHAIR OF THE BOARD

2016 was a year in which the world faced many major challenges, including disease outbreaks, humanitarian emergencies, and momentous political shifts. The global health community was challenged to ensure the health of the world's poorest citizens was not forgotten among the headlines. Our task now is to remind the world that investing in health is not an optional luxury, but an essential element to human and economic development.

Nowhere is this more evident than the fight against tuberculosis (TB), which killed 1.8 million people in 2016, many of whom were left behind, forgotten, or fell through the cracks. TB is now the largest infectious killer in the world. Whether we view the world's challenges through an economic, security, or human development lens, ending the TB epidemic is essential to humanity's future.

For this reason, I was convinced that the TB community must bring TB to the highest political levels this year. In August 2016, I asked my fellow Ministers of Health from the Africa Region to join me in calling for a United Nations (UN) Meeting on Tuberculosis at the Heads of State level. In September I called for a UN High-Level Meeting (HLM) on TB from the floor of the UN General Assembly, and the Stop TB Partnership Board officially endorsed its support to the campaign at its Board Meeting in New York.

Thanks to the outstanding efforts from leaders across the TB community, and the support of many governments, the UN General Assembly endorsed a resolution in December agreeing to hold a UN HLM on TB in 2018. We must now seize this opportunity and ensure that we lever-

age the opportunity offered by the HLM to mobilize the world to achieve the 2030 SDG targets for TB eradication. The success of the UN HLM will ultimately be measured by its impact on the front lines, and we must call on all groups, from people affected by TB to Heads of State, to bring their voices to the HLM in 2018.

Stop TB Partnership continued to be at the forefront of the world's fight against TB in 2016 and helped mobilize significant new resources. The Government of Canada announced an investment of CA\$ 85 million for the Stop TB Partnership's TB REACH initiative from 2016-2020, which will fill a critical gap by funding and evaluating innovative TB programs on the ground that can be brought to scale.

I travelled to Japan this year, where I joined Bill Gates and others to support a fully replenished Global Fund to Fight AIDS, TB and Malaria. I also went to Washington where I met key US leaders, including Member of Congress and the Senate, and thanked them for their continued support for global TB efforts and outlined its tremendous impact on the ground. Working with our partners, we also secured a US\$30 million landmark grant to support programs to address the TB emergency among Ministers in the Southern Africa region.

The Global Plan to End TB 2016-2020 continued to be widely endorsed at the highest political levels and challenged governments and partners to significantly scale up their TB efforts. The Plan and its 90-(90)-90 targets to reach and successfully treat at least 90% of people with TB was endorsed by the Heads of State, who committed to funding and implementing the

targets in the Global Plan in the UN HLM on HIV/AIDS Political Declaration. Minister's Health from the Africa and South-East Asia regions, as well as the BRICS group of countries, also endorsed the Global Plan and its targets.

As we move into 2017, I would like to thank you for your continued support for the Stop TB Partnership. Now more than ever, we must remain united and move with a singular vision towards demanding that the world reach and treat every person living with TB. We have the plan, the vision and the drive to end TB. Now is the time to raise our collective voices and embrace the opportunity to bring the TB emergency to the world's attention.

**Dr. Aaron Motsoaledi**

*Minister of Health for the Republic of South Africa and Chair of the Stop TB Partnership Coordinating Board*



## 2. MESSAGE FROM THE EXECUTIVE DIRECTOR

Ending TB by 2030 is an SDG target and an ambitious goal that the world must achieve. It will not be easy as the burden is huge: an estimated 2 billion people infected globally, 10.5 million new TB cases every year with just a bit more than 6 million detected and treated with proper care, an increasing drug resistant burden and just one in nine people affected by MDR-TB being diagnosed, treated and cured. A pathetic and slow decline of 1.5% per year of TB incidence versus the 7-10% decline needed. No vaccine, no point of care diagnosis, no lean and short treatment regimen without side effects. Declining investment in research and development.

So, where do I get the hope and belief that we will end TB? Where do I see the silver lining in all this?

I see it in the fact that if we – as human beings – really want to achieve something, nothing can stop us and we will do it. And now is the first time ever that I feel that we really want to end this disease. I feel it in the continuous amazing and long standing leadership of Minister Motsoaledi of South Africa who dared and pushed away all boundaries and challenges in making the South African people healthier and stronger with regards to TB. South Africa is rolling out all the new drugs and diagnostics and most importantly integrating services for TB/HIV, in his vision of bringing TB to the UN High Level Meetings (UN HLM).

In 2016, thanks to Minister Motsoaledi's leadership, the UN General Assembly agreed to hold a high-level meeting on TB through a resolution endorsed by member states at UNHQ in New York. It was a historical moment for the TB

community, and this UN HLM which will be held in 2018 is a significant step towards ending TB.

Earlier this year, the Government of Canada announced a renewed investment of CA\$85 million for the Stop TB Partnership's TB REACH initiative over the next five years. I am deeply grateful to Canada for their reinvestment into one of the Partnership's most successful initiatives. By promoting innovations, TB REACH improved case detection in some settings by more than 100% -- especially reaching those who are most vulnerable. The value of this financing is immeasurable, and is coming at the right moment. I also thank the Gates Foundation which will complement Canada's investment, and the Indonesia Health Fund that have also pledged US\$ 1.5 million to support TB REACH's Indonesian efforts. We will work hard to ensure that more lives continue to be saved thanks to the generous funding of our donors.

The Stop TB Partnership Secretariat exists to serve the deserving and the people in need. As I travelled to many high burden countries this year, I feel it in the voices of people affected by TB that are becoming more and more united asking for their rights to have access to the newest and most efficient diagnosis, treatment and care. I feel it in the voices of people from communities, civil society and NGOs that are scaling up their work on TB and in TB programs working towards putting people affected by TB at the center of their efforts. We will continue to work with people affected by TB, communities and key populations.



We aim to manage and coordinate market activities for the full TB portfolio, including developing a state of the art business intelligence and data driven approaches through early adoption of technology. We will also undertake strategic procurement and innovative logistical solutions for TB goods to support the uptake of new tools in collaboration our partners.

We have a long way to go and it will be difficult – but, we have to agree that we now have a great momentum for TB that we have never had before, something so strong from the high burden countries: a desire, and an energy to end TB! Let's do it!

**Dr. Lucica Ditiu**

*Executive Director of the Stop TB Partnership*



## 3. MOVING FORWARD: THE STOP TB PARTNERSHIP

### **A. Key Performance Indicators of the Stop TB Partnership Secretariat 2016-2020**

In 2016, the Stop TB Partnership Board approved the first ever set of Key Performance Indicators (KPIs) for the Operational Strategy 2016-2020. Key Performance Indicators were developed based on input from the Secretariat, Executive Committee and Board members.

### **B. Standard Operating Procedures between the Stop TB Partnership and UNOPS**

In The Stop TB Partnership Coordinating Board approved the Standard Operating Procedures at the 26th Coordinating Board meeting in Paris, France in April 2014. The approval was based on the understanding that the SOPs are a living document and are intended to be updated as needed. Following a year of operations within UNOPS, the Secretariat and hosting agency recognized the need to update the SOPs to better reflect the realities of operation, rules and regulations.

### **C. Governance**

The Executive Committee guided our work, including the development of KPIs. In 2016, the Executive Committee has held 11 teleconferences. The main areas in which the Executive Committee has provided oversight were: the development of the Key Performance Indicators to measure the implementation of the Operational Strategy 2016-2020, updating the Stop TB Partnership Standard Operating Procedures, planning for the Stop TB Partnership 28th Coordinating Board meeting, and Global Fund allocation and deliberations.

The Finance Committee held two calls as well as a face-to-face meeting in Washington DC, USA in September 2016. The Finance Committee has reviewed the quarterly expenditure reports, reviewed the Annual Financial Statements for 2015 and 2015, and discussed the approach to invest cash available for different maturities with the UNOPS investment committee to optimize the Partnership's income from its available resources.

The Annual Financial Statements for 2014 and 2015 were presented to the Coordinating Board for its approval in New York. The Stop TB Partnership's accounts with WHO were closed during the year with WHO agreeing to the resource that had accrued to it over the years it had been hosted by WHO. This resulted in a transfer of US\$ 78 million to UNOPS.

### **D. UNOPS Internal Audit: Review of hosting services provided to Stop TB Partnership**

Earlier in 2016, the UNOPS Geneva Office was subject to two audits: One by the UN Board of Auditors, conducted by auditors from the National Audit Office of the UK, and one by UNOPS Internal Audit and Investigation Group. The latter included a review of all the hosting services provided to the Stop TB Partnership. We are pleased to report that the auditors found that the level of internal control of the UNOPS Geneva Office over the activities was solid and achieved the highest possible rating of 'Satisfactory' against the three possible audit ratings that can be given: Satisfactory, Partially Satisfactory or Unsatisfactory.

There were recommendations for the need for additional transactional and oversight support in the UNOPS office for the management of the Long-Term Agreements, establishment of orders, as well as tracking of receipts. UNOPS and Stop TB have already begun to implement the recommendations, which will further strengthen the capacities and controls of the service delivery. The audit reports are publically available





# 4. WHAT WE ACHIEVED

## A. ADVOCACY AND COMMUNICATIONS

### I. Board leadership engagement

Minister Motsoaledi and the Executive Director travelled to Japan in January for the International Conference on Universal Health Coverage and the Global Fund's Fifth Replenishment preparatory meeting. During a high-level panel session with Mr Bill Gates, Minister Motsoaledi highlighted the need for innovations in addressing TB and HIV and showcased how the Partnership's TB REACH program was driving innovations on the frontlines. They also met with key political leaders in Japan to outline the importance of their continued leadership on TB as Chair of the G7 Group of Countries.

In February our advocacy efforts on TB and Mining came to fruition when The Global Fund and a group of 10 Southern African countries signed a landmark \$30 million grant to pioneer innovative models to reduce high rates of TB in the mining sector. Miners in the Southern Africa region have some of the highest rates of TB infection in the world and the Partnership had a driving role in advancing this issue, starting in 2011 when Minister Motsoaledi brought the issue to the attention of Heads of State in the Region.

Minister Motsoaledi and the Executive Director travelled to Washington to mark World TB Day on March 24th and met with leaders in the US Government to thank them for their continued leadership in global TB efforts. Joined by

our Board Vice-Chair Dr. Joanne Carters and Board member Dr. Cheri Vincent, they met with newly appointed USAID Administrator Dr. Gayle Smith, and held meetings with the White House National Security Council, the Senate Foreign Relations Committee, and other key Members of Congress.

Minister Motsoaledi also received a TB Champion award from USAID during a high-level World TB Day event joined by global health leaders including including Dr. Jim Kim, President of the World Bank, Dr. Ariel Pablos-Mendez, Assistant Administrator for Global Health, USAID, Ambassador Deborah Birx, U.S. Global AIDS Coordinator, and Dr. Paul Farmer, co-founder of Partners in Health.

In May the Government of Canada announced a renewed investment of CA\$ 85 million for the Stop TB Partnership's TB REACH initiative from 2016-2020. The Bill & Melinda Gates Foundation also pledged US\$ 7 million to fund TB REACH and The Indonesia Health Fund pledged US \$1.5 million to support TB REACH's Indonesian efforts. Minister Motsoaledi and other Board members played a critical in making the case for these investments, which will ensure TB REACH continues its critical work in supporting new innovations in the fight against TB.

On the occasion of the Sixty-Ninth World Health Assembly in Geneva, the Secretariat in collaboration with the Permanent Mission of India and the World Intellectual Property Organization (WIPO), organized a cultural event and gala dinner to 'Unite to End TB' on 21 May at WIPO HQ.

The event was a great success with a turnout of more than 180 guests including Ministers, Ambassadors from 16 countries and heads of multilateral organizations.

The Partnership coordinated the TB community's engagement in the lead up to the 2016 UN High-Level Meeting on HIV/AIDS to ensure strong commitments for joint action on HIV/AIDS and TB. In April we organized a side-event with UNAIDS at the Civil Society Hearings for the High-Level Meeting. Stop TB Partnership Coordinating Board members Mr Austin Obiefuna and Ms. Thokozile Phumizile called on over 100 attendees from civil society to unite in the response to HIV/AIDS and TB and ensure TB was included as a key priority.

Strong engagement by Minister Motsoaledi and other Board members led to TB being included as a top priority in the outcomes of the UN High-Level Meeting on HIV/AIDS held in June 2016. The Political Declaration adopted by Heads of State at the meeting included a commitment to funding and implementing the targets in the Global Plan to End TB, and the Plan's 90-(90)-90 TB targets. WHO and the Stop TB Partnership co-organized a Ministerial panel during the High-Level Meeting convened by the UN Special Envoy for TB Dr. Eric Goosby, to highlight joint actions needed against TB and HIV.

The Global Plan has continued to be widely endorsed at the highest political levels. In August Ministers of Health from the Africa Region attended a special session on TB organized by the Stop TB Partnership and WHO in Addis Ababa, Ethiopia. Under the leadership of Minister Motsoaledi, who presented the keynote address, the Ministers of Health endorsed the Global Plan to End TB and the 90-(90)-90 targets, and made a commitment to increase domestic TB spending and ensure their TB Policies are in line with international recommendation.

In December, following a campaign launched by Minister Motsoaledi, the UN General Assembly agreed to hold a UN High Level Meeting on TB through a resolution endorsed by member states at UNHQ in New York. The resolution was tabled by the Global Health and Foreign Policy Initiative, a UN country grouping which includes South Africa, Thailand, Brazil, France, Norway, Senegal and Indonesia. The resolution and specifically the text calling for the UN HLM on TB, was agreed unanimously by member states following a campaign by the global TB community and Stop TB partner organizations.

## **II. High level advocacy missions to countries**

In March, the Executive Director and the Deputy Executive Director attended the World TB Day event in India, where they met with the Honourable Minister JP Nadda and senior government officials, civil society partners, and other stakeholders leading the fight against TB in India. The Minister launched several new initiatives on TB in a high level event in Delhi. This was an excellent opportunity to strengthen our partnerships in India and resulted in new collaborations and partnerships to support India's TB efforts. We also discussed concrete ways for accelerated procurement of GeneXpert and bedaquiline for the benefit of Indian people affected by TB. They held discussions with Dr Soumya Swaminathan, head of Indian Council of Medical Research on the steps for the start of her Zero TB Initiative in Chennai. The Executive Director met the Regional Director of WHO SEARO who expressed her commitment and support for a new approach to scale up the TB response in the Region in order to achieve impact in line with the targets of the WHO End TB Strategy and the Global Plan to End

TB. During her visit and alongside the India event, WHO SEARO invited other countries in the Region who committed to fast track the TB responses in their countries in line with the new agenda to end TB as an epidemic. Our team has since then engaged with WHO SEARO to create opportunities for further advocacy and elevation of ambition levels of countries in the Region.

In April 2016, the Deputy Executive Director visited Mozambique and met with the Deputy Minister of Health as well as participated in a Global Fund convened meeting for countries in the Region. The Deputy Minister was made aware about the low absorption rate of the Global Fund TB grant and action points were discussed and agreed to speed up implementation.

In April, the Executive Director travelled to Indonesia for a joint mission with the Global Fund to Fight AIDS, TB and Malaria. The main purpose was to have a discussion with the Minister of Health of Indonesia on the Global Fund TB grant and ensuring that funds are put to best use for TB affected people. It was a successful meeting, also for strengthening the relationship and engagement with the NTP manager and team as well as the most senior staff in the Ministry of Health. The Executive Director also met with Mr. Arifin Panigoro, Chair of the Stop TB Partnership Indonesia, the Honourable Dede Yusuf, a Member of Parliament leading TB efforts among parliamentarians. The Mission resulted in opportunities to strengthen TB efforts and align partners behind the Global Plan to End TB.

Also in April, the Deputy Executive Director visited Mozambique and met with the Deputy Minister of Health as well as participated in a Global Fund convened meeting for countries in the Region. The Deputy Minister was made aware about the low absorption rate of the Global Fund TB grant and action points were discussed and agreed to speed up implementation.

In May, the Executive Director travelled to Nigeria with Ambassador Eric Goosby, UN Special Envoy for TB to participate in the first National TB Conference organized by Stop TB Partnership Nigeria, which garnered major media coverage on television, radio, and print. They met with the Wife of the President, Her Excellency Mrs Aisha Muhammadu Buhari, the Minister of Health, the Senate Committee on Health, the House Committee on AIDS, TB and Malaria, and other key groups engaged in TB efforts. The Stop TB Partnership is grateful to our partners in Nigeria for their efforts to raise the political profile of TB, and especially the First Lady of Nigeria for her outstanding leadership.

In July, the Executive Director joined Minister Motsoaledi in Durban, South Africa to attend the TB2016 and AIDS 2016 conferences. Minister Motsoaledi delivered keynote speeches at both conferences where he spoke about the work of the Partnership and the Global Plan to End TB. The Executive Director presented the Global Plan and the need for increased TB investments to Parliamentarians from nearly twenty African countries at the launch of the African TB Caucus, where the Global Plan to End TB and the 90-(90)-90 targets were also endorsed. We also launched the Step Up for TB Campaign with MSF which asks countries to update their TB Policies in line with global guidelines within 500 days. The launch featured a large wall poster map on countries TB policies which was displayed in the main exhibition hall at the AIDS2016 conference.

In August, the Executive Director travelled to Addis Ababa, Ethiopia with Minister Motsoaledi, where we partnered with Dr. Matshidiso Rebecca Moeti, WHO Regional Director for Africa, to convene a special session on Tuberculosis during the WHO AFRO Health Ministers Meeting. She presented the case for increased domestic

investments in TB to the Ministers and outlined the actions needed to implement the paradigm shift called for in the Global Plan. Ministers of Health endorsed a motion supporting the Global Plan to End TB, the 90-(90)-90 targets, and the need for increased domestic financing for TB.

The Executive Director also undertook missions to key TB donor countries, including the Japan, United States, France as well as the UK, in order to brief our key donors and key partners on the work of the Stop TB Partnership, the Global Plan to End TB and financial resources.

### III. World TB Day 2016

This year's world TB Day campaign ran under the strong and action-oriented tagline 'Unite to End TB'. As with previous years, the Secretariat led on the high level efforts through five consultative teleconferences with the Core Communications Partners to jointly decide on the theme. Partners working in TB from all over the globe chose this dynamic and unifying rallying cry that allows for both strong mobilization on the ground and high level advocacy. This campaign draws on the goals set out in the Global Plan to End TB, the roadmap to accelerating impact on the TB epidemic and reaching the targets of the WHO End TB Strategy. The Secretariat developed the set of campaign materials in the six official UN languages (English, French, Spanish, Arabic, Chinese and Russian). These were free to use and were available for download for local production through its website: [http://stoptb.org/events/world\\_tb\\_day/2016/materials.asp](http://stoptb.org/events/world_tb_day/2016/materials.asp)

The 'Unite to End TB' theme was celebrated extensively and here are some of the highlights and 'unusual' actions undertaken by non-traditional actors:

A. In Barcelona, the city government illuminated

the city hall in red and with the World TB Day logo,

B. In Rio De Janeiro, the lighting of key monuments which were illuminated in red by Christo Redentor, the Moorish Castle of the Oswaldo Cruz Foundation and the Metropolitan Cathedral was dedicated to World TB Day at the initiative of the Ministry of Health.

C. In Washington D.C., global health leaders joined together to pledge their support to end TB by 2030 in a USAID-hosted event attended by over 400 people. USAID presented the TB Champion Award to Minister Motsoaledi for his leadership in fighting TB and success in scaling up TB efforts in South Africa. An award was also presented to Dr. Paul Farmer, co-founder of Partners in Health for the work that the organization has done treating TB and MDR-TB affected people and supporting the poor. Ambassador Jalil Abbas Jilani, Ambassador of Pakistan to the United States, accepted the third award on behalf of the Ministry of Health of Pakistan.

D. The Partnership supported Paulina Siniatkina, a Russian TB survivor and artist through her 'Hold Your Breath' art exhibit which portrayed her experience with the disease and the stigma surrounding TB. The exhibit opened in Moscow on World TB Day. Mr Timur Abdullaev, Community Representative on the Stop TB Partnership Coordinating Board, spoke at the opening on behalf of the Stop TB Partnership.

E. In Geneva, Servette Football Club, the city's leading football club supported World TB Day by welcoming the Stop TB Partnership to their home match against FC Bretenrain on 24 March 2015. Before kick-off the stadium's giant screen displayed a World TB Day campaign advertisement developed by the Partnership. Secretariat staff were at the game to hand out

Red Arrow pins to arriving football fans and answer questions about TB and the Partnership. Staff also collected donations from fans. The Secretariat also raised funds through the three canteens where the Secretariat is based over the lunch hours. Proceeds from both the football match and the canteens will go towards a special award that will be given to a deserving recipient at the October Liverpool Union Conference Stop TB Partnership Town Hall Meeting.

F. Many high profile personalities marked World TB Day with the former UK Prime Minister David Cameron and US Presidential Candidate Hillary Clinton taking to Twitter themselves on World TB Day. Other leaders such as Michel Sidibe, the famous actor Amitabh Bachchan, and UN Secretary-General Ban Ki-moon all tweeted through their official accounts.

This year's World TB Day also saw unprecedented social media reach, especially on Twitter and Facebook. Through the #UniteToEndTB, we reached over 32 million people. The full report can be read [here](#).

## IV. Launch and the roll out of the Red Arrow

The Red Arrow was launched on the margins of the 46th Union World Conference on Lung Health in Cape Town on 4 December 2015. It is a symbol for our solidarity towards a world without TB. The arrow represents our unwavering commitment to move forward with the mission until we reach the finish line to End TB.

The Red Arrow was worn at the community TB march by hundreds of people who marched the

streets of Cape Town calling for leaders around the world to End TB. It was powerful to see how a symbol unified activists, political leaders, researchers and people affected by TB against a common cause.

We commissioned the production of over 20,000 Red Arrow pins and over the course of the last nine months, we have distributed nearly 18,000 Red Arrow pins to more than 400 partners. It has been given out to participants in major TB events around the globe.

The Red Arrow has featured prominently in this year's World TB Day campaign materials – this includes on all the web and social media channels (Facebook, Twitter, Vimeo, Instagram), on posters, infographics, call to action logos, flyers, brochures and the community toolkit. The Red Arrow will continue to be a key feature on all World TB Day related activities for many years to come.

## V. Global TB Caucus

With the support of the new Secretariat hosted by the Stop TB Partnership, the Global TB Caucus has developed rapidly and by the end of 2016, had over 1400 Parliamentarians from more than 130 countries. As of now, there are 4 regional networks, including the Asia Pacific Network launched in 2015, the Americas regional network launched in March 2016, followed by the European Network in June 2016 and the Africa Network in July 2016. A linguistic network for French speaking countries was also launched in July. The regional networks work to coordinate the new national parliamentary groups which have been established in Georgia, Mozambique, Nepal, New Zealand, Sudan, and Australia, with over half a dozen further groups planned for the second half of the year.



The second Global TB Summit took place from 28 - 30 November 2016 in Cape Town, South Africa. Fifty parliamentarians from thirty countries met to discuss the future of the TB epidemic and what they could do, collectively and individually, to accelerate progress against the epidemic. At the Summit they endorsed the Global Plan to End TB 2016-2020, agreed to support the replenishment of the Global Fund, and to establish a formal Secretariat to support their work.

Country parliamentarians from New Zealand secured the first pledge to the Global Fund for 8 years. In Peru and Philippines, the respective co-chairs of the Americas and Asia Pacific Caucuses successfully advanced new anti-TB legislation. Thanks to a concerted advocacy campaign, Argentina has committed to making MDR-TB a priority for the next meeting of South American Heads of State to drive towards the elimination of TB in the Americas.

With support from RESULTS UK and Australia respectively, British and Australian parliamentarians helped secure £1 billion and AUD\$100 million for research and development for infectious diseases. Caucus members in more than 30 countries also sent a letter to their Heads of State requesting their support for a fully replenished Global Fund at the replenishment conference in Montreal, Canada in September.

Going into the period 2017-2020, the Global TB Caucus will focus at building support and pressure in priority countries. The network is seeking to establish groups of parliamentarians in high burden countries to work with civil society partners in achieving a sustainable political response to the disease.



## VI. Anti-Microbial Resistance (AMR)

The final recommendations of the Review on Anti-microbial Resistance (AMR) led by Lord Jim O'Neill and commissioned by the former UK Prime Minister David Cameron were released in May 2016, warning that AMR infections such as drug-resistant TB will kill 10 million annually without an urgent expansion of new resources and funds.

The Stop TB Partnership and our UK partners worked closely with the review team and provided recommendations into the final report. Minister Motsoaledi and I met with Lord O'Neill in May during the World Health Assembly and our staff have worked closely with the AMR Review to ensure strong integration between the AMR and TB agendas.

The report provides a comprehensive action plan for the world to prevent drug-resistant infection and highlights drug-resistant TB as a 'cornerstone of the global AMR challenge', highlighting that one-quarter of the potential 10 million annual AMR deaths by 2050 outlined in the report could be caused by drug-resistant TB without urgent action, which equates to one MDR-TB death every 12 seconds.

It notes that the TB drug development field suffers from a prolonged period of disinvestment by commercial product developers leaving a perilously thin pipeline of products under development.

The UN High-Level Meeting on AMR which took place on 21 September gave a further boost in attention to this issue and was attended by several Heads of State. The Stop TB Partnership partnered with the AMR Review on a high-level side event ahead of the high-level meeting which took place on 20 September, and continue to work closely with key partners in the global AMR response.

## VII. Strengthened communication on TB

2016 was a momentous year for the Stop TB Partnership – its Facebook page reached 10,000 'likes' and its Twitter feed reached 10,000 users in August 2016. The Secretariat has also continued to grow its presence on Instagram and Vimeo and the team are continually improving our methods of communication and dissemination with our partners by testing boundaries and being visually creative in the way we communicate. Comparatively in January 2014, the Stop TB Partnership's Facebook page was at 4204 'likes' and its Twitter feed had 4680 followers in August 2014.

The monthly Stop TB Partnership communications e-newsletter now reaches almost 18,000 stakeholders through our core mailing lists. It contains all of the Partnership's top line news for the given month, news from our partners, key announcements, a calendar of important upcoming events, an opinion editorial, a consolidation of TB coverage in the media, new appointments and/or a recommended read for the month. Newsletters published in 2016 thus far can be found here: <http://www.stoptb.org/news/newsletters/2016/default.asp>



## VIII. Tools to monitor the Global Plan to End TB 2016-2020 and progress in achieving targets

The Executive Board requested that the Secretariat should develop annual reports to monitor country efforts towards meeting the targets of the Global Plan. This will be summarized in four progress reports comprising of: (1) 90-(90)-90 targets and The Paradigm Shift, (2) Financing TB, (3) Monitoring TB Policies - Out of Step Report and (4) Monitoring TB funding for Research and Development.

### A. Monitoring TB policies

In December, the Stop TB Partnership and MSF released the Out of Step 2015 report, a 24-country survey that tracked adoption of the latest TB policies, guidelines and tools across five areas: diagnosis and drug resistance testing; drug-sensitive TB (DS-TB) treatment regimens; multidrug-resistant treatment regimens; models of care; and regulatory frameworks. The results of this survey provide a snapshot of the world's readiness to defeat the TB epidemic. As mentioned earlier, we launched the Step Up for TB Campaign with MSF in Durban at TB2016, featuring a large wall poster map on countries TB policies. The Secretariat has now started work on the 2016 Out of Step report in partnership with MSF.

### B. Monitoring TB Funding for research and development

In November 2015, TAG launched its report on TB research funding trends which the Stop TB Partnership supported. Ten years of data collected by TAG show that funding shortfalls for TB R&D are serious and chronic, showing



a continued downward decline of TB R&D funding and a continual exit of pharmaceutical companies from TB R&D. The modest gains in TB research funding from 2005 to 2009 have stagnated in the five years since, and total funding for TB R&D has never exceeded USD 700 million per year – in 2014, TB R&D totaled USD 674 million, a decrease of USD 12 million from 2013. TAG has tracked global spending on TB R&D each year since 2005, measuring actual funding levels against the targets set forth in the previous Global Plan to Stop TB. The Secretariat is currently supporting TAG to develop the 2016 report on TB research funding which will form the baseline for the monitoring of the research part of the Global Plan to End TB 2016-2020.





### C. Monitoring financial investments and country efforts towards meeting the targets of the Global Plan to End TB 2016-2020

The Secretariat is collating existing data from sources such as the WHO, NTPs, Global Fund, World Bank, IHME, ECDC and the Stop TB Partnership, which will be reviewed and evaluated to provide an overview of countries current status in reaching 90% of TB cases for effective diagnosis, initiation of appropriate treatment and completion of treatment. Strategies adopted by countries to deliver access of TB care to vulnerable populations will be presented in the form of case studies to demonstrate best practices, challenges and gaps in the health system. The eight components of The Paradigm Shift will be illustrated by examples of how innovative initiatives and approaches implemented by partners, stakeholders and countries have created an impact in accelerating progress towards achieving the Global Plan.

In consultation with relevant partners, the Finance for TB report will examine the current financial landscape for TB investment on a global and national scale in the context of identifying international and domestic donors, recent funding trends, allocation and disbursement of funds as well as financial gaps and needs in countries. Both reports will be launched on world TB day and will form the basis for tracking progress of countries in alignment with the Global Plan to End TB 2016-2020. New appointments and/or a recommended read for the month. Newsletters published in 2016 thus far can be found here: <http://www.stoptb.org/news/newsletters/2016/default.asp>

## IX. Kochon Prize

The 2016 Kochon Prize was awarded at the Stop TB Partnership's first TB Gala Awards in Liverpool on the sidelines of the Union World Conference on Lung Health. The prize was awarded to Ms. Galina Zaporozhan of Speranta Terrei, a Moldovan patient support organization. This year, the prize sought to celebrate, for the second year, "Unsung Heroes Working to End TB." The honor fell to Ms. Zaporozhan who even though she is a music teacher, has worked every day with Speranta Terrei for the last 10 years. She joined the organization after her own son developed TB and was assisted by Speranta Terrei. She was nominated especially for her work linking the hard-to-reach homeless population of Balti, Moldova to diagnostic services and treatment.

The Kochon Prize, consisting of a USD 65,000 award, has been given annually for the past 10 years to individuals and/or organizations that have made a highly significant contribution to ending TB, a disease that is curable but still causes the deaths of three people every minute.



## B. CREATING, EXPANDING AND SUSTAINING A COMMUNITIES, RIGHTS AND GENDER APPROACH IN TB

### I. Challenge Facility for Civil Society

Round 7 of the Challenge Facility for Civil Society was launched in September 2015, through matching funds from the Global Fund and the Stop TB Partnership. The overall goal of the round 7 is to build recognized civil society / community networks that represent, support and are accountable to communities who can partner with one another and successfully engage in the national TB responses.

Out of 482 that applied, 10 proposals (6 from Africa, 2 from Eastern Europe and Central Asia and 2 from Asia Pacific) were recommended for funding. The grantee and respective country profiles can be found here. Grants are being implemented in 2 phases. To inform phase II activities, grantees, using tools developed by the Stop TB Partnership, conducted exercises to map the community response; the actors and the gaps in geographic and service delivery, according to the 6 core components of a functional community system with a focus on key populations. Given that the focus of Round 7 is to build functional networks, a novel evaluation framework using both qualitative and quantitative methodologies is being implemented. The process and caliber of collaboration is being evaluated. Independent baseline assessments have taken place in all 10 countries and end of project assessments will take place in the last 2 months of grant implementation. Phase I for all grantees is coming to an end, and project deliverables



(Directory of CSOs, Matrices of Community Response, Gap in Services and Populations documented, CSO network identified, Network Engagement Plan and Work-plan for Phase II, which aligns with the identified gaps) are currently being finalized and shared with key national stakeholders, including National TB Programs. The Stop TB Partnership is in the process of developing webpages for grantees and compiling a mid-term impact report.causes the deaths of three people every minute.

## II. Engaging, supporting and strengthening communities

Round 7 of the Challenge Facility for Civil Society was launched in September 2015, through matching funds from the Global Fund and the Stop TB Partnership. The overall goal of the round 7 is to build recognized civil society / community networks that represent, support and are accountable to communities who can partner with one another and successfully engage in the national TB responses.

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## I. Supporting the participation of communities in programme reviews

Nine countries, Armenia, Cote d'Ivoire, India, Kenya, Kyrgyzstan, Pakistan, Philippines, Tanzania and Zimbabwe received support that enabled community members to participate in TB programme reviews. Guidance on how to review the community's contribution in the TB response as well as how to consider meaningful engagement of key affected populations in TB was used to support selected community contributors.

## II. Technical support for engaging communities in national planning and country dialogues

Through the technical assistance agreement and in-kind support from the Stop TB Partnership, technical support was provided to countries for caucusing the views of communities and key affected populations and increase their representation in the concept notes submitted to the Global Fund. TB communities and civil society in 31 countries received financial resources and/or in kind technical support from the Stop TB Secretariat to support their meaningful engagement in country dialogues. This form of support specifically focused on ensuring an enabling environment for TB communities to participate meaningfully in country dialogues, concept note development and in CCM decision making sub-committees. Seven countries received support for reviewing the engagement of community perspectives in TB NSP reviews. This was achieved in collaboration with the TB Situation Room, trained TB community and civil society partners and the Global Fund CRG Team.

### a. Peer Reviews

During this reporting period, community input was sought on concept notes. In addition to

this, Stop TB staff also reviewed and provided feedback on concept notes received through the TB Situation Room, Global Fund portfolio managers and CCMs.

### b. Regional Workshops

Five regional workshops were hosted in partnership with key regional civil society partners to ensure civil society and communities are trained on the integration of community, rights and gender in the context of TB.

#### · Dakar, Senegal, April 2016 – HIV key populations estimates

This was a Global Fund-funded workshop that the Stop TB Partnership presented in. The purpose of the workshop was to get countries to learn about and do programmatic mapping of HIV key populations. After the TB presentation, several countries included prisoners and miners. Their proposals will be submitted to the Global Fund who will assess and potentially fund.

#### · Abuja, Nigeria, May 2016 - Stop TB Partnership Nigeria

Stop TB Partnership Nigeria in collaboration with other partners organized the first National TB Conference held at Federal Capital Territory in Abuja, Nigeria. The conference attracted many national and international stakeholders working on TB and over 1,000 delegates attended the two-day event and over 35 scientific papers were presented.

#### · New York, USA, June 2016 – UN high level meeting on HIV/AIDS

UN Heads of State and governments met in New York at the UN High-Level Meeting on Ending AIDS. Following a Ministerial event on action against TB and AIDS organized by WHO and

the Stop TB Partnership in UN Headquarters, governments adopted a Political Declaration on Ending AIDS at the opening plenary of the High-Level Meeting, which includes a historic set of commitments in the joint fight to End TB and AIDS by 2030.

· **Bangkok, Thailand, June 2016 - TB and Gender - W4GF and APCASO**

Forty people, including community advocates from 10 countries, gathered in Bangkok for a workshop in late June 2016 to discuss gaps, challenges and opportunities around Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) programming from a human rights and gender perspective. The participants, mostly women, included a wide range of people living with or affected by HIV, TB or malaria. The workshop was co-organized by Women4GlobalFund (W4GF) and the Communities Delegation to the Board of the Global Fund, supported by the Stop TB Partnership and the Global Fund, and hosted by APCASO.

· **Nairobi, Kenya, June 2016– TB, human rights and the law: a judicial workshop – KELIN and the University of Chicago** This Judicial Workshop provided an opportunity for dialogue between members of the Judiciary, judges, and TB experts on the legal and human rights issues raised by the TB epidemic. The judicial dialogue benefited from including the perspectives of those who had suffered from TB.

### III. Strengthening CCM TB representation

In June 2016, 38 members representing TB communities from 21 countries met in Manila, Philippines during a workshop aimed to build the capacity of TB representatives and advocates to effectively represent their constituencies in their country coordinating mechanisms (CCMs). The

Stop TB Partnership, the Global Fund, and the International HIV/AIDS Alliance collaborated to organize this workshop. The workshop focused on the need to change the approach for impactful action, strongly underlining that the WHO End TB strategy milestones will be missed if current efforts continue without a paradigm shift as articulated by the Stop TB Partnership's Global Plan to End TB 2016-2020. This workshop followed from the first successful CCM workshop which was held in 2015. The Partnership is continuing to work on strengthening the CCMs and is in the process of developing a TB specific e-module for CCMs.

### IV. Work on gender

The Stop TB Partnership collaborated with UNAIDS and the Global Fund to adapt the existing Gender Assessment Tool for HIV/AIDS to include TB in country gender analysis. The tool underwent peer review by a cross cutting team of gender experts from communities and technical agencies and launched on 1 July 2016. More than 20 TB/HIV community advocates participated in an orientation workshop on this tool in January 2016. The piloting process has been completed in Lesotho and the TB/HIV gender analysis has been considered during the TB/HIV concept note development process. In addition to the Gender Assessment Tool, a gender interventions document is being developed to help as a guide for TB gender sensitive programming.

As the demand for gender analysis picks up and more and more countries are looking to incorporate gender sensitive interventions in their programming, Stop TB organized a workshop to train a cadre of consultants to use the TB/HIV Gender Assessment Tool. The workshop was organized in collaboration with the Global Fund and UNAIDS and held in Johannesburg, South Africa in July 2015.

Facilitators who were involved in the pilot of the tool in Lesotho led the sessions and trained twenty-two consultants to conduct gender assessments. The workshop also strengthened the capacity of TB activists and gender equality advocates to engage at country level with TB national planning processes including those linked to the Global Fund and its new funding model (NFM) from a gender equality perspective.

The tool has now also been conducted in Niger and Namibia. Results from these assessments have not been approved by the countries and so we cannot share the data as yet. Namibia will hold a country workshop to validate the findings and recommendations this month. The recommendations from the Niger assessment are now with the Global Fund who will determine which recommendations can be added to the next grant. Lessons learned are that it is crucial to get in country support for the assessment. The Niger assessment, for example came from the GAC and it took a lot of work to get the country programs on board. The Namibia assessment was led by UNAIDS in country and this helped in getting the programs involved and engaged.

We have been working closely with the CRG and M&E teams of the Global Fund and a broader TB community including technical partners and civil society to develop KPIs for TB and gender. Together all partners came up with KPIs that will ensure we are collecting and analyzing age and sex disaggregated data. This data will enable us to then work towards getting countries to implement gender responsive and hopefully transformative interventions.

USAID Nigeria is interested in an assessment and is currently reviewing funding to see if it is possible.

## V. Work on human rights

In collaboration with KELIN and the University of Chicago, the Partnership developed a strategy on TB and human rights with the long-term goal to develop and implement a human rights-based approach to TB at the global, regional, national and local levels. To this end, building on the experience of the Judicial Workshops in New Delhi and Nairobi, as well as the individual work of the collaborators, we developed the Nairobi Strategy. The primary objectives of the Nairobi Strategy are to develop and implement a human rights-based approach to TB at the global, regional, national and local levels and develop the conceptual, legal and normative content and evidence base for a human rights-based approach to TB through research and scholarship.

We are also working with UNDP and have developed a legal environment assessment tool which will be piloted later this year, funds permitting. The LEA aims to build national capacity for facilitating an inclusive and participatory process for developing a human rights framework for TB and reviewing national laws and policies to align them with this framework. However, in the broader context of national efforts to address TB and HIV epidemics, Legal Environment Assessments play an important role in identifying multiple contextual issues impacting access to diagnosis, treatment and care for those who are most vulnerable to the two diseases.

## VI. Work on key populations

As an outcome of the first meeting of key populations held in Bangkok in November 2015, a set of nine mini briefs were developed in order to enable advocates, program implementers, and key stakeholders to understand the determinants that prevent key populations from

accessing prevention, diagnosis, treatment, care, and support services. These mini briefs are focused on the following key populations: children; drug users; miners; mobile populations including migrants, refugees, internally displaced persons; prisoners and incarcerated populations; urban slum dwellers; rural poor, people living with HIV; and healthcare workers.

The mobile populations guide was launched for World TB Day in conjunction with the IOM. Other guides were launched in May and a further two guides on PLHIV and health care workers are in progress and will launch shortly. Together with the Global Fund we are now working on estimating the size and burden of TB key populations.

## VII. Building regional activist networks of people affected by TB and activists

### a. TBpeople: Mobilizing the community of people with experience of TB in Eastern Europe and Central Asia

In June 2016, the Stop TB Partnership, with the support of USAID in collaboration with RESULTS UK and TB Europe Coalition hosted the first regional workshop of people with experience of TB in Bratislava, Slovakia. The workshop brought together people who have been directly affected by TB from Eastern Europe and Central Asia to establish a regional network and to increase their capacity as a group of activists who can meaningfully engage in the fight to end TB at both regional and national levels. This workshop in Bratislava brought together 17 people from 9 countries and on 20 June the very first network of people with experience of TB in the Eastern Europe and Central Asia region, TBpeople, was launched.

### b. GCTA

In coordinating efforts and activities of its global network of civil society members the Global Coalition of TB Activists (GCTA) held meetings and events around the community space during the 46th Union World Lung conference 2016 held in Cape Town ensuring community engagement. Members of the GCTA have been actively engaging and participating in multiple fora ensuring the voice of the community is heard and being included in policies and plans.







## C. WORKING IN PARTNERSHIP TO END TB

### I. Stop TB Partnership

#### Working Groups

The Secretariat highlights the achievements of the Working Groups through biannual bulletins accessible here: <http://stoptb.org/wg/>

The annual meeting of the TB INFECTION CONTROL SUB GROUP was held on the margins of the Union World Lung Conference in December and the group changed their name to The End TB Transmission Initiative (ETT). The group have developed and are implementing their strategic plan (2015-2018) in which they intend to end TB transmission by:

- a. Advocating for TB infection prevention and control as a worldwide priority, and achieve those goals by collaborating with TB partners, decision-makers of donor countries, civil society, and other stakeholders.
- b. Helping to build and disseminate the evidence base supporting best TB transmission control practices and tracking worldwide implementation.
- c. Helping professionals develop, implement, and evaluate best practices through research and disseminate what works.
- d. Engaging civil society in supporting a global movement to prevent TB transmission everywhere.

The CHILDHOOD TB SUBGROUP have provided technical assistance to Nepal, Sri Lanka, Myanmar, have been involved in the Philippines and Zimbabwe programme reviews and have participated in various meetings, including: the

Pan African Thoracic Society Lung Conference; the UNICEF meeting on integration of childhood TB in MCH, HIV and Nutrition programmes; the IMPAACT annual meeting; and the Union Europe Region meeting. The core team is seeking new members representing the WHO South East Asia and Western Pacific regions and the Subgroup will also elect a new chair after the annual subgroup meeting in October.

The **GLI WORKING GROUP** welcomed three new members for the 2016-2017 term: Dr Lucilaine Ferrazoli, Dr Nguyen Van Hung and Dr Elisa Tagliani. Dr Ferrazoli is a research scientist in the TB and Mycobacteriology Laboratory of the Adolfo Lutz Institute in Sao Paolo, Brazil. Dr Hung is the Head of Department at the National TB Reference Laboratory at the National LungHospital in Hanoi, Vietnam. Dr Tagliani is a research scientist at the Emerging Bacterial Pathogens Unit of the San Raffaele Scientific Institute in Milan, Italy (SRL Milan).

Given the essential role of the **REGIONAL GREEN LIGHT COMMITTEES (RGLCS)** as the primary point of contact for country guidance and advice on PMDT, it is very important that rGLC members and PMDT consultants are fully au fait with current WHO policy recommendations on the use of new drugs, as well as those in Group 5. Therefore a series of workshops have been held by the WHO for the rGLC members and their respective rGLC Secretariat Focal Points, whilst encouraging countries and partners to make use of the rGLC mechanism to ensure that treatment principles and drug orders are aligned with WHO guideline.

The **NEW DIAGNOSTICS WORKING GROUP** and its Task Force on tests for progression of LTBI to active disease have recently launched an online consultation to gather input on a draft Target Product Profile (TPP) for a test of progression of latent tuberculosis infection (LTBI).



## II. Our Partners

The Directory of Partners continues to be updated and currently boast a membership of over 1550 as of December 2016 with organizations from 117 countries globally. The Operational Strategy mandated the Secretariat to conduct an annual survey with partners in order to evaluate their satisfaction with the services and support provided by the Secretariat.

The Operational Strategy mandated the Secretariat to conduct an annual survey with partners in order to evaluate their satisfaction with the services and support provided by the Secretariat. The 2016 survey was developed with the aim to collect feedback and ideas on the services that partners would like the Secretariat to provide, and to evaluate the successes and pitfalls of our work moving forward. In 2016, the prize of an iPad was offered to five partners who took the survey and were randomly selected to win. The award winners were honored during the Partners Town Hall meeting in Liverpool, UK on 24 October 2016.

About 351 partners took the survey and 85% of partners are satisfied with the Stop TB Partnership Secretariat's work. 99% of partners think the work of the Secretariat is very important in the global fight against TB, with 94% recommending that other partners join the Stop TB Partnership. The survey report is available at [http://stoptb.org/about/partners\\_who.asp](http://stoptb.org/about/partners_who.asp)

### Winners of the iPads were :

Community Based TB Organization (CBTO)	Zambia	Community Based Organization
CBCI CARD	India	Faith Based Organization
APCASO	Thailand	Patient Network
Jimma Zone	Ethiopia	Government Health Centre
HOPE CARE	Ghana	Developing Countries NGO





### III. In Partnership with the Global Fund to Fight AIDS, TB and Malaria

The Stop TB Partnership Secretariat is engaged in several areas of collaboration with the Global Fund Secretariat, Board, Board committees and partners. The diagram below shows the multiple levels of engagement with the Global Fund with the main purpose of ensuring TB friendly funding policies and allocations as well as maximizing impact of the Global Fund grants.

The Stop TB Partnership ensures the voice of the TB community at large is well represented in Global Fund processes:



In December 2015, Minister Motsoaledi and the Executive Director were in Tokyo to participate in the International Conference on Universal Health Coverage (UHC) and the Global Fund's Fifth Replenishment Preparatory Meeting. Japan hosted the UHC conference, ahead of the G7 Summit, which was attended by nearly 300 people, including Japan's Prime Minister Shinzo Abe. During one of the panel sessions, the Executive Director was able to highlight that reaching all those affected by TB with the right services while reducing and eliminating out of pocket costs needed to be one of the indicators for UHC. The following day, the Global Fund presented its investment case for raising US\$

13 billion for the 2017-2019 allocation cycle. During the high-level panel session with Bill Gates, Co-Chair of the Bill & Melinda Gates Foundation, Marie-Claude Bibeau, Canada's Minister of International Development and La Francophonie, and Deb Dugan, Chief Executive Officer of (RED), and Minister Motsoaledi highlighted the need for innovations in addressing TB and HIV and showcased how TB REACH was driving innovations in South Africa, especially in vulnerable groups. The Executive Director presented the Global Plan's TB investment case, together with the speakers presenting the investment case for HIV and malaria.

The Secretariat continues to work closely with the Global Fund, especially over the last 12 months in the lead up to the 5th Global Fund Replenishment in Montreal, Canada. The Partnership has been vocal in calling for a fully replenished Global Fund, through meetings and outreach with key donor countries, sign on letters, and mobilizing Parliamentarians through the Global TB Caucus. Minister Motsoaledi has been a vocal champion, calling for a fully replenished fund in all his key meetings and speeches. The Global Plan to End TB has also accelerated countries' efforts to scale up their TB responses, leading to increased demand for support from the Global Fund.

The Partnership has also engaged in various Global Fund related platforms and processes (e.g., GAC, ITP, PAG, TB Situation Room, TRP) to monitor Global Fund's grant-making processes to quickly identify and resolve critical TB bottlenecks. We also work with in-country and regional partners to accelerate grant implementation in priority countries, and conducted joint missions with the Global Fund to several countries in 2016.

The Secretariat worked closely with the Global Fund on the TB part of the investment case for Global Fund replenishment, aligning it with the Global Plan. Inputs were provided for the development of KPIs for next funding cycles and the Secretariat is currently engaged with the Global Fund on target setting for the KPIs for different funding scenarios.

The Partnership and the Global Fund jointly organized an impact assessment workshop for selected high burden countries. At the workshop, countries worked on the costs and impact of different scenarios for scale up, including the scale up to the Global Plan target of 90-(90)-90. This helps countries in updating their national strategic plans to align them with the Global Plan targets and will help Global Fund

as well for target setting for KPIs for the next funding cycle.

As a member of the Partners Constituency, the Stop TB Partnership attended and participated in the Global Fund's 35th Board Meeting in Abidjan, Côte d'Ivoire from 26-27 April 2016. The major topics and decision points we provided strong inputs to include the: Strategy 2017-2022; Revised Eligibility Policy; Sustainability, Transition, and Co-financing Policy; and Allocation Methodology 2017-2020.

The Stop TB Partnership worked closely with UNITAID and RBM Partnership to update the Constituency's criteria for accepting new members, and received unanimous support for the Partnership for Maternal, Newborn & Child Health to be incorporated into the Partners Constituency. In January 2017, the Stop TB Partnership will start serving as the Alternate Board Member for the Constituency.

Stop TB Partnership took an active role in developing the TB component of the catalytic funding initiative together with WHO, USAID and other stakeholders. The theme of the TB proposal, "missed people with TB", united all stakeholders in TB. Inputs were sought from partners including the communities through consultations and through the Core Group calls. In addition to the TB component the cross-cutting proposals on RHSS, data, PSM and CRG now has TB included and featured strongly. The proposal is now submitted to the Strategy Committee of the Global Fund. This proposal, when fully funded, i.e. if Global Fund replenishment is successful as planned, will provide about 240 million USD additional for TB.

The weekly meetings of the TB Situation Room continue to be a platform for coordinated response to several issues related to Global Fund investments in TB. In the past few months the Situation Room has focused on absorption of

funds allocated to countries, developing several elements of the new funding cycle and individual country deep dives. The TB Situation Room has worked further on TB-specific absorption issues in selected high burden countries where more work is required to ensure that countries are able to utilize effectively their allocations. The Global Fund session on this Board agenda will include a further discussion on this issue.

We took an active role in working directly with country teams to ensure that the Global Fund grants are achieving the planned results. Missions with the Global Fund Secretariat and other partners to Indonesia, Kenya, Tanzania and Nigeria as well as the close work with the Pakistan team are concrete examples on this direction. TB REACH continues to provide a number of excellent examples for countries to scale-up work through Global Fund. In Pakistan, for example approaches pioneered by TB REACH were provided 40 million USD to continue and scale up interventions. We are now actively working with Global Fund to develop more a formal agreement on scaling up interventions developed and tested by TB REACH.

Stop TB Partnership continues to provide advice to the Global Fund on the Grant Approval Committee. The Core Group calls continue to serve as a platform for sharing of information with Partners as well as getting their inputs into key emerging initiatives and issues related to the Global Fund.

The Implementation Through Partnership (ITP) project of the Global Fund was an important initiative where Stop TB Partnership, WHO, USAID and other partners helped Global Fund in addressing bottlenecks in specific high investment countries to speed up implementation rates and absorption. took the survey and were randomly selected to win. The award winners were honored during the Partners Town Hall meeting in Liverpool, UK on 24 October 2016.







## D. TB REACH: SUPPORTING INNOVATION IN TB DETECTION AND CARE

The period covered by in report was a time of transition for the TB REACH initiative, but also of great success and forward momentum.

On 31 March 2016, the initial 2010-2015 TB REACH award from Global Affairs Canada came to an end. 56 projects which TB REACH was supporting to deliver innovative approaches and technologies in 30 countries also came to a close. During this reporting period, these projects collectively treated over 206,000 people with TB, over 195,000 people were tested using the Xpert MTB/RIF assay, which represents as +17.5% increase in the number of tests performed compared to testing between the same dates last year. During this reporting period, 47 cash disbursements to grantees were made, totaling of US\$ 2,306,334.

TB REACH had great success linking successful projects to scale up funding during the reporting period. During Waves 1-4, TB REACH awarded USD 3.4 million to Indus Hospital in Karachi, Pakistan to pilot and evaluate different activities focused on engaging the private healthcare sector. Many of these approaches proved highly impactful and during the reprogramming of the Global Fund grant to Pakistan and with Stop TB Partnership Secretariat support in early 2016, Indus Hospital became the Primary Recipient for private healthcare sector engagement in two provinces and was awarded USD 40 million to scale up the TB REACH approaches piloted around childhood TB, private sector engagement and new diagnostics.

In Moldova, TB REACH began supporting the PAS Centre to use GeneXpert technology as a replacement for smear microscopy testing in 2011. This resulted in an 84% reduction in time

to appropriate treatment for MDR-TB patients. Going forward these testing activities will be supported in Moldova by both domestic funds and the Global Fund to cover the country using Xpert as a first test and becoming one of the few countries following the lead of South Africa.

In South Africa, IRD and the Aurum Institute piloted a mHealth app custom-built for Android phones to facilitate screening of TB, HIV/AIDS and silicosis in mine labour-sending communities. This technology will now be scaled-up across the 10 countries in Southern Africa which are part of the TB in the Mining Sector regional grant supported by Global Fund and the World Bank.

The TB REACH team from Geneva, TB REACH's external monitoring and evaluation (M&E) agencies and TB REACH grantees continue to have a large presence at the 2015 Union World Conference on Lung Health in Cape Town, South Africa. Over 50 talks and posters were presented at the conference, including at dedicated TB REACH sessions focused on engaging communities, M&E approaches for case detection and innovative uses of chest X-ray.

In May 2016, the Government of Canada announced that it was renewing its pledge for the TB REACH initiative with a second 5-year, CAD 85 million award. The Bill and Melinda Gates Foundation also confirmed its initial conditional pledge of USD 5 million (announced in the previous Coordinating Board Report) and increased the commitment by 40% to USD 7 million. Finally, the Indonesia Health Fund, which is comprised of eight Indonesian business leaders, pledged USD 1.5 million to

support TB REACH projects in Indonesia. With these commitments in place, TB REACH moved quickly to launch a new funding cycle hosting a large Partners consultation meeting followed by the Program Steering Group. A strategic partnership with the McGill International TB Centre was agreed upon help future projects with implementation research and results dissemination. On 02 August, TB REACH launched the Wave 5 call for proposals. The Stop TB Partnership Executive Committee has approved recommendations from the TB REACH Project Review Committee for US\$ 16 million in new funding to implement and scale up innovative projects aimed at improving TB detection and care services. The Wave 5 selection process was TB REACH's most competitive ever - over 530 applications requesting US\$ 267.7 million were received, reviewed and finally just 38 (7%) projects were selected for funding.

The new funding will support 38 projects, which offer great diversity in terms of their approaches and key populations served. These include:

- Improving access and care for women and girls in Afghanistan
- Delivery of lab results and medicines by drones in Madagascar
- Providing services to a marginalized and indigenous population in Namibia
- Providing care for transgender and male sex workers in Pakistan
- Using CAD4TB to identify people in need of TB testing in the community in Zambia

- Engaging with private pharmacies and repurposing Ebola call centers for TB in Guinea

- A GeneXpert Omni evaluation with pre-market access provided by FIND in Tanzania

- Improving treatment adherence and outcomes for people with MDR-TB in Russia

- Screening of hard to reach fisher folk in Nigeria's Delta State

- An independent evaluation of OMNIgene SPUTUM in Ethiopia

- Graduation from the Challenge Facility for Civil Society to TB REACH for a community-based organization in Cambodia

- Implementing Search-Treat-Prevent strategies in India and Viet Nam as part of Zero TB Cities

- Scale up of private sector engagement in Bangladesh with a 1.2 match of TB REACH funds by Global Fund and USAID/ChallengeTB

The new grantees will begin implementation in the first half of 2017. The next cycle of funding will be announced later in 2017 and the areas of focus for the next call will again be decided through consultations with partners, including representatives of those most affected by the disease.

## E. DELIVERING QUALITY ASSURED ANTI-TB MEDICINES, DIAGNOSTICS AND KNOWLEDGE: GLOBAL DRUG FACILITY (GDF)

### I. Active market shaping for TB products.

As per outcomes of Invitation to Bid (ITB) published in February 2016, GDF secured the supply of second-line TB medicines to respond to the goals of global end-TB plan, including the introduction of new medicines and regimens. Four new suppliers participated in this ITB and were considered eligible for the supply of anti-TB medicines. Major price decrease has been achieved for Linezolid due to a new generic product manufacturer entering the market compared to last year/bidding. Additional suppliers for high demand products are now on board including two additional suppliers for kanamycin. However, GDF still faced some challenges in the manufacturing environment such as an increase in the cycloserine price compared to the previous year's bidding due to

a dramatic drop in demand during 2015 (average +0.05 USD per capsule). Overall, the cost of treatment continued to decrease up to 43% compared to 2012 due to the price reduction of several key MDR-TB medicines (figure 1).

In May 2016, WHO published the WHO treatment guidelines for drug-resistant tuberculosis, 2016 update. As one of the major breakthroughs, a shorter MDR-TB treatment regimen is recommended under specific conditions. In light of this recommendation, GDF is able to assist countries with new regimen introduction by providing full new treatment regimen priced between US \$600 and US\$ 800, depending on the medicines selected.

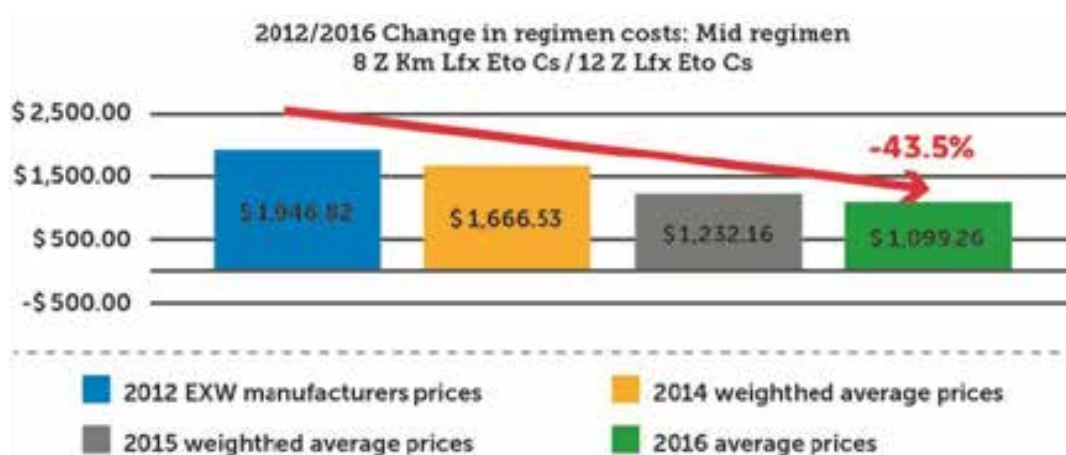


Figure 1: MDR-TB medicines cost reduction



## **II. Strategic procurement solutions for TB medicines and diagnostics.**

Despite the improved availability of certain SLD medicines and decrease in prices in the last bidding process, at the beginning of 2016, GDF was still challenged by the limited availability of certain key drugs such as Kanamycin and Clofazimine due to manufacturers' production capacity. GDF actively managed the supply to allocate these drugs to countries based on continuous communication with NTPs, analysis of in-country stock levels, actual number of patients enrolled, orders in the pipeline, and enrollment plans. No stock-outs, treatment interruptions or delayed enrollment were reported.

GDF used its Flexible Procurement Fund to provide financial options to the GDF client countries to eliminate delays related to payments for orders. Through this mechanism, countries can place orders without having to issue an upfront payment and therefore avoid treatment interruption. In 2016, two countries (Lesotho and Kiribati) benefited from the USAID Flexible Procurement Fund for a total amount of US \$81,250.





### **III. Memorandum of Understanding between Global Fund and Stop TB Partnership's GDF**

In June 2016, Stop TB Partnership signed a Memorandum of Understanding (MoU) with the Global Fund to Fight AIDS, Tuberculosis and Malaria to optimize access to TB health products and pharmaceutical services in countries receiving Global Fund financing for TB. The Global Fund and Stop TB Partnership recognize the potential for a more strategic partnership between the Global Fund and Stop TB Partnership's GDF and the mutual benefits to be gained through structured, collaborative engagement to optimize TB markets and improve the supply chain of TB health products to countries supported by the Global Fund. Under the agreement, the Global Fund and GDF will align pooled procurement and market shaping strategies, demand forecasting, and continuous performance improvement activities.

### **IV. First meeting of TB Product Procurement and Market Shaping Working Group**

On 27 July 2016, the Stop TB Partnership's GDF convened the first meeting of the TB Product Procurement and Market Shaping Working Group in Washington, United States. This Working Group will serve to bring together procurers and key stakeholders, including people affected by TB and advocates, in order to address common procurement and market shaping challenges inherent to the fragile TB markets. Twenty seven participants from USAID, CHAI, GDF, Global Fund, TB Alliance, MSF, MSH, TAG, UNDP, UNITAID, USP, WHO, TB advocates and experts attended the meeting.

The overall purpose of this Working Group will be to improve supply security and affordability of quality-assured TB products. This will be done through strategic management of demand, streamlining product selection to address market fragmentation, coordination of procurement, and sending clear signals to suppliers on products and formulations in need

## **V. Development of new efficient Strategic Rotating Stockpile (SRS) operational project plan**

To improve its procurement and supply operations and align with GDF strategic objectives, GDF has developed a new SRS operational project plan. The primary objective of the new SRS is to decrease time to 2 months from the time the order is placed (i.e. payment received and contract/quote signed) to the delivery to destination. As the new SRS tool is implemented, several sub-objectives will also be achieved as follows:

- Streamline production to better assure adequate supply of drugs
- Leverage “volume-based” unit prices to better meet supplier conditions and batch sizes
- Avoid stock outs in countries whereby drug resistant TB cases can be treated on time preventing extensively-resistant cases from evolving
- Assist national TB programs in the uptake of new TB regimens recommended by WHO
- Allow GDF to provide medicines in one delivery for full MDR-TB shorter-course regimens

The new SRS will have improved information technology through dedicated human support and software, allowing more efficient operations and coordination for GDF and its procurement agent. Two important tools – the product and country profiles – are under development to provide the information required for SRS-related decision making, including the selection and prioritization of TB medicines and quantification for SRS product replenishment.





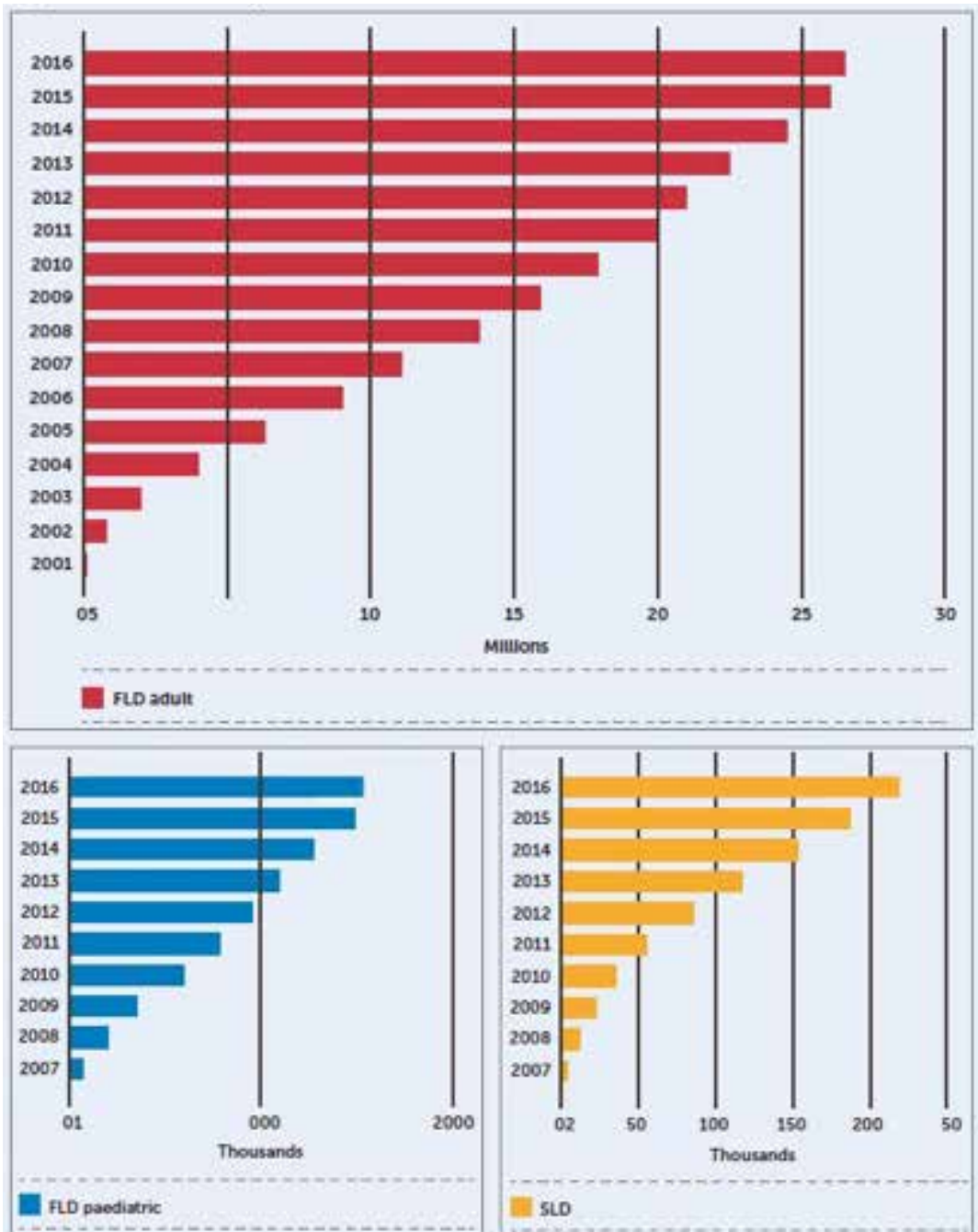
## **VI. Saving lives by expanding access to high quality TB treatments**

Since its inception in 2001, GDF delivered a total of 29 million adult FLD patient treatments, 1.7 million FLD pediatric patient treatments and 239,321 SLD treatments as of December 2016 (figure 2). In 2016, the total value of orders

placed was US \$184 million, of which 52% was for second line anti-TB medicines (SLDs), 33% for first line anti-TB medicines (FLDs) and 15% for diagnostics.



Figure 2: Cumulative patient treatments delivered





## VII. Capacity building and technical assistance

In 2016, GDF is revamping its technical assistance strategy to align with new GDF strategic objectives and respond to increased demand for GDF technical leadership in strengthening pharmaceutical management systems in countries and establishing efficient information system and early warning to ensure uninterrupted access to quality-assured TB products. The latest GDF strategy including technical assistance strategy and operational processes were presented during the GDF workshop with partners and GDF consultants in April 2016 in Marrakesh, Morocco. Best practices for GDF technical assistance, quantification, supply planning and early warning system were shared and participants discussed how to facilitate the uptake of new TB products (new pediatric formulations, Bedaquiline and Delamanid).

In 2016, twenty seven technical assistance missions were conducted to support countries in estimating drug needs for the next year for FLD and SLD, provide tailored technical assistance and prompt actions where challenges were identified, and discuss the strategic plan for the introduction of new pediatric formulations, new MDR-TB drugs and shorter MDR-TB regimen.

The missions were organized jointly with Global Fund country teams, regional GLC, the TB Program Review and other partners. Imminent stock-outs that were highlighted during the mission were prevented in Congo by redirecting overstock from Democratic Republic of the Congo to cover 4,300 adult FLD patient treatments and 580 pediatric patient treatments. Overstock of medicines were avoided in Pakistan by redirecting their orders worth of US \$5 million. The joint mission with WHO to Papua New Guinea supported the

NTP to switch to the new pediatric formulations and 1000 pediatric patient treatments were delivered following the mission. In India, GDF joined a Global Fund mission to assess the adherence to good storage and distribution practices of the six Government Medical Stores Depot (GMSD) where the second line anti-TB and XDR medicines will be stored.

Three Regional Technical Advisors (RTA) were recently hired, based in sub-Saharan Africa, Southeast Asia-Pacific and Europe to inform efficient procurement and supply decision making in GDF priority countries. The GDF has also renewed the roster of GDF consultants in June 2016, expanded the pool of consultants and trained new consultants during the GDF workshop in Marrakesh, Morocco in order to continue providing impactful technical assistance to countries.

GDF participated in various workshops, trainings and conferences organized by partners in 2016. Experience sharing workshop on the introduction of new drugs for DR-TB treatment, 3rd Conference of the Union, South-East Asia Region, Strengthening TB control in prisons of M/XDR-TB high-burden countries, APEC Conference on Prevention, Control and Care for Multi-Drug Resistant Tuberculosis (MDR-TB) and Supply of Second-line anti-Tuberculosis Drug, etc.

## VIII. Quality assurance

As of December 2016, the GDF FLD portfolio consisted of 27 quality assured products supplied by 15 manufacturers, while the SLD portfolio comprised of 50 products supplied by 31 manufacturers, including medical supplies and water for injections. This represents all groups of medicines currently recommended by WHO for treatment of drug susceptible and resistant forms of TB.

During this reporting period, in response to the new TB guidelines, new products were added to the GDF catalogue—Amoxiclav 1g tab from Medreich, Kanamycin 0.5 g solution & powder from Shanghai Harvest and Macleods, Meropenem from Vianex, Rifapentine 150mg tab from Sanofi in response to WHO recommendation on short-course treatment of Latent TB infection (LTBI), the new innovator product, Delamanid 50mg tab from Otsuka, generic Linezolid 600mg tab from Teva and new pediatric formulations with optimized dosing from Macleods.

Dossiers with relevant documentation were gathered from potential suppliers of most demanded products and shared with the Global Fund to include newly added products on the PSM list, which facilitates procurement of these products through Global Fund grants.



## IX. Accelerated uptake of new products

### a. Bedaquiline Donation Program

GDF has continued to implement the BDQ donation program that was made available through an agreement between USAID and the Johnson & Johnson affiliate, Janssen Therapeutics. The GDF shares monthly reports of new MDR-TB drugs (bedaquiline and delamanid) with the Drug-Resistant TB Scale-Up Treatment Action Team (DR-TB STAT) and posts these reports on the Stop TB website. GDF participated in the DR-TB STAT members' monthly calls to discuss progress and solve problems around national and global challenges encountered during new drug introduction and scale-up. The GDF renegotiated procurement agent fees for bedaquiline, moving from a fee based upon "market prices" to a flat fee. This GDF-led negotiation resulted in a savings of more than \$1million to national TB programs. By the end of 2016, BDQ shelf life was extended from 2 years to 3 years and the product has been added to SRS. As of December 6, 2016, 47 countries have drafted or actually placed orders for 6,385 bedaquiline patient treatments through GDF, of which 2,712 bedaquiline patient treatments were delivered.

### b. Introduction of Delamanid

The GDF was the first organization to come to agreement with Otsuka on access to delamanid, another new, life-saving medicine for MDR-TB. The GDF negotiated a deal with Otsuka to reduce price by 20% from planned launch prices previously discussed with other potential non-profit buyers, include delamanid in the GDF catalogue, and sell to those countries eligible for Global Fund financing.

On 24 February, 2016, the GDF held a high-level panel discussion in Bangkok, Thailand alongside the Joint WHO SEARO-WPRO-HQ "Experience sharing workshop on the introduction of new drugs for DR-TB in the WHO South-East Asian and Western Pacific Regions". The Otsuka-StopTB/GDF MoU and the official launch of delamanid via GDF was announced at this event. It was a rare event where participants gathering for a WHO workshop had the opportunity to engage directly with the scientists researching and producing new medicines and a rich dialogue ensued.

In order to ensure immediate availability and delivery of this new life-saving medicine to countries, GDF will be adding delamanid to SRS. GDF coordinated production planning, demand estimates and strategic allocation of DLM with the Procurement Agent and manufacturer, and provided technical assistance to countries to improve forecasts, quantification, and uptake. As of December 2016, 22 countries have drafted or actually placed orders for 1,648 delamanid patient treatments through GDF, of which 698 delamanid patient treatments were delivered.

### c. Introduction/uptake of new pediatric formulations

The new child-friendly, adequately-dosed pediatric formulations were launched on 2 December, 2015 during the Union Conference. GDF worked closely with its partners, including the TB Alliance, WHO, Global Fund, Challenge TB and SIAPS for the launch of the new pediatric formulations. In December 2015 during the UNION conference, GDF co-facilitated a symposium, 'Improving Access to Appropriate Pediatric TB Medicines' to share lessons learned

from previous involvement with TB paediatrics and discuss key supply challenges, the need for action at the country level, and how to procure new pediatric formulations from GDF.

In January 2016, Stop TB/GDF together with WHO and the Global Fund released a technical briefing note, 'Technical step process to switch to new pediatric formulations', aiming at guiding the countries in the transition phase.

GDF also played a key role in providing thought leadership and technical advice on determining the appropriate number of formulations, which led to producing only two formulations instead of six formulations that were initially planned, in order to prevent further fragmentation of paediatric market. Prior to agreeing to list the new pediatric formulations in the GDF catalogue, GDF held multi-partner discussions that led to additional interventions and price reductions in line with GDF's suggestions and, ultimately, contributed to a successful global launch of the new formulations. Upon a new price agreement, the GDF worked with the supplier to draft and sign a long-term agreement to distribute the new formulations via the GDF and negotiated with the supplier to agree on GDF's terms with no minimum order quantity. The new formulations were listed in the GDF catalogue in March 2016.

To promote the roll out of the new pediatric formulation, GDF is proactively offering its technical assistance in coordination with WHO and other partners through the missions, workshops and trainings for the National TB programs and the national pediatrician communities in supply planning for phase-in/phase-out, quantification, and forecasting. This has helped to increase interest and accelerate



the uptake as it has provided a good incentive for countries to plan their transitions to the new formulations.

#### d. Diagnostics.

Since 2008, GDF has contributed to active case-finding by procuring diagnostics worth US \$173 million to more than 82 countries. In 2016, 118 orders have been placed with supplier and 498 shipments delivered to countries (total value of US\$ 27.5 million). The median lead time is 25 days from order placed with suppliers to first shipment arrival.

In 2015, all diagnostics became available for direct procurement. While the majority of orders were financed through grants (UNITAID and TB REACH) in 2015, the direct procurement has increased up to 82% of total value of diagnostics procurement this year. Even after grants has ended between 2015 and 2016, demand for diagnostics is sustained through direct procurement by countries. It demonstrates the important added value of grant projects to scale up new diagnostics in countries and the development of a robust GDF portfolio of TB diagnostic commodities.



# 5. FINANCIALS

## SUMMARY STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDING 31 DECEMBER 2016

The annual financial statement for the Stop TB Partnership for 2016 is given below (Please note that the 2015 figures have been for comparison).

Stop TB Partnership Secretariat (STBP) has been hosted by UNOPS for 2 years now, after the transition to UNOPS from WHO on 1 January 2015.

Donor contributions in 2016 (US\$75.4 million) increased by 43% in comparison to 2015 (US\$52.8 million), further strengthening the long term financial sustainability of the Partnership. The overall expenditure in 2016 (US\$61.1 million) was an increase by 8% versus the expenditure incurred in 2015 (US\$56.5 million).

The amount brought forward from prior years of US\$74.2 million includes the US\$2.3 million still pending to be transferred from WHO following the transition of the Partnership from WHO to UNOPS. Out of the US\$ 74.2 balance brought forward, the amount of US\$54.1 million are funds encumbered prior to the reporting period and shall be disbursed after 1 January 2016.

Overall, during 2016, STBP has shown good financial progress, in particular with regards to:

- Increased income earned during the year, including returns on investments and funding contributions for In-House procurement of TB diagnostics
- Increased activities implemented during the year, including the build-up of a new Strategic Rotating Stockpile for TB drugs reflected in higher expenditure incurred in 2016
- 2016 work plan funding gap of US\$ 26.1 million (US\$4.8million gap under Strategic Goal 1 and US\$21.3 million gap under Strategic Goal 2 TBREACH) being almost filled with contributions from USAID, Government of Canada and Gates Foundation.





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## Foundations

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## Developed Country NGO

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*Uzbekistan*

**Mrs Thokozile Beatrex Nkhoma**

*Malawi*

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**Dr Charles Daley**

*Chair, Global Drug Initiative Working Group, United Kingdom*

## Host Organization

**\*Mr Moin Karim**

*UNOPS, \*non-voting member*

## 7. FUNDERS

The Stop TB Partnership's work is made possible only through the support of the Partnership's many funders and partners. We appreciate their trust and gratefully acknowledge their support.

**Bill & Melinda Gates Foundation**

**Global Affairs Canada**

**Centers for Disease Control and Prevention, USA**

**Department for International Development, UK**

**Eli Lilly & Company**

**United Nations Foundations**

**USAID**

**The Global Fund to Fight AIDS, TB and Malaria**

**Kochon Foundation**

**UNITAID**





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