In Stop TB Partnership we try to ensure that every single one of us stands behind the work done and is proud of its quality and impact."

Interview with Lucica Ditiu

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An interview with Lucica Ditiu
Executive Director of the Stop TB Partnership

Spotlight

Partnership unique? organizations? What makes the Stop TB between Stop TB and other global health tell us in a few words what is the difference amazing, amazing group of leaders, proud of it! – stand behind the work you do and be
We are embracing a culture of doing the unique: 60% of our staff are women, and more point, which I am sure is pretty flexible and with an incredible appetite for change and innovation. And one
visible people with TB. We combine in an incredible way the fact that we are
save lives and support the less vocal and feel deep in their hearts the passion to
are affected by TB. I think 99% of all staff are driven by the desire to help people that
we managed to construct a team that is
and impact.''

As an outcome: Among other key asks, I especially look for the high-level accountability framework – multi-sectoral and multi-stakeholder – that we called for from the beginning. This is very important!

Innovations are key to any progress. Can you tell us how the TB community embraces change, from innovative financing models to technology progress in diagnosis and care?

The TB community used to embrace everything with a lot of caution – slow, prudent and worried. It comes from the lack of support and finances, lack of “voices” to call for people affected by TB to have access to the newest diagnostics and treatment. In TB, everything was so much prioritized and re-prioritized as availability of funding was what was driving our efforts – and not the need, not the desire to find everyone with TB. Very few

The TB situation remains very alarming. What is needed to achieve a global push in

In Stop TB Partnership we try to ensure that every single one of us stands behind the work done and is proud of its quality and impact.

Three things are needed: First is high-level political leadership – heads of state and governments who must understand that TB kills their citizens, their
people, affects their families and society. We must reach beyond the ministers of health! Second is to really go and implement at scale the TB interventions – bold and ambitious scale-up of things that have worked in TB. The last one is funding – funding for the scale-up, but especially funding for research and development. Now, in 2018, we know that there is still a lot to learn about TB – basic scientific gaps in knowledge – and we don’t have the right tools to eliminate it.

In terms of my team – the Secretariat – we managed to construct a team that is driven by the desire to help people that are affected by TB. I think 99% of all staff feel deep in their hearts the passion to

In terms of the Stop TB Board: an high-level political leadership – heads of state or governments, and has too often been forgotten from discussions at global level. It is our time now – so I hope that it will be great.

End TB speaks about a “Paradigm Shift” – This is what it is about!

You have been leading the Stop TB Partnership for over six years now. Can you tell us in a few words what is the difference between Stop TB and other global health organizations? What makes the Stop TB Partnership unique?

"A helicopter view on the things we are most proud of:

- we contribute to lifting TB conversation from being merely a technical one to a high level political one linked to global agendas of health security, AMR and UHC.
- we ensure that our work and specifically our Stop TB Board meetings are major global events with a concrete impact on high level advocacy (calling for the UNHLM in September 2016, engaging on G20 MoH and HoS agenda, supporting India vision to end TB by 2025), we make a significant impact on the scale-up of innovative approaches to overcome systemic barriers in the fight against TB and facilitate world-wide, equitable access to TB medicines and diagnostics, including new tools, across public and private sectors.
- Our Secretariat grew significantly over the last 3 years with a 2025 increase in personnel and almost 165% increase in delivery expenditures (from US$50 million in 2015 to US$140 million in 2017).
- The Secretariat teams are streamlined and aligned to deliver on our Operational Strategy (using modern communication platforms) and we have a much better coordination and engagement with our strategic partners – especially Global Fund (through our advisors at country and regional level, part of the Country and Community support team), WHO, USAID and others.
- We have a unique structure which enables us to work, together with country programmes and partners through a continuum of: from creating demand to supply and delivery of products and services; through our teams or platforms: Challenge Facility for Civil Society countries and Communities Support, Accelerator for Impact, TB REACH Grants and Innovations, GDF, GF engagement, Advocacy and Communications.

It is good, it will be even better!

Interview with Lucica Ditiu - Executive Director
Executive Director’s Report - March 2018
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Much of the first quarter of 2017 was dedicated to planning and executing the global communications campaign for World TB Day, led by the Stop TB Partnership. World TB Day 2017 was an exceptional edition, with partners coming together in an overwhelming push to make the voices of the TB community heard. Under the overarching theme of “Unite to End TB,” World TB Day 2017 was an important milestone on the road to the Global Ministerial Conference on TB in Moscow in November 2017 and the UN High-Level Meeting (HLM) on TB in 2018, and eventually to ending TB.

The 2017 Stop TB Partnership communications campaign focused efforts on highlighting important but often misunderstood facts about TB that prevent people from seeking treatment or act as barriers in efforts to reduce the stigmatization of people infected and affected by the disease. Understanding such drivers of myths and misconceptions is important for improving information, education and communication efforts. Also, the Stop TB Partnership, in collaboration with the Graduate Institute’s Global Health Centre organized the Swiss premiere of the then new feature-length film “Lucky Specials” in Geneva on 24 March 2017. A special World TB Day Edition newsletter was published on 7 April 2017.

The communications team supported a workshop on TB, human rights and law for law enforcement and health care workers, held in Mombasa, Kenya. Over 100 participants from 12 African countries and Ukraine came together over three days to discuss the challenges faced by community members in accessing TB services, both in prison settings and in the general population.

Our social media channels continue to grow and analytics are produced every month to track coverage, reach and pick-up across all channels. We have seen exponential growth in the Stop TB Partnership’s Twitter feed, which currently boasts almost 14,000 followers. The Partnership’s Facebook page has nearly 16,000 followers, and the key news items and statements that we publish weekly are shared multiple times by important stakeholders and partners.

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The 29th Stop TB Partnership Coordinating Board Meeting was held in Berlin in May. The deliverables for the meeting were many and included the Executive Director’s Report to the Board, which was drafted, developed and designed by the communications team; a series of infographics featuring high-level panelists at the Board Meeting to highlight and prioritize the upcoming UN HLM on TB; and a social media strategy was developed to maximize the impact of the Board Meeting and support a series of high-level events.

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VALENTINE’S DAY CAMPAIGN

Our Valentine’s Day social media campaign was very well received and created a buzz in the TB world. Our campaign material was widely circulated on Twitter and Facebook by our partners.
During the UN General Assembly, the Stop TB Partnership funded and organized, with support from WHO, a high-level reception to present the case for action on ending TB, and the need for the highest levels of commitment to ensure a successful UN HLM on TB. The reception, United to End TB: A Global Response to a Global Emergency, was attended by UN and government leaders, civil society and CEOs with remarks given by the Chair of the Stop TB Partnership Board and Minister of Health for South Africa, Dr Aaron Motsoaledi, WHO’s new Director General Dr Tedros Adhanom Ghebreyesus, the newly-appointed United States Agency for International Administrator (USAID) Mark Green, and Kate O’Brien, a TB survivor from the U.S. who was diagnosed while she was pregnant. During the reception, WHO launched two reports. The first report, ‘Antibacterial agents in clinical development - an analysis of the antibacterial clinical development pipeline, including Mycobacterium tuberculosis’ shows a serious lack of new antibiotics under development to combat the growing threat of antimicrobial resistance (AMR). In addition to MDR-TB, through the second report, WHO also identified 12 classes of priority pathogens - some of them causing common infections such as pneumonia and urinary tract infections - that are increasingly resistant to existing antibiotics and in urgent need of new treatments.

In September, the Partnership progressed on the UN HLM on TB work track for PR and Communications. In order to kick-start the work on this track, the first face-to-face meeting took place in the UNOPS offices in New York, on the sidelines of the UN General Assembly (UNGA) in September 2017.

The Stop TB Partnership is in a fortunate position to be able to bring together a ground-breaking alliance of agencies to develop this first-ever coordinated public engagement campaign on TB in the lead up to the UN HLM. This alliance is being anchored by the Dentsu Aegis Network, a leading advertising and marketing services group that has pledged to support efforts to deliver on this global campaign. The alliance will incorporate a creative agency, a media agency, a measurement and research group, a PR agency, events, and social media in order to help bring the message to life from the launch until after the summit. Dentsu (working with this alliance of agencies), in collaboration with the Stop TB Partnership Secretariat, will focus on creating and delivering the global campaign.

In the last quarter of 2017, the Partnership held a series of Communications Coordinating Group calls to mobilize people around the UN HLM on TB. Such mobilization presents a unique opportunity in the lead up to and on World TB Day to raise TB as a political priority and ensure that the Day serves as an opportunity to move away from technical discussions only. After a series of consultations with partners, the final theme selected was: “Wanted: Leaders for a TB-Free World | You can make history. End TB” The Partnership has developed an ABC toolkit comprising campaign materials in partnership with WHO, making it a first ever joint effort of this kind. The ABC toolkit is available for download from the website at: http://bit.ly/2F92dGZ

Following a sustained campaign by the global TB community and Stop TB Partnership, which included letters to G20 Ministers of Health from Dr Aaron Motsoaledi, Chair of the Partnership’s Board, G20 Heads of State acknowledged the importance of AMR and TB at their July 2017 Summit – the first time a G20 Heads of State Communiqué has included TB as a health priority.
A HISTORIC OPPORTUNITY: ENSURING A SUCCESSFUL UN HIGH-LEVEL MEETING ON TB

• During the 29th Stop TB Partnership Board Meeting in Berlin, the Board endorsed key steps towards a successful UN-HLM on TB, including the establishment of a UN HLM Coordinating Group supported by the Stop TB Partnership.

• Establishment of thematic work tracks to drive forward key deliverables including: New York and UN Missions engagement, HLM Modalities, Political Declaration and Accountability Content Development, In-Country Advocacy, PR and Communications, Civil Society coordination; and Private Sector engagement.

• The UN HLM Coordinating Group ensures strong coordination within the TB community, development of clear priorities, and sustained advocacy for ambitious HLM outcomes. In addition, the group has driven forward the development of clear priorities for the HLM including the development of key asks for the HLM Modalities Resolution and the HLM Political Declaration.

• A joint briefing was organized at UN Headquarters in New York on the UN High-Level Meeting on TB, in partnership with the Permanent UN Missions of Thailand, Japan, Russia, and South Africa, and UN HLM Coordinating Group partners. The briefing was attended by over 55 UN Missions.

• Regular coordination with Japan and Antigua and Barbuda, who serve as the co-facilitators, the UN Secretary-General, and the Deputy Secretary-General, to advance our shared priorities for a successful HLM.

GLOBAL TB CAUCUS

The Global TB Caucus includes over 2300 parliamentarians from more than 130 countries – an unprecedented number that reflects the impact of the TB crisis in communities around the world. The Stop TB Partnership is grateful to Minister Motsoaledi and Nick Herbert, the Caucus co-chairs, for their excellent leadership of the Caucus.

Key highlights

The Global TB Caucus, the Stop TB Partnership, and the ACTION Partnership, along with German NGO DSD, and the Stop TB Partnership at the African Union, launched the Rio Declaration, which called on 50 leaders to prioritize TB ahead of the G20 Summit. This, together with the Stop TB Partnership campaign from the Caucus targeting ministers and officials, helped to ensure the inclusion of TB in the final G20 Leaders’ Communiqué.

The “Price of a Pandemic 2017,” a report predicting the global economic cost of inaction in resolving the TB epidemic, was launched.

As an important partner in engaging with the UN on behalf of the TB community, the Caucus engaged with over 70 UN Missions at the 2018 UNGA, supported the Stop TB Partnership’s briefing for UN Missions.

The Global TB Caucus urged the American, African, Asian Pacific, Francophone and European and Central Asian TB Summits to develop a global position on the HLM. Work continued with national caucuses in many countries, including Nigeria, South Africa, Kenya, Zambia, Philippines, India, Argentina, Australia, Ukraine, and Azerbaijan. Civil society continued to engage regularly with members of parliament in all regions, supported by partners, for example in Eastern Europe and Central Asia (EECA) including TB Europe Coalition (TBC) and TB people.

HIGH-LEVEL ADVOCACY MISSIONS TO COUNTRIES

Engaging with high-burden countries to scale up activities aimed at reaching the targets set out in the Global Plan to End TB and End TB Strategy and to build high-level political commitment to achieve ambitious outcomes from the UN HLM on TB.

Glimpses of high level activities undertaken

India: Participated in and supported the “Ministerial Meeting Towards Bending the TB Curve in the South-East Asia Region,” which led to a Ministerial Declaration signed by 11 Ministers of Health in the region.


Ukraine: High-level mission in Ukraine for the “Regional Crisis Project,” in collaboration with Alliance for Public Health. A Zero TB Caucus initiative was launched in Odessa, and meetings were held with various partners including the Ministry of Health and the National TB Program.

Denmark: Supported the launch of a “People-Centred Model of Care Blueprint for ESCE Countries,” developed by the European Respiratory Society, London School of Economics and Political Science, London School of Hygiene and Tropical Medicine, PAS and the Stop TB Partnership.

Ghana: Supported and contributed to the meeting with TB stakeholders from across the Africa region in conjunction with the Union Africa region Conference on TB in Accra, Ghana and presented the work of the Stop TB Partnership.

Thailand: Hosted a global meeting in collaboration with APCASO and Treatment Action Group (TAG) of more than 60 community and civil society advocates from 32 countries in Bangkok, Thailand, the meeting focused on advocacy priorities promoting community-led, people-controlled, rights-based and gender transformative approaches to ending TB.

Kazakhstan: Led a Stop TB Partnership high-level mission to present at the 3rd HLM on TB and Migration in Astana, Kazakhstan, focusing on the “Plan to Fight TB in the Republic of Kazakhstan for 2014–2020” and the programme “Addressing Cross-Border Control of TB, MDR/XDR-TB and TB/HIV among Migrant Workers of the Republic of Kazakhstan,” met with Dr Nizhan Birtanov, Minister of Health, to address the engagement of Kazakhstan’s leadership in central Asian leadership in the lead up to the UN HLM on TB.

Japan: High-level meeting organized with Dr Hirotaka Hirota, Special Advisor to the Japanese Prime Minister, and Dr Kenji Shibuya, Professor and Chair, Dept of Global Health Policy.

Moscow: Participated in the first WHO Global/Ministerial Conference on Ending TB in the Sustainable Development Era in Moscow, Russian Federation. Several bilateral meetings were held with Ministers of Health from Latin American countries, along with the WHO’s Director-General, Dr. Tedros Adhanom Ghebreyesus.

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Estonia: Participated in the conference sponsored by the Estonian Presidency Health Team on “Addressing HIV and TB: Challenges and Donor Support to Sustainable Health Systems”
The Stop TB Partnership and MSF released the third edition of Out of Step, a report highlighting the need for governments and other relevant stakeholders to increase efforts to combat TB. The report reviews TB policies and practices in 29 countries, showing that countries can do much more to prevent, diagnose and treat people affected by TB.

To find the missing people with TB, we must understand more about populations that are disproportionately affected by TB. Key populations are groups of people who have increased exposure to TB because of where they live or where they work; people who have limited access to quality services; and people at increased risk because of biological or behavioural factors.

Over the past 12 months, the Stop TB Partnership has initiated a global discussion on key populations in TB. Several key population briefs have been produced to assist countries and communities in understanding more about key populations and enabling access to essential health services for these populations. These groups include miners, PLHIV, people who use drugs, prisoners, mobile and migrant populations and urban poor.

This year, the Stop TB Partnership released its most recent policy brief, introducing indigenous peoples as a TB key population.
Breaking Records

GDF 2017 SUPPLY HIGHLIGHTS:

- Averted more than $20 million in TB medicines wastage
- Delivered nearly $304 million worth of TB medicines and diagnostics to 119 countries – a 49% increase compared to 2016
- Supplied 41% of all Xpert MTB/RIF cartridges procured globally: 4.6 million out of 11.3 million cartridges
- Delivered 7,971 treatments of bedaquiline to 60 countries
- Supplied 2.6 million new, optimized pediatric formulations
- Supplied 4.6 million out of 11.3 million cartridges

GDF Supply of TB Medicines and Diagnostics, 2005-2017

GDF Supply of Medicines and Diagnostics to India, 2007-2017

GDF – NOT JUST FOR DRUGS ANYMORE

With Surge in Demand for TB Diagnostics

GDF – traditionally known for its supply of TB medicines – is setting new trends in the procurement of quality-assured TB diagnostics, offering countries a one-stop shop in the fight to end TB. GDF is currently supplying diagnostics to 60 countries, and its share of the global market continues to increase.

For Xpert MTB/RIF cartridges procured for the public sector under concessional prices, GDF accounted for 41% of global procurement, supplying 4.8 million of the 11.3 million cartridges procured in 2017. These cartridges play a critical role in quality TB care, allowing TB and rifampicin resistance to be simultaneously detected from patient specimens in less than two hours.

Given its large and increasing share of the diagnostics market, GDF is now ideally positioned to assume an impactful market coordination role in diagnostics, leading stakeholders and countries in negotiations with manufacturers for better pricing and servicing of diagnostics to improve patient access and ensure efficiency and sustainability of laboratory networks.

2017 Marks a Record-Breaking Year for GDF Supply of TB Medicines and Diagnostics

FULL STEAM AHEAD! GDF SUPPORTS INDIA’S AMBITIOUS PLAN TO END TB

In 2017, India ordered from GDF an unprecedented amount of TB medicines and diagnostics: 2.6 million GenAmpXpert cartridges; 537 GenAmpXpert systems; medicines to treat more than 700,000 DS-TB cases, 31,965 MDR-TB cases, and 3,500 XDR-TB cases; 3,500 bedaquiline patient treatments; and new, optimized pediatric formulations. These TB medicines and diagnostics will go a long way towards eliminating TB by 2025 as per India’s recently announced National Strategic Plan.

GDF provided additional supply chain services to India in an effort to get these products to those in need as quickly as possible, including facilitation of customs clearance and delivery of medicines to in-country, regional warehouses. For GenAmpXpert cartridges and systems, GDF went even further – delivering diagnostics directly to end users. All in all, GDF delivered GenAmpXpert systems to 507 different destinations within India, including small clinics in remote areas.

GDF teams mobilized existing, internal resources to manage these massive Indian orders, but successful delivery was only possible through a strong working relationship with and extraordinary efforts by both the Global Fund Country Team and the National TB Program.

GDF leads the way to secure waivers from WHO prequalification fees for TB medicines

In January 2017, the WHO Prequalification Programme introduced a new fee structure for medicines that included both an application fee for new submissions and an annual maintenance fee for existing medicines previously prequalified by WHO. These new fees are being levied by WHO in an effort to decrease reliance on donor funding. GDF, however, became immediately concerned about the impact of these new fees on TB medicines markets, with particular concern for fees applied to low-volume, low-profit TB medicines.

A risk assessment of the new fee structure was conducted by GDF and revealed numerous, substantial risks to the sustainability of TB medicines markets, including dramatic price increases and unwillingness of manufacturers to continue supplying some TB medicines. Ultimately, the proposed fees – if left unchanged – would likely limit GDF’s ability to continue providing an uninterrupted supply of affordable, quality-assured medicines to its clients.

After analyzing GDF’s historical procurement data, considering recent and upcoming changes in WHO treatment recommendations, estimating future demand of medicines, and engaging with TB suppliers, GDF developed an approach for a waiver system that could safeguard the TB medicines markets.

GDF presented the proposed waiver system to WHO and the two organizations worked closely over several months to come to agreement on a waiver system for TB medicines. In the end, the WHO agreed on a system that will protect 84% of GDF-supplied medicines by waiving their annual maintenance fees for the next three years; the remaining 16% of GDF-supplied medicines can reasonably absorb the WHO PQ fees without negative consequence.

Along with working closely with WHO on the waiver system, GDF engaged donors, civil society, and other stakeholders to raise awareness about the overall risks of the fees for low-volume, low-profit medicines. This has led to other groups beginning to replicate GDF’s approach to fee waivers for at-risk medicines used to treat other diseases, including HIV and malaria.
GDF’s multi-pronged strategy on introduction of new pediatric medicines resulted in delivery of 293,710 pediatric treatments to 58 countries in 2017, bringing the total number of treatments delivered by year-end 2017 to 356,496 treatments in 60 countries.

These new medicines – the world’s first-ever child-friendly and appropriately-dosed formulations – become available in early 2018. With an ethical imperative to get these optimized medicines to children as quickly as possible, GDF led the change on product introduction. Working end to end, from production planning to rationalization and forecasting, GDF interventions included:

- Assistance to suppliers for production scheduling that meets demand and minimizes wastage of both new and old formulations;
- Policy development and implementation at global and national levels;
- Collaboration with Global Fund, WHO, and other stakeholders to identify and address barriers to introduction;
- Technical assistance to National TB Programs to facilitate supply chain management; but the National TB coordinating role across suppliers, its procurement agent, freight forwarders, and other non-drug costs. This means the entire process of budget approval and financial payment can be bypassed, allowing GDF to ship bedaquiline to countries with extremely low lead times.
- For delamanid, GDF has an agreement with Otsuka to offer a flat price of $7,700 per six-month treatment course to Global Fund-eligible countries. Both bedaquiline and delamanid are part of GDF’s Strategic Rotating Stockpile. GDF also plays a role in ensuring bedaquiline and delamanid are used in accordance with WHO’s treatment guidelines as well as supporting active drug-safety monitoring and reporting, as required by United States and European regulators.

KIDS FIRST! GDF PULLS OUT ALL THE STOPS TO ENSURE PROMPT ACCESS TO NEW, CHILD-FRIENDLY TB MEDICINES

GDF’s contribution to the roll-out of new tools for drug-resistant TB

Case Example of Indonesia and Bangladesh

Ever wonder how GDF can proactively prevent a medicines stockout from happening? GDF works with countries to monitor patient treatment enrollment and levels of existing in-country stock to determine when and how much medicine a particular country should order.

Quick and proactive analyses of data provided to GDF by Bangladesh through QuanTB (an electronic quantification and early warning tool for procurement, ordering, and supply planning), revealed a risk of stockout for capreomycin – an injectable medicine used in MDR-TB treatment. At the same time, QuanTB data provided to GDF by Indonesia highlighted the probability of overstock of the same medicine.

Using intelligence obtained from the two countries’ QuanTB files, the GDF team was able to identify the quantity of capreomycin needed to prevent treatment interruption in Bangladesh, while at the same time quantity the amount of medicines over-ordered by Indonesia. GDF then quickly diverted the excess medicines bound for Indonesia and rerouted them to Bangladesh. In so doing, GDF successfully reduced the risk of treatment interruption in Bangladesh while at the same time preventing an overstock situation and potential wastage of medicines in Indonesia.

This example highlights the proactive, technical role GDF plays in assisting countries to manage their supply chains for TB medicines, as well as the benefits of GDF’s pooled procurement model for TB medicines. It also demonstrates the utility of standardized tools and information sharing across multiple countries and GDF.

GDF plays a vital role in the introduction and roll-out of new tools for drug-resistant tuberculosis (DR-TB). For bedaquiline and delamanid – two recently approved DR-TB medicines – GDF serves as the sole source of supply for all countries eligible for Global Fund TB financing.

For bedaquiline, GDF administers the USAID-Janssen donation program that provides bedaquiline free-of-charge. GDF has separate funding – outside the bedaquiline donation program – to cover transportation costs, fees, and other non-drug costs. This means the entire process of budget approval and financial payment can be bypassed, allowing GDF to ship bedaquiline to countries with extremely low lead times.

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GDF publishes and disseminates monthly reports of bedaquiline and delamanid orders to all stakeholders, including the DR-TB Scale-Up Treatment Action Team who is charged with monitoring, identifying, and addressing programmatic barriers to introduction and scale-up of new tools for DR-TB.

Of course, GDF can supply all medicines needed for shorter DR-TB regimens recently recommended by the WHO. These shorter DR-TB regimens decrease duration of treatment to as little as nine months, compared to historical treatment durations of 18–24 months. For all new medicines and regimens, GDF works across the entire supply chain, from end to end, to expedite and facilitate access to the best treatments as soon as they become available. In 2017 alone, GDF provided technical assistance to more than 40 countries.

GDF’s Intelligence and Proactive Interventions Avert Medicine Stockouts and Treatment Disruptions

GDF Supply of Medicines for Shorter DR-TB Regimens in 2017

By the end of 2017 more than 30 countries had introduced shorter DR-TB regimens with medicines supplied by GDF.

GDF Supply of Bedaquiline (BDQ), 2015–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>BDQ Treatments* Delivered</th>
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<tbody>
<tr>
<td>2015</td>
<td>815</td>
</tr>
<tr>
<td>2016</td>
<td>1,354</td>
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<tr>
<td>2017</td>
<td>7,971</td>
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<tr>
<td>Total</td>
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*Number of treatments calculated based on 6-month duration

GDF Supply of Delamanid (DLM), 2016–2017

<table>
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<tr>
<th>Year</th>
<th>DLM Treatments* Delivered</th>
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<tr>
<td>2016</td>
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<tr>
<td>2017</td>
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<tr>
<td>Total</td>
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</tbody>
</table>

*Number of treatments calculated based on 6-month duration

GDF Contribution to the Roll-out of New Tools for Drug-Resistant TB
LEAD TIMES FOR MDR-TB MEDICINES SLASHED THANKS TO GDF’S NEWLY-RECONSTITUTED STRATEGIC ROTATING STOCKPILE

GDF is constantly looking for mechanisms to decrease lead times for TB medicines. In this regard, GDF undertook a complete redesign and reconstitution of its Strategic Rotating Stockpile (SRS). The SRS is physical inventory of MDR-TB medicines held by GDF’s procurement agent. Unlike other diseases, manufacturers of TB medicines rarely stock physical inventory. This means when a country places orders for TB medicines, they need to wait for the medicines to be manufactured, resulting in long lead times of up to six months. The SRS allows GDF to process orders via its own physical inventory, thereby dramatically decreasing the time in which clients need to wait for medicines to be delivered.

The aim of the recent SRS revamp was to ensure maximum efficiency towards its three main goals: decreased lead times, ability to serve emergency orders to avert stockouts and treatment interruptions, and support for new medicine introduction. After one full year of operation, the lead time for medicine orders served via the new SRS was 3 months, while the lead time for orders sent directly to manufacturers was 5.5 months.

The new SRS has also allowed GDF to serve more requests for urgent and emergent medicine deliveries to countries at risk of stockouts. And, finally, the new SRS has proven to be a critical tool in expediting introduction of new medicines and regimens. In the case of delamanid, for example, 50% of orders placed with GDF have been for quantities of 10 patient treatments or less. In fact, GDF received numerous orders for as little as 2-3 patient treatments. It is only because GDF added delamanid to its SRS that GDF was able to respond so quickly to these small orders.

Despite the success of the new SRS, GDF will continue to explore options for further impact, including the addition of other types of medicines to the SRS, and integration of country-level quantification data with the dynamic batch allocation model that guides GDF’s strategic deployment of medicines from the GDF SRS.

GDF SPANS THE GLOBE TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE ON SUPPLY CHAIN MANAGEMENT OF TB MEDICINES

In 2017, GDF conducted technical assistance (TA) missions to 38 countries and facilitated 11 workshops and technical meetings worldwide. Each GDF mission and training is tailored to meet the individual needs of National TB Programmes towards strengthening in-country supply chains.

Most GDF missions are specifically focused on providing support for estimating and planning TB medicine needs, but also address challenges with procurement, warehousing, distribution, information management, phase-in of new medicines, and phase-out of old medicines. GDF also provides support for the development of Global Fund grant submissions; and, more recently, GDF has been asked to provide guidance to countries as they assume increasing responsibility for co-financing and procuring TB medicines and diagnostics.

In 2017, GDF held four workshops to train regional and national supply chain staff in Dakar, Guatemala City, Islamabad, and Ouagadougou. These week-long workshops provided hands-on training to build capacity in forecasting, quantification, supply planning, and early warning systems.

By utilizing GDF staff based in headquarters, GDF staff based in five geographic regions, and a roster of more than 30 GDF consultants, GDF is able to consistently carry out more than 50 technical-assistance and capacity-building activities per year, including missions to countries, regional workshops, and stakeholder meetings.
The global plan includes eight areas which require a paradigm shift — a change in mindset; a human-rights and gender-based approach to TB; inclusive leadership; an approach driven by communities and people affected by TB; innovative programs; interconnected health systems; innovative and efficient approaches to funding; and, investment in socio-economic aspects of the TB response.

Guided by the Global Plan to End TB, the Stop TB Partnership is committed to strengthening community systems and ensuring community leadership in the TB response in order to maximize the role communities can play in finding the missing millions and ending TB as a global epidemic.

Thus, the work of the Stop TB Partnership is critical for ensuring community-led, people-centered, rights-based and gender-transformative approaches to TB, forging partnerships and building strategic alliances with organizations like the GF, WHO and other partners; finding the missing millions; and reaching those most in need who also host the TB. In Africa, a regional network has re-emerged in the form of ACT, now registered and hosted in Ghana. While in Latin America and the Caribbean, America's TB Coalition has been complemented by a second network comprising only people affected by TB. This strengthened regional organization complements the organization at the global level, including, the Global Coalition of TB Activists (GCTA) who have become a registered legal entity.

We have undertaken several regional workshops with networks affected by TB, civil society and communities. These workshops have focused on strategic planning, treatment literacy, advocacy planning and engagement in the UN HLM. The enhanced mobilization has also been complemented by partnerships with the UN to coordinate global civil society engagement during the HLM process. The Panel has representation from across the globe, including the GCTA, WHO CSTF, ACTION Partnership, ACT Asia-Pacific, AIC, Africa, Americas TB Coalition, TBpeople and TBEC.

One of the main achievements was the formation of a Community Advisory Panel to coordinate global civil society engagement during the HLM process. The Panel has representation from across the globe, including the GCTA, WHO CSTF, ACTION Partnership, ACT Asia-Pacific, AIC, Africa, Americas TB Coalition, TBpeople and TBEC.

The panel comprises: Dean Lewis, Jeff Acaba, Louie Teng, Donald Tobaiva, Ingrid Schoeman, Endalkachew Fekadu, Evaline Kibuchi, Bertrand Kampoer, Abdulai Sesay, Mike Frick, Mandy Shuker, Yuliy Cham, Safar Naft, Cathy Frick, Danielle Lecca, Olga Klymenko to be mentored by Panel members. The International Civil Society Support (ICSS) was also selected as the organization to coordinate the panel and the broader civil society engagement. This is the first time we have had this sort of community mobilization for TB. It is also evident that this can positively contribute to HLM outcomes and contribute to sustainable community movements going forward.

Community Rights and Gender (CRG) is a globally networked community-led and rights-based initiative that focuses on TB advocacy. The CRG tools were piloted in Tanzania, Uganda, Kenya and Nigeria and now registered and are being used by governments, CSOs and the global TB community.

In July 2017, the Stop TB Partnership initiated and funded a global meeting on strategic advocacy planning for the United Nations High Level Meeting on TB. In collaboration with APCASO and TAG and with more than 70 community and civil society advocates from 32 countries — it was one of the first global TB advocacy gatherings of its kind. During the meeting, it was agreed that a Panel representing affected communities, advocacy priorities needed to be established and that strategic coordination was needed to ensure the priorities and engagement of affected communities were integrated into the HLM process.

Stop TB Partnership secretariat supported civil society and affected communities. The Global Plan to End TB, innovative programs; integrated health systems; innovative and efficient approaches to funding; and, investment in socio-economic aspects of the TB response.

**Coordinated and capacitated community and civil society groups are critical if we are to build political will and achieve the paradigm shift.** We have used forward.

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**Achievements**

- Built capacity on the principles and processes of the three TB legal environment assessment; gender assessment and key population data framework tools (CRG Tools) with country partners in Bangladesh, Cambodia, India, Kenya, Nigeria, Tanzania and Ukraine.
- Supported the roll-out of CRG Tools in six countries.
- Facilitated the formation of, and provided ongoing support to, the Civil Society and Affected Community Advisory Panel on the UN HLM on TB.
- Strengthened five regional TB community and civil society networks for advocacy through seven workshops and small grants whereby four are now registered and/or hosted legal entities.
- Provided support to nine civil society organization grantees implementing the Challenge Facility for Civil Society.
- Documented lessons learned from the Round 7 and launched the Round 8.
- Developed and piloted in Tajikistan the OneImpact — a platform of digital health solutions to improve access to quality, people centered TB care in diverse community settings;
- Stratified global TB advocacy priorities and approaches with over 70 community and civil society advocates;
- Conducted a transparent and consultative process of review to identify a group of advocates to form the Community Advisory Panel and also identify an organization well placed to coordinate global civil society engagement during the HLM process. The Panel has representation from across the globe, including the GCTA, WHO CSTF, ACTION Partnership, ACT Asia-Pacific, ACT Africa, Americas TB Coalition, TBpeople and TBEC.
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DIGITAL SOLUTIONS PUTTING THE NEEDS OF PEOPLE AT THE CENTER OF THE TB RESPONSE

Designed by and around the needs of people with TB

ONEIMPACT IN TAJIKISTAN

Drug resistant tuberculosis (DR-TB) is a major public health concern in Tajikistan. Although effective treatment exists, people with DR-TB face several barriers to accessing information on TB and quality services and completing treatment. While service providers and the national program are aware of these barriers the prevalence and frequency of the challenges are unknown. Smartphones are carried by the majority of the Tajik population, offering a favorable option to identify and address some of the barriers faced by people with TB.

In 2017 STOP TB Partnership introduced, adapted, integrated and monitored the use of OneImpact among 100 MDR-TB patients in 10 districts. An additional 82 users downloaded the App. Usage to determine feasibility, acceptability and potential impact was monitored using the OneImpact dashboard and end of project focus group discussions.

In 2018 Stop TB Partnership will roll out OneImpact in an additional 7 countries.

ADVANCING HUMAN RIGHTS, GENDER IN SUPPORT OF KEY AND VULNERABLE POPULATIONS IN TB

To end TB, we need a response that is human rights based, gender transformative and inclusive of vulnerable populations. Over the last 12 months Stop TB Partnership in collaboration with partners has continued to advance its work on human rights, gender and vulnerable populations TB. Having led the development of the Legal Environment Assessment for TB, the Gender Assessment Tool for National HIV and TB Responses and the Data for Action for TB Key, Vulnerable and Under-served Populations, Stop TB supported countries to effectively engage and implement these tools: Bangladesh, Cambodia, India, Kenya, Nigeria, Tanzania and Ukraine. These CRG tools are also designed to support the strengthening of national and regional platforms for community engagement and advocacy and to secure the engagement of TB survivors in high-level meetings.

The work in each of these countries kicked off with an intensive training workshop in Bangkok, Thailand, where human rights, gender and data experts led country teams through each of the tools and the planning for implementing the tools in each country context.

The Key Populations Data Framework is designed for implementers and countries to plan TB services for groups within their populations that are more vulnerable, underserved or at higher risk of infection and illness related to TB. Stop TB is working to build capacity among identified key populations, including through the delivery of training at the Harm Reduction Academy.

The Stop TB Partnership and UNAIDS developed the HIV/TB Gender Assessment Tool, which builds on the UNAIDS HIV Gender Assessment Tool launched in 2013 and has been adapted to include TB and it has been (or is in the process of being implemented in eleven countries.

The Legal Environment Assessment Guide (LEA) was adopted from and based on “Legal Environment Assessment for HIV. An operational guide to conducting national legal, regulatory and policy assessments for HIV” produced by UNDP in January 2014. The LEA identifies populations that are particularly impacted by TB, reviews laws, policies and practices that serve as barriers to access for these populations, analyses where human rights violations might occur and hamper access; moves response from gender-blind to gender-sensitive to gender transformative; engages country stakeholders in addressing the alignment of laws, policy and practices with human rights and gender equality frameworks; plans for the allocation of resources to implement changes; and recommends interventions to address the challenges identified. In 2017, LEAs were commenced in Bangladesh, India, Kenya, Nigeria, Tanzania and Ukraine.

Over the next 12 months, the tools will be rolled out in a further seven countries (DRC, Indonesia, Mozambique, Myanmar, Pakistan, Philippines and South Africa), moving towards the “Paradigm Shift” called for in the Global Plan.

Stop TB Partnership is also working closely to advance the Nairobi Strategy working closely with global human rights experts, including the O’Neill Institute, KELIN. Work has focused on building a case compendium and workshops to build the capacity of communities, law enforcement and the judiciary on TB, justice and the law.

Stigma creates an additional barrier to accessing TB services as well as broader social services, for many people affected by TB. In July in Bangkok, Thailand and in October at the 47th Union World Conference on Lung Health in Guadalajara, Mexico, the Stop TB Partnership provided a space for the TB community to discuss ways to measure and address stigma at the community level.

In both consultations, it was agreed that the impact of stigma is felt at multiple levels, including the individual, institutional, community and legislative levels. Many affected communities do not know their rights or how they can leverage laws and policies to change the status quo highlighting the connection between the LEA, engagement of vulnerable populations and community led responses to stigma and discrimination.
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STRENGTHENING COMMUNITY NETWORKS

a. Independent regional community and civil society networks were established and strengthened: Activists’ Coalition on TB Asia-Pacific (ACT) – Asia-Pacific, hosted by APCASO in Bangkok; African Coalition for Tuberculosis (ACT), registered in Ghana and hosted by the Afro-Global Alliance; TBpeople, registered in Georgia; and networks in Latin America as well. Several of the regional meetings were organized in partnership with the International Federation of the Red Cross Red Crescent and the respective local civil societies. These workshops and meetings were organized in partnership with the International Federation of the Red Cross Red Crescentand the respective local civil societies. These workshops and meetings were organized in partnership with the International Federation of the Red Cross Red Crescent and the respective local civil societies.

b. Global Coalition of TB Activists (GCTA): The Secretariat of the GCTA is hosted by the Society for Promotion of Youth & Masses (SPYM) in India, with continuous support from the Stop TB Partnership and the Global Fund. The highlight of 2017 was the operationalization of the GCTA Constitution and Strategic Framework, with elections being held for regional focal points and for the GCTA advisory body. The first GCTA Board Meeting was held in India. A Communications Officer has also been recruited for the Secretariat. Registration of the GCTA as an independent entity was completed in the Netherlands.

c. Through Challenge Facility for Civil Society grants, Stop TB continued to support the development of national community and civil society networks at the country level in 9 countries.

d. Country Level coalitions of people affected by TB have been established with support from Stop TB Partnership in India, Cambodia, Tanzania, Tajikistan, DRC and Cameroon. In India, Touched by TB has been launched. At the launch, officials from the Ministry of Health and Family Welfare attended in addition, Stop TB Partnership has supported the development of national coalitions through Challenge Facility grants, in several countries to build an advocacy movement that begins at the grass roots, moves up to the regional level and informs priorities and advocacy at the global level.

5. Public–Private Mix (PPM) for TB care and control: The 12th PPM Working Group Meeting was organized in Dar es Salaam on 14–16 February 2017. Eight TB consultants working in Africa were trained on PPM to provide support to countries undertaking national PPM situational assessments. The consultants were tasked with preparing national PPM action plans that could be integrated into national TB strategic plans and GF applications. The countries targeted for PPM expansion were: Ethiopia, Ghana, Kenya, Malawi, Namibia, Nigeria, Tanzania, Uganda and Zambia.

6. Child and Adolescent TB Working Group: In January 2017, the Child and Adolescent TB Working Group received full Working Group status. The Working Group is comprised of nearly 300 members from around the world, representing various stakeholders including pediatricians, academicians, public health specialists, NTP managers, nurses and community representatives. The Group ensured the participation of pediatricians in TB-related events in Indonesia and Ethiopia (January 2017), Kenya (Feb/March 2017) and Swaziland (May 2017). The annual meeting of the Working Group took place on 9 October 2017 in Kigali, Rwanda, in conjunction with the WHO AFRO annual review and planning meeting of reproductive, maternal, newborn, child and adolescent health and nutrition programme managers in the East and Southern African Region.

STOP TB PARTNERSHIP WORKING GROUPS

1. The Executive Committee approved the change of status of the three working groups to (i) the Child and Adolescent TB Working Group, (ii) Public–Private Mix Working Group and (iii) the End TB Transmission Initiative Working Group.

2. Global Drug-Resistant Initiative (GDI) ensured funding for the work of DRT-TB STAT and the TB, Human Rights and the Law (TBHRL) Task Force. The TBHRL Task Force developed and completed the first-ever “TB, Human Rights and the Law Case Compendium,” comprising summaries of more than 70 cases from 17 countries and two regional courts. The Compendium was launched on 9 March 2017 at a joint meeting co-organized by the Stop TB Partnership and KELIN (human rights NGO) in Geneva. Link

3. The GDI/GLI Task Force met on 24 October 2016 and discussed the translation of the new diagnostic and treatment policies into linked implementation guidance.

4. The Global Laboratory Initiative (GLI) issued six publications:
   a. GLI Model TB Diagnostic Algorithms, a handbook that provides four model algorithms graphically depicting the most up-to-date WHO recommendations on use of TB diagnostics
   b. GLI Practical Guide to TB Laboratory Strengthening provides practical guidance on the implementation of WHO recommendations and international best practices for TB laboratory strengthening
   c. Planning for Country Transition to Xpert® MTB/RIF Ultra Cartridges
   d. Programme Modules for Diagnostic Network Strengthening
   e. Guide to TB Specimen Referral Systems and Integrated Networks provides practical information to improve the efficiency of specimen referral systems
   f. Laboratory Safety Handbook for Culture and DST Laboratories

In addition, a workshop on “Accelerating innovations for ending TB and investing for impact” was organized together with the regional Green Light Committee and the GF as part of the Union Asia-Pacific Regional Conference in Tokyo.
7. End TB Transmission Initiative (ETTI) Working Group: The Working Group announced the appointments of its new Chair, Ms Carrie Tudor from the International Council of Nurses, and the Vice-Chair, Dr Grigory Volchenkov from the Vladimir Regional TB Control Centre. The Group updated existing technical guidelines, aligned training materials, and developed scale-up plans for Myanmar and Malawi. Core Group members were involved in the development of national TB strategic plans in Namibia and South Africa. For India and Ethiopia, funds from the grant were used to procure germicidal ultraviolet (GUV) fixtures. A monitoring and evaluation (M&E) framework for infection, prevention and control (IPC) interventions was also developed. In addition, ETTI Working Group members have written a manual on GUV maintenance and several members of the Core Group were invited to provide training on infection control and TB care in Uzbekistan and to give master classes in Tashkent. The Azerbaijan WHO Collaborating Centre on Prevention and Control of TB in Prisons also conducted training courses with special sessions on TB IPC in prisons.

8. New Tools Working Groups (NTWGs): During the Stop TB Partnership’s 29th Coordinating Board Meeting, the NTWGs presented new research indicators and continued discussions on tracking progress against the Global Plan.

a. Working Group on New TB Vaccines (WGNV): The 5th Global Forum on TB Vaccines is a major initiative of the WGNV. The WGNV is providing support for the development of a publication on the state of the field of TB vaccine R&D, which is a major initiative of the WGNV. The WGNV is providing support for the development of a publication on the state of the field of TB vaccine R&D, which will be launched at the 5th Global Forum on TB Vaccines.

b. New Diagnostics Working Group (NDWG): FIND and the NDWG co-convened a symposium for partners and members on 11 October, back-to-back with the 48th Union World Conference on Lung Health.

c. Working Group on New TB Drugs (WGND): In conjunction with the June 2017 Gordon Research Conference “Tuberculosis Drug Development,” the WGND held a workshop on repurposing medicines for TB and host-directed therapies. The 2017 WGND Annual Meeting in October provided updates on the most recent advances in the global TB drug pipeline. The Secretariat highlights the achievements of the Working Groups through bimonthly bulletins that can be accessed at http://stopbt.org/wg/.

Task Force on latent TB infection (LTBI) and fast of progression to active disease. A viewpoint paper, “From Latent to Patent: Rethinking Prediction of Tuberculosis,” was published in Lancet Respiratory Medicine in January 2017. The NDWG coordinated the organization of a stakeholder meeting that was convened by WHO on behalf of the NDWG in Geneva. The Consensus Meeting Report “Development of a Target Product Profile (TPP): Building on this biomarker system, the first-stage development of a new biomarker database. Biomarkers to Diagnostics (Bm2Ds), was initiated with the goal of centralizing TB biomarker research and discovery efforts and facilitating the translation of such efforts into more efficient, affordable and accessible TB POCTs.

Task Force on next-generation sequencing: The NDWG Core Group appointed Dr Paolo Miotto of San Raffaele Scientific Institute as the new Coordinator. The goal of the Task Force will be to convene key experts and stakeholders representing the TB diagnostics and TB drugs community, with a view to assessing the alignment of the current TPP for a next-generation DPT of peripheral levels.

PARTNER’S UNUPDATE

The Directory of Partners added 117 new members in 2017, reaching a total of 1673 as of 31 December 2017, representing organizations from 120 countries. According to the 2017 partners’ survey aimed at evaluating the services and support provided by the Secretariat, almost 90% of partners are satisfied with the Stop TB Partnership Secretariat’s work and think the work of the Secretariat is very important in the global fight against TB, and 93% would recommend to others to join the Stop TB Partnership. A total of 279 partners participated in the survey. Prizes were given to three randomly selected survey participants. The survey report is available at http://stopbt.org/about/partners_who.asp.

A Stop TB Partnership evening was held on 9 October 2017 in Guadalajara, Mexico. The Director of the Public Health Department Mr Fernando Petersen (representing the Guadalajara Mayor’s office) was the keynote speaker. The highlight of the event was the launch of the 90-(90)-90 progress report for the Global Plan to End TB 2016–2020.

THE KOCHON PRIZE FOR 2017

Recognizes the best and brightest in the TB research and development community.

In the lead up to the UN HLM on TB in 2018, accelerating access to and uptake of existing TB products and technologies, accelerating research and development of new, game-changing TB diagnostics, medicines and vaccines is a matter of immense urgency. The 2017 Prize award is the 12th consecutive award from more than a decade-long collaboration between the STOP TB Partnership and the Kochon Foundation. The 2017 Prize committee received 18 nominations from six countries. The applicant was awarded the Prize for delivering innovative, community-based solutions.

The Stop TB Partnership awarded the Paradigm Shift Prize to the National Tuberculosis Programme of India for its exceptional effort in ensuring a “Paradigm Shift” in TB. Friends for International TB Relief (FIT) from Viet Nam was awarded the 2017 STOP TB REACH Initiative’s Prize for delivering innovative, community-based solutions.

The GDF team awarded excellence in TB procurement and supply chain to Sri Lanka, Zimbabwe and Turkmenistan.

The Partners Engagement Prize was given to the Moldovan Center for Health Development.

PATTERNSHIPS AWARDS & PRIZES

> The Civil Society Movement against Tuberculosis Siera Leona and the STOP TB Partnership Tajikistan jointly won the Effective Community Monitoring for Accountability Award.

> Friends for International TB Relief (FIT) from Viet Nam was awarded the 2017 STOP TB REACH Initiative’s Prize for delivering innovative, community-based solutions.

> The Stop TB Partnership awarded the Paradigm Shift Prize to the National Tuberculosis Programme of India for its exceptional effort in ensuring a “Paradigm Shift” in TB.

> Project Hope Kazakhstan was awarded the World TB Day 2017 Prize for the organization of a series of events, including hosting an international media training tour for TB issues among labour migrants.

> The GDF team awarded excellence in TB procurement and supply chain to Sri Lanka, Zimbabwe and Turkmenistan.

> The Partners Engagement Prize was given to the Middauwen Center for Health Policies and Studies, Development AID from People to People (DAPF) Zimbabwe, and Socios and Salud from Peru.
In 2017, the Stop TB Partnership completed Round 7 and launched Round 8 of the Challenge Facility for Civil Society (CFCS), a grant mechanism that supports innovative community responses.

The nine CFCS Round 7 grantees mapped the community-led activities and response in their respective countries, types of services available, geographic coverage, target populations, and gaps and barriers to accessing services and completing treatment. They found that the three main types of community actors in the nine countries were: community health workers, patient support groups, and the NGO/CBO/CSO sector.

The majority (78%) of the 648 organizations identified support service delivery, whereas far fewer (32%) are engaged in advocacy and fewer still are engaged in community monitoring for social accountability (8%). Although the mapping exercise did not determine what was needed in terms of community services it did indicate that community actors could potentially play a much more significant role in advocacy and in enhancing social accountability through community monitoring.

Round 8 of the Challenge Facility was launched in December 2017. Building on the previous learnings, Round 8 will continue to support advocacy, community innovation and social accountability to expand access to quality TB prevention and care services. We received 387 proposals, of which 211 were eligible for review. The review process, which is being conducted by an independent evaluation committee is near final and selected proposals will be announced in March 2018.
A YEAR WITH TB REACH: RESEARCH, ADVOCACY AND TECHNICAL EXPERTISE

Q1
Wave 5 grantees received first payments and TB REACH hit our key performance milestone of rapid funding. 38 projects were supported at a value of US$16 million.

Focusing on M&E and Transition to Scale Up

In Wave 5, M&E coordination was brought in-house reducing overall program costs by about 35%.

“Transition to Scale Up” model guarantees funding to grantees who can match TB REACH funds with either national, Global Fund or other contributions. The new M&E team met in Barcelona to discuss the framework for reviewing these grants and to establish a working relationship with the TB REACH team.

Advocating for Sustainability of Pediatric Case Finding in Kenya

To promote sustainability of TB REACH investment, we contributed to the mid-term review of Kenya’s national TB control program.

Q2
Over 150 delegates attended Wave 6 grantsee meeting in Bangkok, Thailand. The TB REACH M&E team and representatives from McGill University and Cepheid were in attendance. The meeting included one-on-one deep dive sessions between grantees and M&E reviewers to finalize project milestones and discuss achievable goals for both case-finding and advocacy.

Bangladesh Boosts the First Transition to Scale-Up Grantee, Hosts a Zero TB Meeting

A site visit to Bangladesh was organized to discuss the implementation of TB REACH’s first Transition to Scale-Up project and to share TB REACH experience at the kick off meeting for Zero TB Dhaka hosted by USAID.

Public-Private Partnership and Costs of TB Care in Vietnam

Putting TB elimination on the map, TB REACH promoted the public-private partnerships developing in Vietnam and took part in national discussions around the roll out of preventative TB treatment services and alleviating the catastrophic costs TB patients face in accessing care in the country.

Q3

Developing New Partnerships

Stop TB Partnership has been collaborating with the Zero TB Cities Initiative to focus on high burden urban areas and coordinate efforts. By way of supporting smaller scale urban projects that have capacity to expand to entire cities, TB REACH has a role to play in planning the Initiative’s work. TB REACH participated in the Steering Committee meeting of the Zero TB Cities Initiative to develop the M&E framework that supports case finding in a growing number of cities.

TB REACH signed a contribution agreement with the National Philanthropic Trust which manages funds from the Indonesian Health Foundation. New funding from traditional and non-traditional donors is essential to sustain the level of innovation and hope that TB REACH is aiming to achieve and this contribution agreement signifies an exciting development for TB REACH’s future work in Indonesia and beyond.

Deepering our exposure to development stakeholders, TB REACH also presented at the Asia-Pacific Economic Cooperation (APEC) conference on Public-Private Partnerships and Multi-Sectoral Collaborations in support of Healthy Asia Pacific 2020.

Q4

TB REACH Interventions Shine at the Union World Lung Health Conference

A key event for TB scientists and implementers, the Union World Conference on Lung Health held in Guadalajara, Mexico was an opportunity for TB REACH to host its grantees successes, conduct advocacy with government and multi-lateral stakeholders, and promote innovations that are driving the global push for finding the missing people with TB.

Country Missions Promote Sharing of Experience and Reveal Early Results

Contributing to advocacy for impact, TB REACH participated in country-level review meeting organized by Stop TB Partnership Pakistan which brought Wave 5 grantees and government representatives together to share experiences and dissemination results. Reports from M&E reviewers and grantees confirmed that early successes and scale up of past work is already noticeable in Nigeria, India, and Cambodia.

Wave 6 Launches and Stage 1 Proposals Are Sent for Review

TB REACH received 570 proposals requesting US$ 224 million. TB REACH screened out 125 proposals and in early December 445 short applications were sent to TB REACH independent proposal review committee. Additional funding for Wave 6 will include a USAID pledge of US$ 4.2 million for projects that focus on engaging the private sector to improve case detection.
Stop TB is on a mission - to help countries diagnose and treat an additional 1.5 million people with TB by 2019. Supported by the Global Fund and partnering with WHO in 2017, Stop TB embarked on a true paradigm shift - cancelling business as usual and urging 13 high burden countries to focus on detecting a large portion of the 4 million people with TB who are currently missed by national TB control programs through the Global Fund’s Strategic Initiative. Stop TB is leveraging two of its most important technical areas of expertise to help these efforts, case detection through TB REACH and Communities, Gender and Rights, to help countries meet their national targets.

The Strategic Initiative was officially kicked off at the Union World Conference on Lung Health in Guadalajara, Mexico in October 2017. Stop TB, in collaboration with WHO and the Global Fund, successfully convened with more than 110 representatives from high burden countries, technical and donor agencies and civil society to discuss national plans to improve case detection and to optimize coordination of technical assistance provided by the Strategic Initiative and partners.

THE 13 STRATEGIC INITIATIVE PRIORITY COUNTRIES

These countries together account for 75% of all missing people with DS-TB and for 56% of all missing people with DIR-TB:

- Bangladesh, DR Congo, India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania, and Ukraine.

Finding 1.5 additional million people with TB by 2019

People with TB are currently being missed due to three bottlenecks:

Access to Care: Too many people still have limited access to care. Working with and in communities and private health care providers is essential to improve and expand access.

Screening, Diagnostic and Treatment Services: In many settings, people who are sick with TB have access to health services, yet they are not identified as needed to be tested, or are tested but not diagnosed with TB or diagnosed and not treated.

Linkages to Care: Many people are receiving care for TB (often substandard), but are not notified to National TB Control Programmes.

Combining Innovative Approaches and Best Practices to Remove Barriers to Access TB Services, Focusing on Key and Vulnerable Groups

In order to successfully detect many more people with TB, the Strategic Initiative seeks to help countries answer the following cardinal questions:

Who are the missing people with TB?

Where are the missing people with TB located?

Why are the missing people with TB not diagnosed and/or notified and linked to adequate treatment?

What can be done to find the missing people with TB?

The Global Fund will make available up to USD 6 million to Stop TB and a consortium of partners (KIT/Netherlands, IRD/Singapore and TB REACH M&E experts). Stop TB will catalyze on its vast experience in innovating case detection through TB REACH and its deep engagement with communities and key populations to generate change in countries and globally.

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People with TB who are currently being missed due to three bottlenecks:

Access to Care: Too many people still have limited access to care. Working with and in communities and private health care providers is essential to improve and expand access.

Screening, Diagnostic and Treatment Services: In many settings, people who are sick with TB have access to health services, yet they are not identified as needed to be tested, or are tested but not diagnosed with TB or diagnosed and not treated.

Linkages to Care: Many people are receiving care for TB (often substandard), but are not notified to National TB Control Programmes.

COMBINING INNOVATIVE APPROACHES AND BEST PRACTICES TO REMOVED BARRIERS TO ACCESS TB SERVICES, FOCUSING ON KEY AND VULNERABLE GROUPS
A historic photo moment to kick off the Stop TB Partnership and WHO UNGA side event in New York, "Unite to End TB: A Global Response to a Global Emergency"

We need the highest levels of commitment from world leaders to ensure a successful UN HLM on TB in September 2018.

The Stop TB Partnership on social media: 16,000 likes on Facebook, 16,000 voices to end TB.

GDF country mission

Grantees from Wave 5 of the TB REACH initiative met in Abuja, Nigeria to discuss implementation, pharmacy engagement (LSTM/Bingham University), IDP screening (GomSACA) and fisherfolk screening (GLRA). Dr. Lucica Ditiu, Executive Director, Stop TB Partnership and Marijke Wijnroks, Interim Executive Director, The Global Fund to Fight AIDS, TB and Malaria, signed the MoU on finding an additional 1.5 million people with TB.

2017 in pictures

Blast from the past
The Strategic Initiatives & Innovative Financing Team organized the 1st Focus Group Workshop on Digital Adherence Technologies on 8 October 2017 in Guadalajara, Mexico, in advance of the 48th Union World Conference on Lung Health. Innovators such as Everwell Health Solutions Pvt Ltd (99DOTS), Wisepill Technologies (evriMED medication monitor), Kaheole (SMS-based behavioural counselling) and SureAdhere Mobile Technology, Inc. (V-DOT) were connected with representatives of key NGOs, implementers and country programmes (including those in Zimbabwe, Philippines, Moldova and South Africa) in order to discuss opportunities for experimentation and uptake of digital adherence technologies through TB REACH Wave 6 grants.

FIRST EVER WEB-BASED TB DIAGNOSTICS PATHWAY

The TB Diagnostics Pathway (www.tbdepthway.org) is a common good resource for everyone in the TB community. The site was conceived as a tool to help innovators develop their ideas from research to roll-out, offering guidance on the critical activities to follow and right partnerships to pursue. The TB Diagnostics Pathway will help to standardize research, commercialization and roll-out procedures in order to accelerate the introduction of promising new TB diagnostics and adjunct technologies.

DAVOS DEBUT

For the first time ever, the Stop TB Partnership organized a meeting on the sidelines of the World Economic Forum’s Annual Meeting in Davos, Switzerland, to highlight and discuss some of its partners’ innovative partnerships and technological solutions. Leaders from Dentsu Aegis Network, Everwell Health Solutions, Global Fund to Fight AIDS, Tuberculosis and Malaria, Johnson & Johnson, Microsoft, Nestlé, Tata Trusts and World Economic Forum were among the participants.

NEW FRIENDS OF STOP TB

- AdvanMedDx
- Chatham House
- Dentsu Aegis Network
- Mitsubishi UFJ Research & Consulting Co. Ltd.
- SemanticMD
- Sky PLC
- Wellcome Trust
- World Economic Forum

STOP TB MAKES ITS AMR DEBUT

The Stop TB Partnership, along with its partners, pledged commitment to develop a web-based AMR database. With seed funding from USAID, this database is expected to be launched in the first half of 2018.

Davos, Switzerland – to highlight and discuss some of its partners’ innovative partnerships and technological solutions. Leaders from Dentsu Aegis Network, Everwell Health Solutions, Global Fund to Fight AIDS, Tuberculosis and Malaria, Johnson & Johnson, Microsoft, Nestlé, Tata Trusts and World Economic Forum were among the participants.

My name is Paola Ariane Pinto Contreras and I am a TB survivor from Bolivia. My daughter has been the key motivation behind my struggles to overcome TB. I live in Yacuiba, Tarija, where I am studying and at the same time working in a shop to support myself and my 7-year old daughter.

I had never imagined that being an active person, full of energy and leading a normal life, I could fall ill to such an extent to become terminally ill. Having survived TB, it has changed my life forever and I see things in a different way now.

Tuberculosis came to my family without warning when my brother was under a very high, but in spite of hardships, he followed and finished the treatment.

However, the help of organizations like ASPACONT-BOLIVIA (Association of Patients and Former Patients against Tuberculosis) made the difference for me. I know I was not alone. I could talk to former patients and count on their understanding. I would not have made it without their support.

That is why I do not hesitate when a TB patient needs me. I am part of the Association and share my TB experience with patients to motivate them to never give up. I know what it means to spend long months thinking only about the disease, alone and afraid.

I strongly believe that people who have TB are treated humanely without stigma and discrimination. I have the urge to tell that that they must go on and that we will fight TB together. Sometimes I get a smile. It’s the biggest reward of all.

Hello!

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I had never imagined that being an active person, full of energy and leading a normal life, I could fall ill to such an extent to become terminally ill. Having survived TB, it has changed my life forever and I see things in a different way now.

Tuberculosis came to my family without warning when my brother was diagnosed with it. Because we didn’t share the same house, I never imagined that I could be next. He started the treatment but adverse reaction to the medication (Anti-TB ADR). My family didn’t know what the illness really was and the only thing we knew was that it was fatal, if it not treated. These were very hard times because we lived far from a health center and costs were very high, but in spite of hardships, he followed and finished the treatment.

My symptoms started when I was seven months pregnant and started to feel discomfort and weak, subsequently I had a premature delivery. I was with my baby only for a few days as I became very week to do anything. It took a very long time for my diagnosis and my health continued to deteriorate.

Due to late detection and inadequate treatment, I became drug resistant. In addition, I developed breast TB, which made it very difficult for me to take care of my newborn. Finally, with prolonged and consistent treatment, I was finally cured.

During my illness, it was so important to have the right contact with my doctors and receive the warm and carrying support of the hospital staff.
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2. Financial support to the payment in record time of 40 Wave 5 TB REACH grants.
3. Reviewed 125 quarterly financial reports submitted by grantees.
4. Processed more than 1,353 supplier invoices for a total value of $92.4 million (GDF procurement and services invoices) and 125 grant payments for a total value of more than $5.1 million.

Prepared Substantial increase in efficiency of the finance function: members from finance team resource (4 team members) provided financial support to 30% increased program teams and supported almost double the activities in the previous year (USD 61 million worth of transactions in 2016 vs. more than USD 145 million worth of transactions in 2017).
5. More than 80 financial reports prepared and submitted to donors, Finance Committee, Board, program teams and the management

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8. More than 80 financial reports prepared and submitted to donors, Finance Committee, Board, program teams and the management
9. Streamlined existing financial processes, with increased accuracy of the financial reconciliation between different systems.

- The Developing Country NGO constituency led its own process of renewal of representation, during April and selected Mr Austin Obafuruwa, Executive Director of Global Alliance on no objection basis.
- The Developing Country NGO constituency also renewed representation of Mr Aaron Okey, Executive Director of NAP LAC in the UNAIDS board meetings.
- The Step TB Partnership Secretariat was asked for assistance by the TB-affected Communities constituency in the election process that led to re-election of Mr Timur Abdullayev, International Consultant and Mrs Thokizile Phiri-Nkhoma, Executive Director of Facilitators of Community Transformation (FACT). The dashboard is being used widely by the TB community across the globe.

The interactive TB dashboard developed by Stop TB presents information on TB for each country in a simple and visually appealing manner, including TB burden, missing people with TB, available funding and selected determinants of TB. The dashboard is being used widely by the TB community across the globe.

http://stoptb.org/resources/cd/
2017 was an important year for UNOPS. In September, UNOPS’s Executive Board in New York adopted a new Strategic Plan 2018–2021 aimed at enhancing UNOPS’s contribution to Sustainable Development Goal (SDG) progress and achievements through the provision of efficient and effective support to its partners in line with the 2030 Agenda.

In 2017, the third year of UNOPS hosting the Stop TB Partnership Secretariat, we witnessed significant growth across many areas of work, including the number of personnel, levels of expenditure and income, and total support outputs. Total expenditure delivery more than doubled, from approximately US$ 60 million in 2016 to approximately US$ 140 million in 2017. This was accompanied by the continued consolidation and strengthening of the hosting relationship, as well as increased maturity of internal processes and oversight frameworks. Solid and efficient management and administrative processes tailored to Stop TB Partnership requirements have been put in place and are being continuously reviewed and improved, thereby allowing the Partnership to focus on its core mandated activities.

In terms of 2017 support outputs, the UNOPS portfolio team helped to issue 140 new disbursing grant agreements or amendments to different grantees on behalf of the Stop TB Partnership (almost triple previous years), totalling approximately US$ 25 million. A total of 102 new HR contracts were issued, along with 95 contract extensions, two thirds of which were for women.