Message from the Executive Director, Lucica Ditiu

Watch the video here
Monitoring of progress on global plan and UNHLM targets

Country dashboards on the Stop TB Partnership website were updated with new data reported by WHO in the Global TB Report 2020 and information from other sources. The interactive maps are now being updated with new data. Interactive infographics showing the number of missing people with TB for each of the 30 high TB burden countries, including the trends over that last few years, were developed and are available here.

Impact of Covid-19 pandemic and its mitigation on TB

In March 2020, as the COVID-19 pandemic started affecting high TB burden countries, the Stop TB Partnership did a rapid assessment of the impact on national TB programs in 20 countries, followed by a modelling study in collaboration with Imperial College, Avenir Health, Johns Hopkins and USAID. The modelling results showed that if the disruptions in TB services due to the COVID-19 pandemic continue without mitigation, there will be a setback to the global TB response by 5-8 years in terms of increased incidence and mortality TB. This study, coupled with the civil society report on the impact of the COVID-19 pandemic on TB, helped in the advocacy for maintaining TB services during the COVID-19 pandemic and for "catch-up" efforts.
to regain lost ground and accelerate further to meet the UNHLM targets. The modelling study is now published in a scientific peer-reviewed paper. Read more about the modelling study press briefing and outreach here.

A web page was developed on TB and COVID-19 to share guidelines from partners, and experiences and best practices from countries. This website also carried data and interactive maps on TB burden and deaths in comparison to COVID-19 morbidity and mortality in Global Fund eligible countries.

Recognising the need for countries to plan and implement ambitious “catch-up” efforts to overcome the setback caused by the Covid pandemic, Stop TB led the development of a guidance document on catch up plans, working with Situation Room partners and beyond. This work is now published by Global Fund as an information note to countries and principal recipients and is available here. This document has useful guidance on how to mitigate the impact of Covid pandemic on TB responses. This piece of work is an excellent example of Stop TB capacity and role in working closely with Global Fund with agility, advocating and aligning partners to help countries in their efforts to care for people affected by TB in this difficult situation. The next challenge is to rapidly provide technical support and facilitate south-south learnings for catch-up efforts of countries and in-country partners.

A costing exercise was done to estimate the additional resources needed for mitigating the impact of the COVID-19 pandemic on TB. In Global Fund eligible countries, in 2021, an additional 3.4 billion USD will be needed over what was estimated in the Global Plan.
Stop TB has engaged with the Asian Development Bank to discuss potential financing options for gaps in selected countries’ National Strategic Plans. Financing options include subsidized loans and loans incentivized with grants. Discussions are also underway on the inclusion of TB and Covid-19 diagnostics and integrated testing within grants provided to selected countries by the Government of Japan for COVID-19.

Recognizing the renewed interest in respiratory infection control, a series of webinars on Airborne Infection Prevention and Control was organized by the Stop TB Partnership in collaboration with the ETTi Working Group of Stop TB Partnership. Read more and watch the webinar series here.

The Global Plan to End TB 2018-2022

The Global Plan to End TB 2018-2022, a costed plan and roadmap for a concerted response to TB, aligned with the UN Political Declaration on TB, was launched in December 2019. The Global Plan is also available in French, Spanish, Russian and, for the first time, in Japanese.

Find more details and all language versions.

New Diagnostics

To promote new diagnostics and familiarize country and global stakeholders with their performance and operational characteristics for potential placement in diagnostic networks, Stop TB developed an Information Note on Molbio Truenat jointly with USAID and an Information Note on ERPD-approved diagnostics. The information notes have been useful as resources to guide discussions with countries and other stakeholders, to encourage adoption by early implementers and inclusion of these new tests in Global Fund funding requests. To promote TB testing continuity during the COVID-19 pandemic, given the potential to use GeneXperts for SARS-CoV-2 testing, Stop TB disseminated an Information Note on considerations for selection of SARS-CoV-2 diagnostics and potential multiplexing.
Governance

For the first time, the Stop TB Partnership’s 33rd Board Meeting will take place virtually over three days on 18, 19 and 20 November 2020 due to the COVID-19 pandemic. The decision to hold a virtual Board Meeting was taken with a heavy heart during the summer to replace the in-person high-level Board Meeting planned in Abuja, Nigeria. To acknowledge African countries’ efforts in the fight against TB, a high-level Africa Roundtable will take place as a side-event during the Board Meeting.

The Executive Committee worked intensively during 2020, holding 12 teleconference calls during this reporting period. Topics on the agenda of the Executive Committee meetings were: 1) Board Membership, 2) Board Leadership 3) Development of Agenda for the 33rd Board Meeting, 4) possible side-events at the Board Meeting, 5) Hosting Arrangement, 6) postponement of the development of a new operational strategy 7) Impact of COVID-19 on the Partnership’s and Secretariat’s work. The Executive Committee held a virtual Retreat on 26 October 2020 to discuss new hosting arrangements and the 33rd Board Meeting.
Board Meeting n°33

The 33rd STBP Board Meeting opened with addresses by the Ministers of Health of India, Hon. Dr. Harsh Vardhan, and Kazakhstan, Hon. Mr. Alexey Tsoy, followed by high-level discussions of the need for strengthened political and financial commitments for the global TB response. Advocacy and communications support was provided for the meeting, with the team preparing the Executive Director’s report and providing live updates on social media.

Against the backdrop of the Board Meeting, high-level government representatives from 11 African countries, representing three-quarters of tuberculosis burden in Africa, met to discuss accelerated actions and increased financing to get back on track to reach the United Nations High-Level Meeting on TB targets. Nigerian President, H.E. Mr. Muhammad Buhari, delivered the keynote address for the meeting. A press conference was held following the high-level round table to amplify the challenges and efforts of the countries in Africa.

Support was provided for the organization and coverage of the meeting, which included the announcement of the winners of the 2020 Kochon Prize and STBP Affected Communities and Civil Society Award.

In 2020, with the world going virtual, the STBP Executive Director’s report was created in a new format which was designed to be virtual, interactive, and engaging. Click here to view the report which outlines STBP’s key achievements in 2020.
The Board Meeting n°32

The Board held its previous meeting on 11–12 December 2019 in Jakarta, Indonesia. The Decision Points of the meeting and background documents remain available online, together with all the documents of past board meetings. With great dedication, the Stop TB Partnership Indonesia supported this Board meeting, which was preceded by a high-level meeting with His Excellency Joko Widodo, President of Indonesia. This significant encounter led to a substantial increase in Indonesia’s high-level political commitment to fight TB and reach UN TB targets. The Stop TB Partnership Secretariat’s management also attended a pre-Board hosted by the Minister of Health of Indonesia.

A press event was held the day before the Board meeting on the occasion of the launch of the Global Plan to End TB 2018–2022, Global Drug Facility Paediatric Drug-Resistant TB initiative, Challenge Facility for Civil Society call for proposals, and the announcement of the TAG Report on TB Research Funding Trends 2005–2018. This generated one of the largest media coverage in print and online with stories about TB appearing in over 30 international, national, and regional media outlets.

As much as the Secretariat would wish to welcome Board Members in person, the next Board Meeting might well be a virtual edition again. The Board Meeting in 2021 will most likely be held in the second half of the year.
EXECUTIVE DIRECTOR’S OFFICE (EDO)

1. Global Plan Targets and Commitments

2. Governance

3. Finance and Human Resources

4. PMT UNOPS

5. Transition to New Host

6. Our People
Finance

Achievements

The Finance team fulfilled the Partnership’s finance function, including reporting and budget obligations, preparing the 2019 annual financial management reports, 2020 quarterly expenditure and commitments reports for the Finance Committee, and the 2021 detailed budget. The team submitted to the Finance Committee the parameters and allocation proposal of the Partnership’s unearmarked income earned from October 2017 to March 2020. Virtual meetings of the Finance Committee were held in May, October, and November 2020.

The team continues to improve and streamline the Partnership’s financial processes, including through automation of financial reporting and increased accuracy of the financial reconciliation processes between different systems. It also provided financial advice to various STBP teams, including on the Stop TB medicines strategic rotating stockpile, regular stock count and stock increase.

In the first nine months of 2020, Finance team covered various tasks, including the following:

- 220+ quarterly financial reports reviewed, as received from TB REACH grantees under Wave 5, Wave 5 Scale Up, Wave 6, Wave 6 Scale Up and Wave 7;
- 180+ active grants financially managed for the Partnership;
- 80+ financial reports prepared and submitted to donors, program teams, management, the Finance Committee and the Board;
- 200+ grant payments and 1,100 supplier invoices processed;
- 380+ Order Management System orders (OMS) reviewed and approved for procurement of TB drugs and diagnostics;
- Financial reconciliation and final reporting issued to clients for around 180 in-house procurement orders of drugs and diagnostics.

The work continues in Q4 of 2020 with expected tasks, including the following:

- Review of 50 quarterly financial reports submitted by TB REACH grantees;
- Financial management of 20 additional grants to be issued in Q4;
- Preparation of 25 financial reports to donors, program teams, management, the Finance Committee and the Board;
- Processing of 60 grant payments and 500 supplier invoices;
- Review and approval of additional 130 OMS orders; and
Financial reconciliation and issuance of final reporting for 60 In-house procurement orders

The impact of the Covid-19 on the team’s work

In April and May, the Finance team’s workload increased due to COVID-19 with need for additional follow up with partners, suppliers, and service providers of TB and COVID-19 products. Adapting to working from home took some time, making sure that everyone in the team had the necessary e-tools and IT equipment. On the other hand, the transition to paperless work increased the team’s efficiency, as the use of electronic signatures removed the need for printing and scanning of documents. All finance files are now prepared and archived electronically. Time that the team saved on their commute and thanks to paperless processes was invested into their work. Although the Finance team connected daily through virtual meetings, the interaction with other teams reduced. The team continued to communicate online for work purposes but had fewer opportunities to socialize together. Despite the challenges, however, the Finance team continued to deliver high-quality work with no interruption.
Human Resources and Administration

Despite the pandemic, the Partnership has continued to grow, becoming bigger and more diverse than ever, counting 83 staff members among its number. The team now includes five talented interns from Cambridge University, Columbia University, and King’s College. With their enthusiasm and fresh ideas, they are already enriching the work of the Partnership, while also benefiting from professional experience in the world of global public health.

In March 2020, the Global Health Campus (GHC) established a COVID-19 Emergency Response Committee, on which the five GHC-hosted partner organizations were represented by health, HR, operations, and security experts. The Committee held weekly virtual meetings to address the repercussions of the pandemic and find new ways of working that prioritized staff safety while ensuring that our work was environmentally, operationally, behaviorally, and organizationally compliant with all health and safety requirements and restrictions.

The GHC Committee utilized internal procurement processes to rapidly obtain COVID-19 protective equipment at competitive prices, allowing our work to continue safely and for the progressive return of staff to a safe work environment at GHC. Despite the shift to teleworking, the Secretariat continued to provide HR and Operations advice to staff through calls, online conferencing, emails, and in person since the progressive return to office as of 1 September.

In terms of gender diversity, Stop TB Partnership’s secretariat maintains a 60% female majority among its staff and team leaders.

2020 highlights

Most of this year, we worked from home. This did not stop us from holding 42 of our regular “Monday all staff meetings” – our unique weekly town halls – and 42 of our Tuesday Executive Team Meetings. In addition to these, each team holds its working calendar and weekly meetings. The ED continued to have bi-weekly meetings with all teams in the Secretariat.

All of our 78 staff were trained in:

1. Ethics and Integrity
2. Working Together Harmoniously
3. Prevention of Sexual Exploitation and Abuse by UN Personnel
In addition, all staff with supervising roles also passed the training on Managing Conflict Effectively in the UN Workplace.

As part of its professional development plan, the Stop TB Partnership organized a Writing Workshop for the first time in January this year. This workshop focused on three different types of writing skills that were attended by over 50 staff.

Happy Hours allowing staff a moment to come together at the end of the day were organized both in-person before closing our Global Health Campus on 16 March, and virtually – once the office was closed and staff started working from home. We managed to have at least eight celebrations, as you can see below.

- TBR Innovation Spotlight event **success celebration** on 14 January
- Finance & Operations **Happy Hour** on 24 January
- Farewell Pizza lunch for EASI colleague on 28 February
- Creation of the 10,000th order on the GDF Order Management System (OMS) since its development in 2006 was celebrated on 12 March
- Surprise video conference to **celebrate the ED Birthday** on 11 May
- In-person & virtual Return to Office **Happy Hour** on 12 June
- In-person & virtual STBP Lunch on 4 September
- In-person STBP picnic on 18 September

A well awaited ‘Master-Chef’ virtual cooking competition is in the making to take place this year.

**Socially together while physically distant**

As the team began to return to the office in greater numbers, we decided to bring the team together in a way that was physically distant but socially warm. We organized a staff picnic outdoors in adherence with the host country’s COVID-19 restrictions. Members of the team brought dishes from their home countries, we played games, and we enjoyed being together again after many months apart.

In early 2020, we held a special gathering to celebrate the dedication of staff who have worked with the Partnership for 10 years or more.
As every year, we have contributed towards the 2021 Global Health 50/50 Report - due to our high number of women in the Secretariat and leadership positions.

To support our staff during the WFH time and full lockdown, we encouraged them to attend the UNOPS and UNOG supported sessions of Free Meditation & Yoga sessions, Paid online Yoga & Mental Health platforms, different Workout sessions; as well as the different types of activities proposed by the Global Health Campus such as the COVID-19 Solo Challenges – sharing personal experiences and coping strategies during teleworking, Feeling connected, as well as Staff Counselling sessions focused on ‘working from home with small kids,’ ‘why do we need to set boundaries and how can we do so,’ ‘Lessons learned from COVID-19 experience,’ ‘How can I reset after coming out of COVID-19 confinement and create a new normal’.
International Women's Day

Stop TB Partnership male colleagues supported the International Women's Day - 8 March - wearing pink!

Read more in the Advocacy and Communications section
Support to the Stop TB Partnership

Despite the COVID-19 pandemic, 2020 continued to see a high level of productivity and outputs in the support provided by UNOPS to the Stop TB Partnership, through the dedicated Portfolio Management Team (PMT) in the Geneva Office. The pandemic and lockdown had significant impact on some areas of support (e.g. travel and events), whereas others continued unaffected (grants, HR, and procurement). Overall, it was an equally busy year, and the challenging situation did not prevent effective engagement and collaboration between the PMT and STBP Secretariat personnel to ensure smooth service delivery to partners worldwide. In fact, this year will see yet another record when it comes to financial engagement from clients and donors to STBP, with total additional engagement reaching an estimated US$ 158 million by the end of 2020.

With regards to Human Resources, the Partnership now has a total of 272 active contracts, between personnel in the Secretariat (83 people) and rosters of consultants around the globe. Mechanisms to support Grant award and disbursement continue to work efficiently, with over 200 new grants and amendments, including TB Reach Wave 8, Challenge Facility for Civil Society round 9, as well as a large number of amendments reflecting changes in grant implementation as a result of the pandemic. In terms of Finance, PMT responded to donor reporting needs and closely engaged with the Secretariat in both operational and strategic matters to further strengthen financial oversight and management of the growing portfolio.
As part of the hosting arrangement, UNOPS continued to provide training and learning opportunities to STBP personnel, such as leadership programmes, integrity, safety & security, and gender parity courses. UNOPS PMT also helped STBP management to handle several organizational challenges, especially in the areas of ethics and reporting of grievances, with the aim of creating a positive workplace environment. Similarly, due to the COVID-19 pandemic and prolonged lockdowns, UNOPS promoted several stress counseling and well-being activities and facilitated flexible working arrangements, such as long-distance teleworking and leave considerations.

The COVID-19 response

As part of the COVID-19 response, the PMT and UNOPS supported GDF in supplying countries with much-needed personal protective equipment (PPE) and COVID test kits. UNOPS enacted emergency procurement procedures and created the COVID Global Task Force as a dedicated support for all UNOPS offices to deliver critical supplies as quickly and smoothly as possible. To date, UNOPS has implemented COVID-19 related activities totaling approximately USD 500 million. The PMT supported GDF in adding COVID test kits from two important suppliers to the diagnostics catalogue. Furthermore, the teams worked with UNOPS Procurement and Legal groups to address various contractual and performance issues in procurement orders resulting from the pandemic, ensuring that the medicines and equipment reached the end beneficiaries.
Transition to New Host

Since the December 2019 Board Meeting in Jakarta, the hosting review process has been progressed by the hosting review team under the oversight of the Executive Committee. This included multiple meetings of the Executive Committee, as well as engagement with the Finance Committee. Stop TB Partnership’s Secretariat contributions have included analysis and input on key strategic and operational considerations, answering questions from potential hosts via the hosting transition team on existing systems and operations, and supporting the Executive Committee and Finance Committee’s deliberations needed.
The Executive Director's Office people
Members of the team as of 1st November 2020

Lucica Ditiu
Executive Director

“I think the most important thing I learned this year is resilience. And I learned how much life can challenge us. On a personal level, I love so much being in the presence of colleagues, partners - I find the in-person interaction essential. So, moving to virtual work was not easy, but I managed, and we all managed. It is becoming increasingly easy to work like this. 2020 is coming to an end soon, but the pandemic will still be with us – hopefully not for too long - but it will still be with us for a good part of 2021. So, we need to keep going. I don’t think it will be easy, but I saw how we mobilized and delivered in 2020 - I have no fears for 2021. It will be an important year for my son, and I hope my parents will stay healthy, and we go on. And more importantly, we don’t give up on any of our dreams and commitments. Because the day we give up is the day we die.”

Suvanand Sahu
Deputy Executive Director

“Within a few days of our office closing due to lockdown in Geneva I realised that what I thought as impossible and unimaginable started happening - some good and some stressful. Our office plans to go digital got a boost and suddenly we achieved what we had not achieved in the last several years. Surprisingly work increased instead of an anticipated decrease, and in my view we became more efficient. My days started earlier and ended later and back-to-back virtual meetings became the norm, but it came at a cost of lack of physical exercise, and lack of time for mental relaxation. I missed travel and in-person meetings especially in high burden countries. With my family stranded in 3 different continents anxiety and stress did catch up and video calls became the lifeline and occupied much of my weekend time. With Geneva opening up it seemed like light at the end of the tunnel, but we are now back in a darker tunnel with the second wave of the pandemic. I hope to learn more and change more when we emerge from this tunnel and become even better and more resilient.”

Catie Rosado
Special Assistant to the Executive Director

“My experience since the pandemic started has brought more personal upsides than downsides, specifically in the way that it has been strengthening positive aspects of family life. The benefits even extend to my 3 teenagers who have new insights about their mom, not only in who I am for them, but in the work that I do for Stop TB Partnership in the Executive Office. I believe that exposure is really valuable and has taught them a lot.”

Mohammed Anouar
Administrative Assistant

Dorothy Nanzala Nasubo
Grants Manager

Jennifer Dietrich
Head of Governance

Shinichi Takenaka
Technical Advisor

Wayne Van Gemert
Technical Officer, TB Diagnostics

“We learned we can accomplish most tasks remotely without significant drop in quality. We enjoy flexibility in work from home. However, over time, I miss the face-to-face interaction with my colleagues and the energy in the office - it always helps me to facilitate collaboration, solve complex challenges and generate ideas.”
1. Global Plan
   Targets and Commitments

2. Governance

3. Finance and Human Resources

4. PMT UNOPS

5. Transition to New Host

6. Our People

Finance and Operations Team

Members of the team as of 1st November 2020

Stefano Certosino  
Programme Assistant

Nella Foley  
Technical Officer

Sara Gonzales  
Andino  
Data Analyst

Ramona Rata  
Team Leader  
Finance

Alejandro Garcia-Gonzales  
Finance Officer

Vicky Onditi Achayo  
Finance Assistant

Andrea Dwarika  
Finance Assistant

Sulochana Weerasinghe Roy  
HR & Administration Officer

Richard Maggi  
Information Technology Manager

“Covid-19 has significantly impacted our work but also presented opportunity to review how we work more efficiently. Before Covid, big part of my work was dependent in print outs and a lot of paper work, now I have shifted completely online and improved my efficiency (save money for organisation and environment)"

“Alarmingly, this pandemic generated an overwhelming supplementary workload for some of us since March this year. However, the silver lining was to see the harmonious collaboration between the Partners at the Global Health Campus who worked relentlessly in adapting to the ever-changing situation in dealing with this unprecedented situation, with the ultimate goal of ensuring staff safety and wellbeing. I am happy to confirm we succeeded in our quest and have managed and succeeded to minimize casualties among our staff and contributed to the overall COVID-19 guidelines and safety measures of the hostcountry.”
Finance Team: How we adapted to the COVID-19 pandemic

Working from home, the Finance team faced the challenge to accommodate both professional and personal lives in the same space, trying to find the best work-life balance. For everyone, this was a period of uncertainty, caring about the safety and wellbeing of family and friends, in Geneva and in home countries. Colleagues with children had extra duties caring for them, including taking on some home-schooling responsibilities, thus adding further to the demands on their time. However, working from home also gave the team the chance to spend more time and strengthen the bonds with their families, and despite the circumstantial challenges, the Finance team accomplished its high-quality work with increased efficiency.

UNOPS Portfolio Management Team
Members of the team as of 1st November 2020

Mikkel Broholt
Portfolio Manager

Alexandru Hordila
Portfolio Analyst

Philipp Hodel
Portfolio Officer

Edith Anyandwe Fombang
Travel and Payments Assistant

Karla Cienfuegos
Finance Analyst

Ngoc Thi Hong Chu
Portfolio Analyst

Sergi Benitez Ginesta
Human Resources Officer

Andres Gallo
Portfolio Analyst
Expanding the virtual advocacy and communications landscape

Stop TB Partnership’s Advocacy and Communications team experienced the full challenges caused by the COVID-19 pandemic. From one day to the next, the world appeared a new place and the advocacy and communications landscape was changed dramatically. From a normal balance of online activities with in-person meetings and events, all communications turned virtual overnight. And our laptops became our window to the world.

The Stop TB Partnership Secretariat had to learn it all, and fast. The route to the “new normal” taught us a series of new experiences, lessons, and tools. The challenge to innovate, reinvent, and remain relevant was so motivating! The team worked across several continents and time zones to deliver the one message that continues to matter, even more in the midst of a pandemic: TB remains the leading infectious killer, the TB community needs to be heard, and people affected by TB must not be left behind.

**2020 highlights**

**Virtual World TB Day 2020:** The first-ever virtual World TB Day and the “It’s Time” campaign reached over 300 million people. The World TB Day Town Hall, one of the first STBP virtual events of its kind, brought together nearly 500 people, all living in some form of lockdown, to voice their determination to continue the fight against TB despite the significant threat of COVID-19. Visit the campaign web page.
**Marking two years since the UN High-Level Meeting on TB:** The COVID-19 pandemic and resulting lockdowns had devastating effects on TB services. Many countries saw the progress and gains generated by the UN High-Level Meeting (HLM) on TB in 2018 erased. Countries will need ambitious catch-up plans to reach the TB targets by 2022, as agreed by world leaders at the HLM. Throughout 2020, STBP continued to support the TB community in alerting the world about the impact of the pandemic on the TB response and the severe socio-economic impact on people affected by TB, culminating with a series of social media activities in September, exactly two years after the HLM. Learn more here.

**Step Up for TB 2020:** The advocacy team led development of the Step Up for TB 2020 report in partnership with MSF, which will be released in November 2020. The report contains the results of a of national TB policies and practices in 37 high TB burden countries, examining the extent to which they align with WHO guidelines in four key areas of national TB programs (NTPs): diagnosis, treatment, prevention, and medicines procurement policies. Learn more here.

**Stop TB in the media:** Two media briefings resulted in over 150 global media outlets reporting on the STBP-commissioned modeling study of the impact of the COVID-19 pandemic impact on TB services, followed by an important announcement of the price reduction for bedaquiline, the medicine used to treat drug-resistant TB in low- and middle-income countries. Learn more here.

**Generating virtual conversations globally:** Nearly 100,000 people were reached with STBP content through campaigns, engagement with celebrities, proactive social media activities, virtual events, webinars, and workshops. To learn more go to “Engaging celebrities” (page 34), “Webinars & events” (page 37) and “Spreading the word” (page 41).
TB & COVID-19

As the pandemic worsened dramatically in spring, STBP responded swiftly, conducted a rapid assessment of the situation, and created a webpage with specific information and statistics about the comparative TB and COVID-19 burden in the world.

In April, a rapid assessment was conducted examining the impact of the COVID-19 pandemic and related measures on the TB response in 20 high-burden countries, representing 54% of the global TB burden. The findings indicated that the measures had significantly disrupted the TB response, massively impacting communities and people affected by TB.

The TB and COVID-19 webpage shares infographics, interactive maps, toolkits, and actions that governments have taken to maintain TB services during the pandemic. It also has a series of guidelines that stakeholders have developed to support the TB response during the crisis.
With COVID-19 high on the agenda, the UN General Assembly agreed to hold a Special Session on Covid-19 on 3–4 December in New York. The advocacy team developed an advocacy campaign, issuing outreach letters to the Ambassadors of over 60 UN Missions in New York asking them to highlight TB in their national statements to the Special Session and raise awareness of the links between TB and Covid-19. Civil society partners in 27 countries are conducting outreach in parallel, targeting the Ministers of Health to influence their national statements, while also taking the opportunity to advocate for a strengthened, integrated TB and Covid-19 response.
On 14 February, a special Valentine’s Day campaign set the scene for this year’s World TB Day. The #ChooseLoveNotStigma campaign attracted interest because of the unique approach of leveraging the event of Valentine’s Day to highlight the need to fight against stigma and all forms of discrimination faced by people affected by TB. The #ChooseLoveNotStigma hashtag reached over 500,000 people.

Influencers from Cambodia, India, Indonesia, Rwanda, and Uganda recorded and shared videos for social media, encouraging people to choose love over stigma. Our Indonesian TB Champion’s video reached more than a million people!

The communications team designed and implemented a mini-campaign with colleagues across the GHC using photo frames and specific messages. Over 130 images and social media posts were collected during the day and published on our Valentine’s Day photo wall.
#PowerNotFlowers on International Women's Day

Recognizing the leadership of incredible women around the world, STBP marked International Women's Day with a one-week long campaign, #PowerNotFlowers. Our male colleagues came to work on the day wearing red or pink tops to show their solidarity. A panel discussion in GHC highlighted the role of women’s leadership and collaboration to advance a gender-responsive approach to global health. Senior female representatives of GAVI, the Global Fund, the RBM Partnership, STBP, and UNITAID discussed progress to date, challenges faced, opportunities to spearhead gender equality in development, and what their respective organizations are doing.
World TB Day 2020

World TB Day 2020 was an exceptional success!

The campaign toolkit was launched online on 24 February, for a second year with the theme ‘It’s Time’, a message that was warmly received in its first year. The toolkit logo and visual identity were developed in-house, translated into all six UN languages, and disseminated through a visually-engaging Adobe Spark microsite. Over 3,000 campaigners visited the toolkit page, and the #ItsTimeToEndTB hashtag reached over 20 million people.

The advocacy team worked closely with the communications team to prepare the campaign and messaging and led in planning advocacy-related activities and messaging, including a template advocacy letter for advocates and a postcard campaign.

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World TB Day in times of COVID-19: The response

Despite extensive preparations and coordination with partners, our best-laid plans were disrupted in the weeks leading up to World TB Day due to COVID-19 and the emerging global pandemic. The team worked quickly and with agility to adapt the campaign with additional and new messages. For example, our social media photo chal-
The social media challenge reached far beyond our expectations, and the people who got involved showed huge creativity and enthusiasm. The #WorldTBDay hashtag was shared in more than 5,000 posts, reaching over 300 million people. An online photo-wall was set up, and a user-friendly events map was created on the dedicated World TB Day website, where our partners worldwide could add information about their events and activities.
The first-ever virtual Townhall

On 24 March, as part of the World TB Day program of events, STBP held three virtual Town Halls to discuss the impact of COVID-19 on the work we do to end TB. Gathering technical partners, TB survivors, communities, researchers, activists, nurses, epidemiologists, and donors, participants shared ideas for how to be resilient and adaptable in this unprecedented situation. Nearly 500 people in total attended the town hall meetings.

Light-up for TB

Several partners responded to the traditional call to #LightUpforTB, with STBP lighting up the Global Health Campus on 24 March. Landmarks were lit up in red around the world. Highlights of the campaign were showcased in a micro-site, thanking participants for their enthusiastic efforts.

World TB Day 2021

STBP kickstarted discussions to plan World TB Day (WTBD) 2021, from ideating and conceptualizing to executing. STBP advocacy and communication team held several brainstorming sessions to select a theme which would capture the sense of urgency to end TB. Two prioritized themes and design ideas were presented to the Secretariat staff who provided their feedback. The concept was also presented to all communication partners for their input. Following this process of brainstorming, research, and due diligence, the theme was finalized as The Clock is Ticking. With the theme and concept finalized, we are now actively preparing for WTBD on 24 March 2021.
1. 2020 in Focus
2. TB and COVID-19
3. It’s Valentine’s Day
4. International Women’s Day
5. World TB Day 2020
6. UNHLM - Two Years On
7. STBP in the media
8. Engaging celebrities
9. Webinars & events
10. Spreading the word
11. Our People
12. Looking Forward

UN High-Level Meeting – Two Years On

September is the month when the world comes together in New York at the UN General Assembly to discuss crucial global health topics. In 2020, the world still came together, but virtually. STBP participated in a series of high-level events with partners, stakeholders, communities, and civil society representatives.

We collected views from political leaders, international organizations, civil society, and community representatives on what the world needs to do to reach the UN TB targets by 2022. In addition, we created a series of video messages reminding the world about the TB targets, which were featured on our social media throughout September. The videos received a high number of views on Twitter, Facebook, and Instagram.

Throughout the year, the advocacy team supported advocacy outreach to build political commitment to the UN HLM outcomes and targets through wide promotion of the global and national HLM targets developed by STBP in key meetings and publications.
Building on our collaboration with the African Union, the advocacy team held regular calls with the AU health team to identify opportunities to raise the profile of TB in the Africa Region. STBP secured agreement that our national HLM TB targets would be integrated into AU TB Scorecards for Heads of State.

October saw the release of the UN Secretary-General’s Progress Report on TB for 2020. The advocacy team collaborated with the World Health Organization and our advocacy partners to coordinate priority inputs and recommendations into the report, which was released on 21 October 2020. Many of these inputs were included in the report, including inputs on stigma and discrimination, civil society involvement in the TB response, and TB policies. The report also highlights STBP’s key programmes and reports, including the Global Drug Facility, TB REACH, The Global Plan to End TB 2018-2022, and the HLM National targets developed by STBP.
Stop TB Partnership in the media

The modeling study, Potential impact of the COVID-19 response on TB in high-burden countries: a modeling analysis, developed by STBP in collaboration with Imperial College, Avenir Health, Johns Hopkins University, and USAID, was launched following a well-attended press briefing on 5 May 2020. The study offered the world a much-needed scientific assessment of the devastating impact of the global pandemic on TB services. The advocacy team supported the launch, advised on the advocacy and media outreach strategy, and briefed advocacy partners on various calls.

The press briefing sparked an unprecedented level of interest in the study and its findings. From mainstream outlets such as AFP, Al Jazeera, CNN, and Reuters, to national papers in high-burden TB countries, the study featured in over 100 media stories (and counting) and dozens of interviews. Based on this information, we estimate it was the most widely covered TB media story in 2020. Find here the list of media reached.

On 6 July, STBP, in collaboration with partners and stakeholders, held another well-attended press briefing to announce a price reduction for bedaquiline, the medicine used to treat drug-resistant TB. It is hoped that the price reduction will facilitate the scale-up of all-oral regimens, a transition that is even more urgently needed amidst the COVID-19 pandemic.

Media engagement in both briefings showed a clear interest in the impact of the COVID-19 pandemic on other diseases, including TB. STBP will expand on this area of work in 2021.
Celebrity engagement

Hello Kitty, the world’s famous children’s icon Hello Kitty teamed up on 10 November to raise global awareness to curb TB in children. With a series of online posts and animated messages, Hello Kitty, the new TB Champion, will explain to children and their parents the importance of finding, treating and curing children affected by TB.

On the campaign launch day, Stop TB Partnership’s Executive Director, Dr. Lucica Ditiu and Dr. Farhana Amanullah, Chair of the Child & Adolescent Working Group, spoke in a live talk show about the importance of diagnosis and treatment of TB in children. The live Talk Show reached nearly 6,000 people.
Live talk shows with celebrities

To reach people affected by TB who might be worried by COVID-19 and related restrictions, we launched a series of weekly live chat shows on social media hosted by Dr. Lucica Ditiu, Executive Director. In 11 separate talk shows between May and July, Dr. Ditiu held informal conversations with our outstanding TB Champions around TB, the COVID-19 pandemic, and life more broadly, with the floor opened up to viewers’ questions. Many celebrities participated in the show, including actors, singers, musicians, bloggers, and a national football team coach! The celebrities hailed from DR Congo, India, Indonesia, Nigeria, Pakistan, Rwanda, South Africa, Tajikistan, and Uganda.
Talk shows were held in several languages in addition to English, enlarging the reach beyond the usual circle of @StopTB followers. The show with Bebe Cool, Ugandan musician and TB Champion, attracted more than 30,000 views alone. Our TB Champions bring with them an incredible fanbase, raising awareness of TB among millions of people worldwide. The team developed a visual identity for the talk shows, which counteracted the current climate of fake news and misinformation by providing a platform to credible voices who could deliver accurate information in a simple manner.

STBP celebrities and champions are working close with STBP at the national level and in different countries to ensure scale-up of the TB response in countries, regions and the world.

Watch all webinars here

To find out more visit CCS4i section

Live talk shows with children from around the world

In the context of the launch of the partnership with Hello Kitty, and to mark World Children’s Day, a series of live chats was organized for children with children. The conversations were held with children from Indonesia, Kenya, Pakistan, Tajikistan, and USA. The talk shows addressed pressing matters around TB in children and how current evidence shows that it presents a greater threat to children than COVID-19. The virtual discussions centered on TB diagnosis and prevention in children. We also organized a live chat on the topic with Dr. Farhana A, an expert in TB in children, who shared her views on how to accelerate efforts to end TB in children. The three chat shows garnered more than 10K views, comments, and shares, bringing high online engagement with our social media channels.
Webinars and online events

STBP organized more than 20 online events throughout the year and participated in many more.

Together with infection control experts from the End TB Transmission Initiative (ETTI) Working Group, STBP organized a series of Infection Control Webinars to share experiences of controlling TB infection that can inform the COVID-19 response. Experts shared advice and expertise for healthcare professionals and the general public on a range of issues, from how to choose and wear a proper mask, acquire and check the quality of personal protective equipment, and disinfect and ventilate hospitals and clinics. The eight webinars reached over 500 people, with some webinars held in additional languages like Spanish.

In September, STBP supported and participated in a number of high-level events, including: a USAID event to mark the second anniversary of the TB Accelerator; a WHO event to share key findings on progress towards achieving the 2022 UN HLM TB targets; and the launch of the civil society report sharing the results of a survey of TB communities, who shared their perspectives on the impact of the COVID-19 pandemic on TB.

More online events, organized by STBP and partners, are featured on our website here.
R&D Financing Report

STBP and Treatment Action Group launched the report ‘Tuberculosis Research Funding Trends, 2005–2019’ on 8 December 2020. The report shows that global funding for TB research totaled over US$900 million in 2019, the second highest level on record. However, this falls more than halfway short of the US$2 billion target set by UN member states at the 2018 UN HLM on the Fight to End Tuberculosis. The figures for 2019 show the state of funding before the emergence of the COVID-19 pandemic, an event whose full effect on TB research will only be known in a few years' time.

To complement the TB R&D data present in the report, TAG conducted qualitative interviews with twelve TB experts which were featured in the report. They were asked to speak about progress against the research-related commitments of the UN Political Declaration on TB and the Global Plan to End TB 2018-2022 and asked to reflect on how COVID-19 has impacted TB research.

To support the launch, STBP released a news alert and developed a series of social media tiles featuring quotes and photos from TB leaders. The STBP Deputy Executive Director, gave a preview of the report’s key findings in his presentation during the 33rd STBP Board Meeting that took place from 18-20 November.

Step Up for TB 2020

Step Up for TB 2020 report in partnership with MSF was launched on 16 November at a press briefing, attended by journalists from 15 locations. Countries represented include Kenya, France, Ethiopia, Tanzania, USA, Zimbabwe, UK, Uganda, South Africa, Pakistan, Germany, India, Nigeria, Malawi, Philippines.

The report contains the results of a survey of 37 countries with a high TB burden, examining the extent to which national TB policies and practices are aligned with WHO recommendations in four key areas of national TB programs: diagnosis, treatment, prevention, and medicines procurement. The advocacy team has developed country factsheets, online interactive maps, and an Advocacy Toolkit to support the launch. Read the report and find additional content.
Launch of tools to address stigma and human rights

20 February saw the launch of two important tools to support TB-affected communities and national TB programs: the STBP TB Stigma Assessment Tool and Right to Breathe: Human rights training for people with and affected by TB. STBP livestreamed the event on Facebook, alongside extensive social media coverage and a dedicated news alert. The tools and launch were developed together with partners at ACT Africa, ACT! Asia-Pacific, Americas TB Coalition, APCASO, CISMAT Sierra Leone, DRAF TB from Francophone Africa, Global Coalition of TB Activists (GCTA), Global Fund to Fight AIDS, Tuberculosis and Malaria, KNCV, REACH India, TB Europe Coalition, TBpeople, USAID, We Aare TB, and the World Health Organization (WHO).

STBP Board Chair visit to Secretariat

On 20 January, Dr. Luiz Henrique Mandetta, former Minister of Health for Brazil, visited the Secretariat in his capacity as STBP Board Chair. He spent an hour with staff learning about each team’s area of work and expressing his appreciation for our work worldwide to end TB.

Grassroot Grantees receive communications training

The team developed a Communications Toolkit for our grantees and organized a training on branding and social media. Online advocacy and communications have become even more vital in these times, a way for our grantees to share their work and stay connected. The training was attended by 15 grantees from Challenge Facility, 80 grantees from TB REACH, and many more from our national partnerships.
Engagement with the young generation

Students visits to STBP

STBP is proud to welcome students of global health throughout the year. In February, a group of Master’s students from SIT Study Abroad visited STBP to learn about our work. Later in the year, when COVID-19 travel restrictions prevented travel to Geneva for a group of 50 Master’s students of public health from KIT Amsterdam, the communications team organized a webinar on STBP’s mission, strategies, and challenges. A member of each team presented their work, followed by a Q&A session.

Hackathon by Maastricht university

Virtual Hackathon organized by the students of UAEM Maastricht, the Netherlands, organized mid-November, a weekend-long virtual hackathon to raise awareness about the lack of research and development in TB prevention and treatment! The Stop TB Partnership supported the hackathon with Executive Director Dr. Lucica Ditiu addressing the participants and joining the panel of judges. The Stop TB Partnership will support exciting engagement and support opportunities.

Movie on STBP-GDF’s work named Webby Awards (Oscar's of internet) Honoree

A film centered on STBP-GDF’s work, It’s Time to End Drug-Resistant Tuberculosis in Children, has been named as a Webby Awards Honoree this year! It was an incredible achievement to be selected from more than 13,000 entries. The Webbys are the Oscars of the internet and receiving this recognition helped generate huge public interest in global TB issues and GDF’s work to increase global access to quality-assured and affordable TB drugs.
As the world went virtual, our online engagement grew exponentially. For example, in May, we recorded 11.2K new visits to our Twitter page, almost double the number of visits in March, which is usually our peak period due to World TB Day.

Social media and online communications are the need of the hour. The communications team ensured that STBP remained active and engaged with the world, albeit through virtual means, in these rapidly changing times. Through videos, messages, live updates, and creative infographics, our social media channels activated global conversations around TB and public healthcare.

**Sharing TB news worldwide While all online events, webinars, and virtual conversations were happening,** the communications team ensured that the action was captured through news alerts and newsletters sent to our almost 14,000 subscribers. Throughout 2020, we issued more than 50 news alerts to our subscribers, keeping them updated on news and activities from the TB world.
Social Media Analytics

The fourth quarter of the year was a good one in terms of engaging with audiences online, with the Hello Kitty campaign, launch of the Step of for TB report, and the Board Meeting, which was an interactive meeting with a lot of information to capture and share.

Our Twitter grew to 23K followers, Facebook accrued 27k followers, and Instagram reached 3,014 followers, representing 300 more followers since the previous reporting period.

Recognizing the importance of social media and online communications during the Covid-19 pandemic, STBP remained active and engaged with the world virtually. The highlight of the quarter was the launch of the social media content of the Hello Kitty partnership.
1. 2020 in Focus
2. TB and COVID-19
3. It’s Valentine’s Day
4. International Women’s Day
5. World TB Day 2020
6. UNHLM - Two Years On
7. STBP in the media
8. Engaging celebrities
9. Webinars & events
10. Spreading the word
11. Our People
12. Looking Forward

Gregory Paton
Team Leader - Advocacy

Nina Saouter
Graphic Designer

Gisela Schmidt-Martin
Advocacy and Communications Officer

Kadira Malkoc
Communications Officer

Malene Arboe-Rasmussen
Media and Communications Officer

Honey Mehta
Media and Communications Officer

Asgar Ismayilov
Advocacy Officer

““The middle of a pandemic is an unusual time to start a new job, that’s for sure! I was lucky to be able to spend two days a week in the office in the beginning, which gave me the chance to meet some of my team-mates in person, as well as colleagues from beyond our team. Everyone was so friendly and welcoming. Even with facemasks, you could tell people were smiling with their eyes. Knowing how much people around the world are struggling, I feel very fortunate to have the chance to advocate for a cause that I believe in.”

“It was a weird feeling. From one day to the next, I had the impression that my whole world shrank to the size of my laptop. I heard all around me that this was the ‘new normal.’ It took me some time to adapt to the fact that I could not just get up from my desk and talk to someone in the office. I had to dial a number, type on WhatsApp or book a Zoom! Now I got used to this new normal, but I can’t help missing the big and colorful world out there.”

Members of the team as of 1st November 2020
Looking forward to 2021

The COVID-19 pandemic has indeed taken over our lives. Within the public health space, resources normally dedicated to other diseases, for financial, healthcare, personnel, and research purposes, have been diverted to respond to the pandemic. While COVID-19 will continue to impact our work in the coming year, we are set to prepare a communications and advocacy strategy that focuses on keeping TB high on the political agenda. TB remains the biggest infectious disease killer with 1.4 million deaths a year. Now, more than ever, we need additional resources for health systems and the TB response.

In 2021, we will:

- Redouble our efforts to work alongside global, national, and local stakeholders;
- Organize and participate in virtual conversations that elevate TB’s profile;
- Design and promote a louder and higher-profile World TB Day campaign that reaches new audiences;
- Activate additional campaigns and use new platforms;
- Conduct direct outreach to political leaders;
Despite the challenges presented by Covid-19, TB REACH continued to operate with little change in pace. We conducted two in-person monitoring and evaluation review meetings and held others virtually. We launched a new call for proposals, held a two-week virtual proposal review meeting, signed 13 new grants, held a four-day virtual grantee event, and continued reporting and monitoring & evaluation (M&E) activities.

Evidence produced by TB REACH partners figured heavily during July and September meetings of the World Health Organization to review TB screening guidelines. Our grantees and partners spent long hours supporting new funding requests for Global Fund to ensure that the most impactful interventions would be included in the new funding cycle.

TB REACH Wave 7 grants have been preparing different aspects of their activities to empower women and girls. While it is well known that men bear a higher burden of disease, women often carry the burden of TB disease differently – through being the unpaid caretakers and having their healthcare deprioritized for their male counterparts. TB REACH is currently working on cultivating the links between empowering women, development, and TB – an initiative first of its kind for the TB community.

Numerous TB REACH projects have been able to secure additional funding or are well-positioned to have their innovations taken up by the Global Fund’s new funding cycle, including the scaleup of digital adherence technologies in Uganda, Moldova and Bangladesh, active case finding in vulnerable populations in Nigeria, Zambia, Cambodia, India, and Pakistan, and comprehensive TB and other health services as part of islands of elimination projects in Vietnam.
On World TB Day, TB REACH launched its Wave 8 call for proposals, made possible by new funding from USAID and additional funding from Global Affairs Canada. The call for proposals focused on innovative ways to engage private sector providers to improve TB case detection, with local NGOs in 24 countries being eligible to apply. Despite Covid-19 lockdown measures, TB REACH received 191 applications in July. The independent Proposal Review Committee selected 13 proposals for funding with a total grant value of USD 5.7 million.
Grants Management

Throughout 2020 and in spite of the COVID-19 pandemic, TB REACH managed more than 120 active grants worth more than USD 35 million, covering a wide range of approaches to improve TB case detection and treatment outcomes. During the year we closed the final Wave 5 grants and most of the Wave 6 grants, representing 22 grants with a total value of 8 million USD which underwent external audits, final technical reports, and external Monitoring and Evaluation (M&E) review.

Quarterly reporting from grantees continued, and the ability of TB REACH partners to continue activities, collect TB notification data, and community engagement, varied greatly across countries and regions. Interim analysis of Wave 6 grants showed that 23 of 28 (82%) projects improved case notification numbers, above the Stop TB Key performance indicators (KPI) target. Of these, the trend adjusted increase in case notification in the intervention areas was 22.5%, while in the control populations notifications slightly decreased (-2.1%) as per the findings of TB REACH’s independent M&E. For new grants in Wave 8, TB REACH met the internal targets of getting all grants signed and funded within 90 days of approval, continuing to conform to the goals of getting funding to partners quickly and efficiently.
New Tools and Evaluation with TB REACH

Numerous projects have looked to introduce and evaluate different new tools to support the TB response. One grant was awarded to evaluate the use of an AI-powered algorithm to detect TB-related symptoms from digital chest X-ray images for screening TB in Myanmar. The hope is that this technology can be deployed as a cost-effective tool to aid active case finding and accelerate TB contact investigation, case detection and treatment. AI has great promise as a tool to be deployed in low-resource settings where skilled radiologists’ paucity presents a significant barrier to active case finding activities.

In response to the lack of available expertise and knowledge in the field, The Stop TB Partnership, in collaboration with FIND (Foundation for Innovative New Diagnostic), launched an online market-place, AI4Hlth, to provide a platform on which implementors can compare AI products for TB diagnostics and select the ones most suitable for their needs. So far, over 500 people from 14 countries have visited the website.

Other grants were rewarded to scale-up field communication devices to help provide continuity of care for migrants with TB around the Myanmar-Thailand border and set-up telemedicine hubs in Pakistan’s rural areas to link patients with under-employed female clinicians in major cities.

In addition, grants were provided to enroll people on the newly recommended BPaL regimen, rolling out new preventative treatment regimens in multiple countries, and introduce new tools such as the POC Access-QFT, and different handheld x-ray machines.
Publications and Evaluations

The Journal of Tropical Medicine and Infectious Disease developed a special issue on entitled Innovation and Evidence for Achieving TB Elimination in the Asia–Pacific Region and numerous TB REACH grantees were able to highlight their results including projects from Viet Nam, Pakistan, Cambodia, and Indonesia. The results from Indonesia showed how community based active case finding in remote island populations can greatly reduce the numbers of people with TB who are missed. Amazingly, this work represents the first peer reviewed publication on community based ACF efforts for the country. In addition, the TB REACH team was invited to present an article discussing the importance of TB REACH to innovation and efforts to end TB in the region which can be found [here](#).

TB REACH projects, with the help of the Stop TB Secretariat and our grantee, McGill University’s knowledge management team, supported the publication of more than 20 peer-reviewed articles in the first ten months of 2020 on the findings of their projects. Results focused on using an innovative sputum pooling strategy to save cartridge costs, reaching key populations in Nigeria, and the use of drones to deliver TB services in Madagascar.

TB REACH also led an evaluation of the use of Artificial Intelligence (AI) software products to read chest X-rays in Bangladesh, the article for which was published in arXive. The study was the first to pitch five commercial AI products against one another. The evidence was presented at the 2020 WHO Guideline Development Group on AI and CAD.

TB REACH expects that 2020 will be the most productive year for the publication of results supported by the initiative.

Other ongoing work includes the results of a new evaluation of all commercially available AI software products in South Africa are expected to be published early next year, and some early results were presented by TB REACH at the Virtual Innovation Spotlight, titled “Breaking with tradition: The value and use of AI for TB detection.” In addition, TB REACH is working with Johns Hopkins University to conduct a cost-effectiveness analysis of Wave 5 grants, with KIT on a review of private sector engagement strategies, collaboration around the analysis of community health worker models in TB REACH projects, with UCSF around an evaluation of digital adherence technologies, and with McGill University on reviews of both active case finding and pharmacy engagement which will be published in 2021.

Read more about artificial intelligence
Inspiring Stories

TB REACH shows the importance of reaching people. It may be done with drones, or donkeys or young men on motorbikes. It can be done with molecular tests, new drugs, or 125-year-old microscopy. But to end TB, the TB response must reach into communities, where too often we currently do not. We need to involve those communities in their care and support, and we must remember that human interaction is critical to reaching all people we currently miss.

Empowering adolescent girls through the TB response in Pakistan

TB REACH supports International Research and Development (IRD) in Pakistan to harness the potential of adolescent girls to foster a social movement around women’s empowerment by forming strong linkages in communities while addressing the tuberculosis epidemic in Pakistan. Currently, 49% of Pakistan’s total population comprises of women. Unfortunately, in low-income communities, these women are not given access to quality education and health care facilities. Through the TB REACH project, 3,700 adolescent girls are being provided leadership and training courses with community engagement and women’s empowerment strategies that focus on health prevention and promotion, stigma reduction, referrals, and linkages to social support programs. These young girls work in teams and screen community members for TB symptoms, referring people who have symptoms to mobile chest x-ray units linked to the project. The project aims to screen over 750,000 people in 10 districts of Karachi and connect people to TB services. By building a network of trained and active adolescent school-going girls, women living in those communities can be accessed and educated to promote behavior change for healthier lifestyles. Moreover, such networks can be further utilized to influence their communities to promote social causes.

Photo Credit: Asad Zaidi
Ensuring health services for internally displaced persons in Northeast Nigeria

A decade of Boko Haram insurgency brought conflict, mass displacement, and the destruction of basic infrastructure to Northeast Nigeria. Over 2 million internally displaced persons (IDPs) suffering from lack of basic hygienic conditions, malnutrition, and disease live in camps or are hosted by communities in the region. The conflict has contributed to the massive destruction of health facilities. Infectious diseases like TB and HIV are incredibly challenging to address under such conditions, and IDPs are vulnerable to both. Although international investment supports some health interventions among IDPs, locally-sourced solutions are lacking.

Together with State agencies, local organizations conducted an active case finding (ACF) intervention for TB and testing for HIV in IDP communities and provided linkages to treatment in 3 states in Northeast Nigeria. The ACF was a component of a multi-stakeholder collaboration between government, civil society, and IDP community partners, including mapping IDP populations and health services, supporting existing health facilities, developing a sample transport network, and organizing community outreach to support ACF. The project detected 1,423 people with TB and 874 people living with HIV. In the 12 districts where the project worked, bacteriologically confirmed TB notifications increased by 45% during the intervention period, with IDPs accounting for 46% of these notifications. The intervention’s fantastic results were published in PLoS Medicine, and the Global Fund will continue to support the work in the new funding cycle.
The work that Asha Kalp has done in rural India is exemplary of what TB REACH supports. 400km south of Delhi, a TB REACH project, works with rural communities with a large tribal population supported by Asha Kalp, a local NGO. Asha Kalp worked with six different Treatment Units as they are known in India. The Treatment Units notified an average of 39 cases every quarter in the year before the TB REACH intervention.

The intervention is relatively straightforward. Asha Kalp hires young men with motorbikes as community health workers and pays for their gas and an incentive-based salary. They give them a backpack filled with sputum containers, and these community health workers visit villages in their catchment area, maybe 10-12 each day, depending on the distances. These young men screen people in the tribal communities for symptoms, collect sputum as needed, transport the sputum to the nearest microscopy center, and return results. If the person has TB, they visit that person every other day to provide drugs and treatment support for six months.

Visiting the villages neglect is a word that comes to mind. The villages have between 70-120 homes depending on how you count, meaning somewhere between 400 and 800 inhabitants. In a high burden TB country, you might expect to find one person with TB each year in that population. Walking through these villages, the community health workers can point out multiple homes of people with current and treated TB.

In one village, 16 people had been identified with TB in the last six months. One family had six members who had died of TB. Some men had cough, difficulty breathing, and fever to the point they had trouble standing – but had not been diagnosed at that time. Why don’t people go to health facilities? The residents said they were 40km from the nearest TB diagnostic facility – a trip that takes them two hours unless they happen to be part of the 2-5% of people with motorbikes – and this trip costs them the equivalent of one or two days wages (if they have work). When asked about when they last went to the public hospital, the range of responses was from 10 months to 12 years.
On the other hand, these community health workers were received with tears of gratitude and addressed as doctor, although they had no medical training. They receive thanks for saving lives.

India’s tribal population is 100 million people (a little less than 10% of India’s). Alone it would be the world’s 13th largest population – right after the Philippines. Not every village in the area has such a high TB burden, but every quarter since the intervention began, the one Treatment Unit had started more people on treatment than the entire year before Asha Kalp started to work.

Read more:

Community based active case-finding to reach the most vulnerable: tuberculosis in tribal areas of India

Cost and operation management of community outreach program for tuberculosis in tribal populations in India
Events

During the lockdown period, TB REACH was able to conduct a number of multiday meetings virtually across many different time zones and on varied topics. Every quarter, TB REACH’s M & E team meets for 2.5 days and discusses project performance and general issues with the grants.

TB REACH held a first two-day meeting virtually in June with participants in 7 different countries, which was good practice for the independent Proposal Review Committee meeting held over two weeks with participants from Seattle to Hanoi. Wave 8 grant recommendations were deliberated and finalized. During the Wave 8 meeting, 15 organizations gave live presentations to the review committee to support their grants, which was a first for the selection process. In October, after the EC had approved the Wave 8 grants, the new grantees came together for TB REACH’s first virtual grantee event with more than 90 participants during a four-day meeting covering different aspects of technical and financial monitoring and evaluation. TB REACH looks forward to seeing the new projects’ results as they begin in late 2020 and early 2021.

March

Launch of TB REACH Wave 8 call for proposals focusing on engaging private providers in the TB response

On March 25th, TB REACH launched their Wave 8 Call for Proposals to increase private provider engagement in the fight to End TB. Wave 8 was launched in
collaboration and with funding from the United States Agency for International Development (USAID), and for the first time, was only open to local, non-governmental organizations from 24 USAID priority countries.

May

Wave 8 call for proposals closes

we have far more interest than funds!

TB REACH received 255 applications for the Wave 8 Call for Proposals, representing 23 countries with a total funding request of USD 97.3 million. It is always great to receive such interest, but as is often the case, there is unfortunately far more interest than funds available. Watch video here.

June

TB REACH virtual proposal review meeting
For the first time, TB REACH held the Proposal Review meeting virtually. The Wave 8 Proposal Review Committee (PRC) consisted of 10 experts in the field of private provider engagement, 7 of whom were first-time reviewers with TB REACH. Ultimately 41 proposals were given a full review by the PRC, with each project being evaluated by 3 reviewers. In another first, the PRC was able to request clarifications and questions from select applicants, who presented their responses and had a brief live Q&A session with the PRC. The PRC selected and recommended 13 proposals for funding.

TB REACH announced the Wave 8 funding decision – awarding 13 projects a total of USD 5.7 million.

The Stop TB Executive Committee accepted the recommendation of the Proposal Review Committee (PRC) to fund 13 proposals, representing 11 countries, a total of USD 5.7 million dollars. All Wave 8 projects focus on the engagement of private providers in the TB response: general practitioners, pharmacies, private hospitals, and informal providers. Innovative approaches funded include background screening using Artificial Intelligence, integrating TB services into National Health Insurance schemes, and using private sector providers to detect TB in hard-to-reach areas and populations. Wave 8 is possible with thanks to funding from the United States Agency for International Development (USAID) and Global Affairs Canada.

TB REACH shines a spotlight on artificial intelligence.
TB REACH assisted with two main events held by Stop TB Partnership to promote the rollout of this technology. Stop TB Partnership and the Foundation for Innovative New Diagnostics (FIND) launched the first ever online resource centre on AI products for the diagnosis of TB. www.ai4hlth.org serves to inform the TB community of these new AI tools and provides a platform where implementors can compare products and select the ones most suitable for their needs, simplifying country-level decision-making for implementors of TB projects. TB REACH also took part in a Virtual Innovation Spotlight, titled Breaking with tradition: The value and use of AI/CAD for TB detection. During the Spotlight, TB REACH provided results from an evaluation of the most recent versions of 5 commercially available AI products (CAD4TB, Lunit INSIGHT CXR, JF-CXR, InferRead, and qXR) in detecting TB, against experienced radiologists in Nepal, Cameroon, and Bangladesh. This is the first study to compare so many AI solutions in the detection of TB and also the first time JF-CXR and InferRead have been evaluated at all. The results provide very useful evidence needed by TB programs and implementors. The slides of the event can be found here.

**September**

M&E review of Wave 6 & 7 projects continues, and begins for Wave 8 projects.

TB REACH hosts quarterly Monitor & Evaluation (M&E) review meetings, and September was the third meeting of 2020, and the second to be held virtually due to Covid. Over 20 reviewers and secretariat members came together to discuss the successes and challenges of ongoing TB REACH projects, working together to ensure grantee success as well as developing the road map of the Wave 8 projects, and how to change our ways to accommodate the worldwide pandemic and the obstacles it creates.

**October**

WAVE 8 Grantee Workshop

TB REACH hosted the Wave 8 Grantee Workshop October 13-16. Once again, we
continue to adapt to the new reality and the limitations placed on us with a global pandemic, hosting the meeting virtually for the first time.

One major benefit of a virtual meeting is cost savings to the grantees and the ability to have more people participate, allowing for 100 participants including representatives from the 13 grantees, technical experts and the TB REACH secretariat. The Wave 8 grantees were guided through the M&E process to have a better understanding of the role of our grantees in the global effort to end TB, and to give them the mechanism and ability to monitor the implementation of their project activities, document whether private providers are engaged as expected, and to measure their impact on case detection and treatment outcomes. Lectures and small group discussions included how TB REACH measures impact in identifying missing cases, how private provider engagement will be measured, how to improve organization capacity and sustainability, and the challenges and opportunities posed by the Covid pandemic.
1. TB REACH
2. Wave 8
3. Grants Management
4. New Tools
5. Publications & Evaluations
6. Inspiring Stories
7. Events
8. Our People
9. Looking Forward

Members of the team as of 1st November 2020

Jacob Creswell
Coordinator

Zhi Zhen Qin
Technical Officer, TB REACH

Amera Khan
Technical Officer, TB REACH

Toufiq Raham
Technical Officer, TB REACH

Pauline Vandewalle
Grants & Program Officer, TB REACH

Kerrie Tyas
Programme Management Support Associate

Rachel Barrett
TB REACH Analyst (Internship)

“Not being able to interact in person with my team was difficult, and I missed meeting with colleagues from around the world, but the lockdown did allow more time with my immediate family, which was great, and TB REACH accomplished our work despite the challenging circumstances.”

“This year was difficult on many levels and the lockdown was difficult, but I enjoyed adapting to new circumstances, learning how to use new tools, planning and executing a number of virtual events, and helping our partners confront a new reality.”
The impact of COVID-19 on our work

The Covid-19 pandemic created quite a bit of disruption for the TB REACH team. Still, more importantly, it caused significant problems for service delivery to our many partners trying to reach people with TB in local communities. While some partners reported minor disruptions to service provision, others had to completely step activities altogether, resulting in major drops in the numbers of people with TB who were diagnosed and treated.

In many countries, people simply stopped accessing health services for routine care, meaning that the active outreach being conducted by TB REACH grantees was often the most significant source of health care that could be provided. Shortages of PPE and tests were pervasive across settings, and a number of partners reported cases of Covid-19 among frontline health workers, further limiting outreach activities. While the lockdowns are being lifted in many countries, there are still areas where project implementation is restricted. While most countries have reported increasing numbers of people diagnosed in recent months, numbers are still mostly below pre-covid levels, which is troubling. In the coming months, TB REACH already works on documenting the impact of TB notifications in TB REACH projects.

The TB REACH Secretariat went into “virtual mode” quickly and easily, hosting various multiday events spanning many time zones online. While far from ideal, the rapid ability to change and adapt to the new reality allowed our partners to continue to receive the needed technical and financial support to implement and document their projects and sign agreements with a New Wave of TB REACH grantees. We look forward to connecting with all our partners again in person but have demonstrated that continued support can be provided to the TB REACH grantees despite the pandemic.

How we adapted to the COVID-19 pandemic

On a personal level, the TB REACH team spread out over four countries during the quarantine period, coming together for team meetings, and working independently. It was not easy for us. Coordination across the internet is more challenging than face-to-face in our office. Still, we have multiple new WhatsApp groups, have become adept at different online meeting platforms, and held several virtual social events. As the office in Geneva opened up in late summer, we were glad to see each other in person after many months. We said goodbye to colleagues and welcomed new team members.
Looking Forward

TB REACH enters 2021 in a replenishment cycle and will work with current and potential future donors to secure additional funding to support the critical work that drives innovation forward. An external consulting company will evaluate TB REACH to review the implementation of the second five-year cycle of funding (2016-2020). The evaluation will focus on program effectiveness and results as well as provide recommendations and critical lessons to be used for future implementation and support of TB REACH fundraising efforts. In early 2021 we hope to launch another Wave of funding with support from USAID, demonstrating that the TB REACH platform is a flexible mechanism to deliver funds mainly to in-country partners. More information about the Wave 9 funding will be presented at the 33rd Board Meeting.

Since 2021 will bring a close to many of the current TB REACH projects, documenting their results will focus on the team next year. TB REACH is working with multiple partners to consolidate, document and publish results from previous funding Waves. Current reviews involve summaries of TB REACH support for community health workers, the cost-effectiveness of different interventions, the feasibility and acceptability of digital adherence technology, and meta-analysis of various approaches, including private sector engagement and pharmacies.

TB REACH will continue to focus on the KPIs that guide much of the work being supported. The first KPI is the Percentage of TB REACH supported projects demonstrating an increase of case of detection and/or improved treatment outcomes. To date, 52/59 first-year projects have been able to do so (88%), comfortably above the target of 80%. If scale-up grants are included, the proportion rises to 91%. The second KPI is the percentage of relevant WHO policy guidance referencing TB REACH supported projects (“policy influence”). This year TB REACH figured prominently in the WHO review of screening guidelines in many different aspects of the new recommendations from the active impact case finding has on TB notifications, screening results in diverse, vulnerable populations, to artificial intelligence and the impact screening has on patient out of pocket costs, displaying the breadth of novel approaches TB REACH has been supporting. TB REACH supported projects also figured heavily in the WHO/TDR development on Implementation Research for Digital Technologies and TB. Overall, 70% of relevant guidance has included TB REACH supported work, well above the 50% target. Finally, TB REACH captures the percentage of approaches funded by TB REACH that are part of national plans and/or are being scaled up. Through reporting from grantees, and reviews of Global Fund funding requests, 40/80 (50%) of the projects in Waves 5 and 6 Projects reported that Global Fund or other international donors have scaled-up or replicated their TB REACH projects, well above the 33% target.

In accordance with the Stop TB Partnership Board’s upcoming decision to identify a new host for the Stop TB Partnership in 2021, TB REACH will engage and work to ensure a smooth transition, especially regarding the transfer of all legal grant agreements to the new hosting partner.
Technical assistance for country programs, including Global Fund implementation

The Stop TB Partnership provides technical assistance to countries around the world to maximize impact of the Global Fund and the National TB Programs in the efforts to reach the UN TB targets and end TB. To achieve this critical goal, three Senior Regional Advisors provide technical assistance to countries in Africa, Asia, and Eastern Europe and Central Asia.

Activities at global level included the following:

- Follow-up on UNHLM (United Nations High-Level Meeting) and contribution to country processes to reach programmatic and financial targets;
- Support to TGF (The Global Fund) project implementation and grant reprogramming;
- Implementation of the TGF Strategic Initiative (SI) to Find the Missing People with TB (including rolling out diagnostics, private sector engagement, and active case finding);
- Assessment of the impact of the COVID-19 response on TB based on modeling analyses in India, Kenya, and Ukraine, and modeling of additional financial resources to restore TB programs’ performance;
- Development of a guidance note on catch-up plans for TB to mitigate the impact of COVID-19;
- Support to TGF operations, including Board proceedings, Strategy Committee, Grant Approvals Committee, Technical Review Panel, investment cases for Portfolio Optimization, and guidance to countries applying for TGF’s COVID Response Mechanism;
- Establishment of the STBP roster of consultants to assist countries in the development of TGF Funding Requests for the new funding cycle; and
- Contribution to the STBP/MSF ‘Step Up For TB’ (SUFT) report and the NTP (National TB Programs) governance assessment.
Activities to support our country partners

Comprehensive reviews of NTPs, development of national strategic plans (NTP), and quality Funding Requests to TGF, upholding the UNHLM commitments;

- **NSPs development/update in 18 countries**: Afghanistan, Bangladesh, Cambodia, Ethiopia, India, Indonesia, Kazakhstan, Kenya, Malawi, Pakistan, Philippines, Republic of Moldova, Tajikistan, Tanzania, Turkmenistan, Uganda, Ukraine, and Uzbekistan;
- **TGF Funding Requests development in 26 countries**: Azerbaijan, Bangladesh, Cambodia, DR Congo, Ethiopia, Ghana, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, Republic of Moldova, Tajikistan, Tanzania, Turkmenistan, Vietnam, Uganda, Ukraine, Uzbekistan, Zambia, and Zimbabwe; and
- TRP clarification and grant making for TGF grants submitted in Windows 1-3 of 2020.
- **Scale-up plan for TB preventive treatment and the CRG action plan in Bangladesh**;
- Assessment of key programmatic and financial needs for TB diagnostic and treatment interventions for 2020-2023 performed in 11 high DR-TB burden EECA countries receiving TGF support; multi-country operational research on modified all-oral shorter treatment regimens for MDR-TB (to start in Q4/2020); and implementation of Zero TB Initiative interventions within the STBP’s component of TGF regional ‘CITIES’ project;
- **Strategy development to address the impact of COVID-19 on TB services**, review TB/COVID-19 guidance, and development of 5 COVID-19/TB research proposals in India; and facilitation of WHO approval of Truenat rapid molecular test and TGF grant reprogramming to procure over 1,500 Truenat instruments and 400,000 tests;
- Evaluation of the PPM-TB and TA to the NTP for PPM scale-up plan development in Indonesia;
- **Worked with the NTP, USAID, and partners** to improve financing, allocation, and provider payment mechanisms in TB services as part of health system reform in Kazakhstan;
- **Facilitated the report on anti-TB drugs’ sales data** for estimating and monitoring the number of TB patients treated in the private sector through data from IQVIA in Pakistan;
- **Modelled the impact of COVID-19 on the TB program** and catch-up plan development in Philippines; and
- **As a technical partner to PATH Ukraine, implemented the new 5-year TB project under USAID funding** (started in June 2020) including high-level advocacy, program-level TA, TB community-led monitoring, and interventions addressing TB-related stigma in Ukraine.
Communities, Rights, Gender 2020 work

1. A Deadly Divide: TB Commitments vs. TB Realities

Advocacy and communication support was provided for the development and launch of the report, A Deadly Divide: TB Commitments vs. TB Realities, which was launched from 3-5 December through a series of five regional launch events. Support was provided for conceptualizing the report, including drafting the Terms of Reference and helping to shape the vision, objectives, and process for the development of the report. Support was also provided through reviewing and summarizing the results of a civil society survey that formed a key basis of the report content.

An advocacy toolkit was developed to support the launch of the report, which is available in Arabic, English, French, Portuguese, Russian, and Spanish. The toolkit includes various materials to support partners’ advocacy on the report, including social media materials, template letters to political leaders and donors, and a template press release. Further activities will be undertaken in 2021 to support continued advocacy on the report’s recommendations. The report, advocacy toolkit, and accompanying materials can be viewed at: http://www.stoptb.org/communities/divide.asp
2. Roll out CRG Assessments

- **Overall**, STBP provided CRG-related TA to both governments and non-governmental organizations in more than 20 priority countries in collaboration with TGF and USAID (including LON countries). Specific support has been provided to incorporate findings and recommendations into TGF funding requests, NSPs, and program reviews in: DRC, Congo Brazzaville, Ghana, Kenya, Malawi, Mozambique, Nigeria, Pakistan, Tanzania, Uganda, Zambia, Zimbabwe, Bangladesh, Indonesia, Myanmar, Sierra Leone, India, Cambodia, Ukraine, and Philippines.

- **To date, 17 countries have completed CRG Assessments**: Bangladesh, Cambodia, DRC, Georgia, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan Mozambique, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, and Ukraine. In eight countries, CRG Assessments have commenced and are at different stages of the assessments: Myanmar, Cameroon, Niger, Benin, Cote d’Ivoire, Zimbabwe, Vietnam, Uganda and Armenia.

- **For EECA countries**, STP provided CRG assessments roll out support and oversight through the Regional EECA TB-REP project in collaboration with the Center for Health Policies and Studies (PAS Center), TB Europe Coalition (TBEC) and partners. For WCA countries, STBP worked closely with the 5% Initiative, a French project, providing TA to implement the Francophone region ‘RECAP TB’ project in collaboration with Alliance Côte d’Ivoire and DRAF TB.

- **STBP supported 5 countries to develop their TB specific costed CRG action plans** based on their CRG assessment findings and recommendations: Bangladesh, DR Congo, Nigeria and Tanzania. India developed a National Framework for Gender-Responsive approach to TB. Costed CRG action planning is underway in Vietnam and Pakistan.

- **STBP supported the Regional Coordinating Mechanism (RCM)** hosted by the African Union Development Agency–NEPAD (AUDA–NEPAD) to develop CRG and RSSH components of the Phase 3 TB in the Mining Sector Funding Request.
STBP advanced the mainstreaming of human rights principles to drive the TB response through the following activities:

- **TB Human Rights Discussion Group**: monthly calls to discuss human rights priorities in the TB response with TB-affected
communities, CSOs, human rights lawyers, and academics. This included a webinar with partners from India, Tanzania, and Nigeria on the integration of gender-sensitive policies and programs;

- **Psychosocial counselling and treatment adherence support for people affected by TB**: CRG Assessments revealed the lack of psychosocial support, particularly for key and vulnerable populations (KVPs). A manual on psychosocial counselling and treatment adherence support was developed with TB-Alert, aimed at frontline workers caring for people affected by TB;

- **Supporting TGF “Breaking Down the Barriers” Initiative** in the Democratic Republic of Congo, Indonesia, and South Africa, ensuring that TB is reflected in the national human rights action plans;

- **Activating a Human Rights Based TB Response**: Led by the Global Coalition of TB Activists, the brief provides actionable guiding recommendations for policymakers and program staff to implement a rights-based approach to TB;

- **Right to Breathe**: Led by the Activists Coalition on Tuberculosis Asia-Pacific (hosted by APCASO) this manual guides trainers on how to enhance human rights literacy among people affected by TB at the local level;

- **Development of Together TB Legislation Guidance on human rights** with Northwestern Pritzker School of Law and the Global TB Caucus – now incorporated into national legislation in Panama and Paraguay and used to guide the development of sub-national legislation in Pakistan;

- **Botswana Miners Right to Health Project** assessed the right to health of the miners in Botswana, led by Botswana Labour Migrants Association, Center for Economic and Social Rights and Northwestern Pritzker School of Law Center for International Human Rights;

- **Assessing and addressing data privacy and ethical dilemmas associated with rollout of OneImpact** community-led monitoring platform and use of CLM (Community-led monitoring) electronic data. Mitigation measures were proposed to promote and protect human rights and people-centered care;

- **Launch of TB Women**, a new global TB community network for women in all their diversity which aims to advance gender-transformative TB responses;

- **Launch of TB Stigma Assessment Tool** to assess how and the extent to which stigma acts as a barrier to accessing TB services. The tool can also support the development of recommendations to address TB stigma. Ghana, Nigeria, South Africa, and Ukraine are currently rolling out the assessment, and Bangladesh, Congo Brazzaville, Kenya, Mozambique, Nigeria, and Tanzania have included interventions to measure and address TB stigma in TGF funding requests.

### 4. Support community-led monitoring (CLM) through OneImpact

- **STBP supported Cambodia, DRC, Indonesia, Mozambique, and Ukraine to complete and evaluate OneImpact CLM pilot projects**. They successfully adapted the OneImpact platform, developed core CLM (Community-led monitoring) indicators, collected real-time data on human rights barriers that prevent people from being successfully diagnosed and treated, set up systems to respond to barriers, and shared CLM data for advocacy and programmatic action;

- **Under the Challenge Facility for Civil Society (CFCS) Round 9**, STBP is supporting Kenya, Tanzania, Pakistan, and Philippines to initiate CLM using OneImpact. Additionally, STBP supported the Regional EECA TB-REP 2.0 project to adapt...
COUNTRY AND COMMUNITY SUPPORT FOR IMPACT (CCS4I)

1. Country Support
2. Communities, Rights & Gender (CRG)
3. Challenge Facility for Civil Society
4. Stories from Partners
5. Our People
6. Looking Forward

STBP continued to support countries under TGF TB SI to implement, monitor, and evaluate community-led monitoring (CLM) interventions, using the STBP OneImpact framework and digital platform:

5. Strengthen Communities & Civil Society Delegations to the Stop TB Partnership Board

The Stop TB Partnership successfully established three Affected Community and Civil Society Delegations in March 2020 to support TB-affected communities and NGO constituencies of the STBP Board. The delegations play a coordination and convening role, mobilizing civil society organizations (CSOs), networks, and advocates to hold governments, global health institutions and stakeholders accountable.

Specific activities carried out to support the delegations included:

- Marking two years since the UNHLM on TB, the delegations led consultations and developed the UNHLM Community

• A Deadly Divide: Global Commitments vs. Community Realities, a progress report outlining successes, barriers, challenges, and opportunities.

• Provided a platform for dialogue between affected communities and global and regional civil society to inform development of the new Global AIDS Strategy, resulting in the TB community priority asks; and

• The Impact of COVID on the TB Response: A Community Perspective – Affected Community and Civil Society Delegations were supported to join a team of 10 partners to carry out a global survey, coordinate results, and develop a call to action.

6. Country-level Stop TB Partnerships Initiative

STBP fosters meaningful engagement of multiple partners for a collective force that aims to end TB by 2030. The COVID-19 pandemic has impacted the TB sector, requiring our 30 active country-level platforms and Stop TB National Partnerships to strategically reposition themselves on the ground. All the country and communities partners have responded proactively to the crisis, demonstrating the functionality of these partnership platforms. The secretariat in Geneva is bi-weekly in touch with the National Partnerships and Platforms and receives regular updates and information on amazing activities on the ground.

Ten awareness and screening campaigns were implemented. STBP Mozambique launched a bus campaign in 10 provinces. STBP Italy completed a mobile testing campaign for TB and COVID (CAMPER Milan) with more than 1,500 serologic tests administered among vulnerable people. Similarly, STBP Ghana mobilized TB survivors to screen for TB and COVID-19 among people in the district of Chorkor, while STBP Kazakhstan started a campaign, It’s Time to End TB, in the cities of Almaty, Kostanay, and Taraz.
STBP invested significantly to strengthen information sharing on the ground, also through the engagement of non-traditional actors. STBP Cambodia launched a talk show, *Partnership Mechanisms to End TB by 2030*, on national television, with the NTP, TB Ambassadors, and journalists. STBP Indonesia managed the development of a system to monitor TB protocol implementation during the COVID-19 pandemic through community-led surveys, infographics of policy recommendations, and memos. These efforts resulted in a threefold increase in the national budget for TB. STBP Tajikistan and the TB Ambassadors formed a team, Our Champions: No TB, and distributed key messages on TB and COVID-19. A well-known television actor, Hitherto, hosted a program, *Wisdom of Healing*, in partnership with the national TV channel, Jahonnamo.

STBP Côte d’Ivoire and STBP Zimbabwe mobilized groups of TB survivors to create awareness of the impact of COVID-19 on TB in 100 health centers and congregated settings. Similarly, STBP Tajikistan met with religious leaders and advocated among affected communities. STBP DRC, together with the TB Advisor to the President, NTP, and TB Ambassadors, raised awareness of TB and COVID-19 in three Kinshasa health centers.

Information from partners on the ground has been fundamental for understanding gaps and informing interventions. STBP Uganda, with the National Coordination Committee for TB, examined the TB situation in the eastern border districts of Busia and Tororo. They found that TB-affected communities in the area could not access services because of lack of transport and PPE. Other challenges were inadequate nutrition, limited contact tracing, and lack of community outreach workers. PhilCAT launched a series of webinars on COVID-19, hosted by the NTP and other partners. In Tajikistan, Our Champions: No TB, together with a university professor and several TB activists, organized a conference for medical students at the Tajik National University addressing the TB and COVID-19 situation.
In addition, platforms have been working closely with 30 national and international celebrities who have taken on the role of TB Ambassador. These include the First Lady of Zimbabwe and the First Lady of Nigeria.

First Lady of Zimbabwe

7. Kochon Prize 2020

Honoring nurses on the frontline against TB: Kochon Prize 2020

2020 marks the 15th year of the Kochon Prize, which is awarded annually by STBP to individuals or organizations that have made a significant contribution to combating TB.

This year, STBP dedicated the call for nominations to nurses on the frontline against TB, honoring their contribution and marking the International Year of the Nurse and the Midwife. Twenty-seven nominations were received. The Kochon Prize Selection Committee will score and select the winner, who will be announced at the 33rd STBP Board Meeting.

8. 2020 Stop TB Partnership Civil Society & Affected Community Award

Overcoming the Obstacles of the COVID Pandemic to Champion TB at Global or National Level

Stop TB Partnership have always championed TB affected communities and human rights. This includes supporting meaningful engagement, participation, capacity building and leadership of affected communities and civil society in the TB response.

Each year Stop TB profile TB affected communities and civil society champions for their commitment, passion and contribution to the TB response. In 2020 the annual Stop TB Partnership Community Award will honour community champions who, in the context of the covid 19 pandemic, and as countries are finalizing Global Fund funding requests, have continues to champion the priorities and rights of people affected by TB.
9. Supporting civil society participation and engagement in international meetings

Stop TB Partnership has consistently supported the participation and meaningful engagement of TB affected communities and civil society. This is part of our belief that the TB response must provide a platform for the experiences of people affected by TB and their priorities. In most instances, this support has not just been to attend events, but to participate as speakers, facilitators and teachers enriching the experience and viewpoints of all those who attend.

Examples of the Stop TB Partnership support for the participation and meaningful engagement of TB affected communities and civil society includes grants through Challenge Facility for Civil Society to partner with national TB programs to implement CRG Assessments or OneImpact Community-led monitoring. It includes grants at the global level to networks of people affected by TB to coordinate, strategize and advocate. And it includes participation at events including the United Nations General Assembly, the International AIDS Conference, the UNION Conference, national Joint Monitoring Missions / Program Reviews, and Stop TB Board Meetings.

This year, before the pandemic, the Stop TB Partnership supported the participation of TB survivors in the Indonesia Joint Program Review – as CRG experts. Then, as events have moved virtual, the STBP Secretariat has still facilitated this participation and engagement in global fora by providing registration for close to 200 people at the UNION Conference and the IAS. In addition, the Stop TB Partnership has facilitated numerous national, regional and global webinars to maintain the commitment to meaningful engagement, despite the challenges posed by COVID-19 and ensure that TB affected communities remain central to the TB response.
Support through Challenge Facility for Civil Society (CFCS)

In 2020, STBP augmented CFCS to be a multi-donor platform and grant mechanism for TB-affected civil society and community organizations, with the objective of transforming the TB response so that it is rights-based, gender-transformative, people-centered, and accountable, in alignment with the UN Political Declaration on TB.

With USD 2.5 million available, CFCS Round 9 was the largest ever call for proposals, signaling a growing commitment to the advancement of Communities, Rights & Gender (CRG) approaches in the TB response. CFCS Round 9 is supporting 31 grantees from 13 countries and 6 regions.

CFCS is a unique platform which year after year is investing in small grassroot community organizations to engage and act on TB response. For the first time, CFCS is supporting Global and Regional Community Networks who work hand in hand with CFCS country grantees for alignment and mutual benefit.

The Stop TB Partnership Board announced at its meeting in December 2020 an investment of USD 7.5 million for Challenge Facility for Civil Society. In 2021, the funds will ramp up support civil society, communities, and grassroots organizations to reach the UNHLM on TB targets and mitigate the impact of COVID-19 on the TB response.

CFCS 2020 Grantees

Track 1 – Country Level Grantees

Cambodia  
Khmer HIV/AIDS NGO Alliance (KHANA)

DR Congo  
Club des Amis Damien

India  
Resource Group for Education and Advocacy for Community Health (REACH)  
Solidarity and Action Against The HIV Infection in India (SAATHII)  
Prakruthi Social Service Society
<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>Yayasan Kemitraan Strategis Tuberkulosis Indonesia (Stop TB Partnership Indonesia partnering with POP TB)</td>
</tr>
<tr>
<td>Kenya</td>
<td>Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN) Stop TB Partnership Kenya</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Amimo-Associacao de Mineiros Mocambicanos (AMIMO) Associacao Mocambicana para a Ajudab de Desenvolvimento de Povo para Povo (ADPP)</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Alliance Myanmar</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Janna Health Foundation Debrriche Health Development Centre</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Association of People Living with HIV (APLHIV Pakistan) Association for Social Development</td>
</tr>
<tr>
<td>Philippines</td>
<td>Innovations for Community Health, Inc. Action for Health Initiatives (ACHIEVE)</td>
</tr>
<tr>
<td>South Africa</td>
<td>TB Proof THINK Tuberculosis and HIV Investigative Network Eastern African National Networks of AIDS and Health Service</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Organizations (EANNASO) Family Welfare Foundation</td>
</tr>
<tr>
<td>Ukraine</td>
<td>TBpeople Ukraine Alliance for Public Health</td>
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</tbody>
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**Track 2 - Regional Level Grantees**

<table>
<thead>
<tr>
<th>Region</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>TBpeople Global Coalition of TB Activists (GCTA)</td>
</tr>
<tr>
<td>Francophone Africa</td>
<td>Dynamique de la réponse d’Afrique francophone sur la tuberculose (DRAF TB)</td>
</tr>
</tbody>
</table>
CFCS Round 9 supports national, regional and global efforts and commitments to transform the TB response to be rights-based, people centered and gender transformative, engaging key and vulnerable populations in all aspects of the TB response, designing digital solutions to monitor human rights barriers to services, supporting treatment literacy initiatives that are led by empowered and trained TB affected communities, strengthening community-led and evidence based advocacy, facilitating access to justice, measuring and assessing TB stigma, mitigating gender inequalities that increase vulnerability and engage women and girls in gender equality initiatives, and enhancing global, regional and national accountability efforts to reach the targets and commitments contained within the UNHLM TB.

The CFCS grantees test highly contextual and creative rights-based innovations, leveraging the STBP CRG approaches, tools, technical assistance and the STP global communication platform to share and disseminate results. To use evidence and strategic information to further advance CRG, each grant has been informed by the finding and recommendations stemming from the CRG Assessments conducted in 2018-2020.
To build on the CRG work already done in countries, CFCS grantees are using the evidence and strategic information generated by the CRG Assessments and Action Plans and to facilitate alignment with national priorities and investments STP has engaged strategic partners such as National TB Programs, USAID country missions and the Global Fund (TB, CRG and CT teams) to support CFCS work.

By the end of 2020, STP expects to launch Round 10 of CFCS. It’s aim is to accelerate worldwide action that is rights-based, gender transformative and people centered to reach UNHLM targets and commitments. It will therefore align with the United Nations Secretary General 2020 Progress Report on TB which provides the most recent, explicit, and prominent articulation and commitment to a rights-based approach to TB, A Deadly Divide: Global Commitments vs Community Realities, and the perspectives articulated in The Impact of COVID-19 on the TB epidemic: A Community Perspective.
Ani’s Story

My name is Ani Herna Sari, and I am a survivor of MDR-TB. I started treatment on November 2011 and finished in 2013. I was misdiagnosed and this ultimately resulted in me having multi-drug resistant TB. In addition to the uncertainty and side effects experienced, one of the hardest things for me was the discrimination I faced as a person with TB while giving birth. My interest in becoming an advocate arose when I became an MDR-TB patient where I received treatment that I felt discriminated against as a person, as a woman, and as a mother. As a pregnant woman with TB, my experience was unique for many in working in TB.

Currently I engage with POP TB Indonesia as a representative from my region. POP TB is a TB survivor organization. I am very grateful because, through STBP, I have been empowered with networking and advocacy skills. I received full support to attend and contribute to the Union Conference in Hyderabad, India. This year, STPB also provided POP TB Indonesia grants which strengthened the organization and the capacity of its members. Through STBP, I am also involved at the global level as a member of the steering committee of TB Women, a network of women and transgender people who want to advocate for our right to obtain quality medical services.

I am very grateful to STBP for the trust that has been given to me, and that I have been given an opportunity that not everyone can have. I never thought that, because I was sick with MDR-TB, I could contribute to voicing the rights of TB affected people that had not been heard so far.
STBP Tajikistan

My name is Shirinmoh Salimova. I was diagnosed with XDR-TB in 2017 and admitted for treatment to Machiton, the TB sanatorium in the National Center of TB, Lung, and Chest Surgery. At the sanatorium, I underwent surgery and lost a rib due to TB. I was then put in touch with the TB Support Group members of STBP Tajikistan who offered me psychosocial and financial support and enabled me to buy medications and adequate nutrition.

The support group members visited and called me regularly during my stay at the sanatorium. They were so kind to me that it was as if one of them was my son and the other was my sister. Every time, when they called me ‘Mom’ or ‘Sister’, my heart was warmed and my trust in humanity increased.

Once my condition improved and I returned home for recovery, I was immediately enrolled in the STBP Tajikistan results-based sponsorship model, through which I received monthly financial support from the local mosque until my treatment was completed. In these conditions, even the smallest help felt like a great support for me, and the prayers and kind words of the community relieved me from my long-term pain and suffering. I am grateful to the mosque and the TB community for what they did for me.

I am now completely cured from TB and have returned to my normal life. I joined the TB Support Group network as a TB survivor and I contribute to raising public awareness about TB and helping other people affected by the disease.

STBP Indonesia

On 30 January 2020, in Cimahi, West Java, the Ministry of Health hosted a Presidential TB Initiative, Gerakan Bersama Menuju Eliminasi Tuberkulosis 2030. STBP Indonesia worked as an implementing partner with the Coordinating Ministry of Human Development and Cultural Affairs to plan and run the high-level event. STBP Indonesia ensured that civil societies and communities were involved in preparing the event, and that they were onstage, together with the President, for the launch and that they participated in TB CSOs booths.
STBP Italy

The STBP Secretariat was contacted by a woman in Sicily, south of Italy, who had been diagnosed with TB and was unable to find the medication for her treatment in any pharmacy. The woman went to the local hospital several times but found that the doctors were dismissive. STBP put the patient in contact with STBP Italy which, in turn, contacted the Head of the Infectious Diseases Unit in Palermo. STBP Italy provided the woman with the doctor's contact details and, within a few hours, she was able to find the Pyrazinamide 500mg she needed to start her treatment.

STBP Uganda

My name is Ann Peace Baguma. A mother of three children, I was diagnosed with TB in 1999 and started rifampicin and ethambutol treatment. My condition deteriorated quickly, however, mainly because of the stigma and discrimination I faced from my own family members and community. My sister locked me in a room in the servants’ quarters of the family house. My family never came to visit me. The maid would open the door and push through food for me on the floor. I was not allowed to even share utensils with others. The worst was that I could not see or speak to my three kids. I really wanted to die. I also learned that they used to deceive my father. Every time he called to speak to me or ask about me, they would say to him that I was okay but never allowed him to talk to me. When I remember this, I still cry. I was also not allowed to enter any part of the main house.
“COVID-19 Pandemic has hit my personal and professional work severely. My life, both personal and professional hinges a lot on interacting with people who are ‘TB eliminators’ and I miss the ‘personal touch’ a lot. Being with the TB warriors in the field and working together with them had been my biggest personal motivator and I am missing it for most part of this year. Telecommuting and cyber communications have thrown new opportunities, but I am still struggling to find the right emotional quotients to compensate the loss of physical closeness and interactions with people.”

“Working from home was a significant opportunity in terms of flexibility. The period also enabled opportunity to finish some work that needed to be done without the distractions of travel and to strategize and reframe priorities going forward. Working in Geneva is a long way from Australia at the best of times, and with closed/restricted borders, limited flights and mandatory hotel quarantines there has been a great deal of uncertainty around when I get to see my family and friends in person. With that in mind, the remote working flexibility that has enabled me to be with my partner had been particularly important.”

“The COVID-19 pandemic has had a huge impact, and I can’t believe where the last 6 months have gone! Professionally I have had to adapt my usual role within the team, taking on new challenges and keeping myself motivated without the same daily interactions. It is really important to be kind to ourselves and our loved ones through this pandemic – for me this means taking extra care of my mental health by taking up yoga, learning new recipes, listening to music, speaking to friends across the world and dedicating time to help my family stay safe. Overcoming COVID-19 means collective action, and I try to do my bit where I can. We’re in this together!”
The impact of COVID-19 on our work

Maintaining our work throughout the pandemic

Regional TA: COVID-19 restrictions greatly impacted our work with countries. Several country visits were cancelled, including NTP reviews, support for development of TGF applications, and high-level TB events. We have been creative and agile in adapting to the circumstances and prioritizing to ensure our work continues. Teleworking has enabled the use of innovative techniques, for example, in data management.

CRG-related activities: Some aspects of our work shifted to look specifically at the impact of COVID-19 on TB-affected communities, including development of a report on The Impact of COVID on the TB Response: A Community Perspective. We made use of already-established online forums to engage with partners, particularly the TB Human Rights Discussion Group. Barred from travel, we have used virtual tools and meetings creatively to ensure we keep in touch with our partners across the world.

Country-level platforms: Due to COVID-19 restrictions on public gatherings, several high-level meetings with heads of state, ministers, and key political figures could not take place. Most country-level platform activities shifted towards sensitization campaigns on stigma and discrimination, health education initiatives led by groups of TB survivors, and screening/testing campaigns. Programs shifted online as quickly as possible and several capacity-building activities were implemented, ranging from online trainings and webinars to celebrity talk shows.
Work has continued thanks to regular calls with all country-level platforms to monitor progress and resolve any unexpected issues. There has also been stronger engagement within the team and with partners on the ground aimed at exchanging ideas, aligning efforts, and sharing news and information more rapidly and effectively. Grants have been re-programmed, expanding the scope of activities to TB and COVID-19 mitigation, engaging TB survivors in advocacy and health education campaigns, and involving country-level platforms in policy making and political advocacy, such as in Indonesia.

The team in times of COVID-19

The COVID-19 pandemic has brought its personal challenges but also some benefits for the team. Working from home provided increased flexibility and reduced travel allowed us to complete our work more efficiently.

We are a diverse team of 12 people – nine in Geneva and three in EECA – from Armenia, Australia, Azerbaijan, Botswana, India, Ireland, Italy, Kenya, Moldova, Switzerland, and the United Kingdom, with families and friends spread across the world! The personal difficulties of working in duty stations away from home was exacerbated by the pandemic, quarantines, travel restrictions, and the large degree of uncertainty.
Looking Forward

The COVID-19 pandemic has become the priority global health issue, impacting essential TB service provision in most high TB burden countries. Our work in 2021 will focus on supporting in-country partners and civil societies and communities to ensure their meaningful engagement in TB response. A key objective will be to mitigate the impact of COVID-19 on TB services and restore and scale up TB services to meet national and global targets.

COVID-19 has led to strengthened surveillance systems for communicable disease in public and private health systems. The pandemic has also resulted in increased attention to airborne transmission risks and use of masks and social distancing that may mitigate TB transmission. It has further led to strengthened laboratory networks and reporting to public health surveillance, decentralized capacity for molecular diagnosis of respiratory infections, and strengthened transport systems to centralized laboratories. These and other developments represent opportunities that may be leveraged for a strengthened TB response.

2021 will be the first year of implementation of the new TGF grants in most countries. We will continue to support civil society and affected communities to conduct assessments on the extent to which legal, human rights, stigma, and gender-related barriers impact national TB responses. This will also examine how COVID-19 has exacerbated existing inequalities and created new barriers.

We will also provide TA for countries to conduct CRG and TB Stigma Assessments and develop costed CRG Action Plans and Stigma Reduction strategies. Community-led monitoring initiatives will report on the availability, accessibility, acceptability, and quality of TB services in real time, and we will provide needs-based TA for finding missing people through private sector engagement, scale up plans, active TB case finding, scale up of TPT, drug resistance TB services, and other interventions.

**Making CFCS available to everybod**

We will continue to augment the CFCS grant mechanism so that more community and civil society actors can leverage the STBP
CRG strategy and tools and access STBP TA and expertise to ensure the integration of evidence-based CRG interventions into national efforts towards an equitable TB response. We will do so by testing highly contextual and rights-based innovation that engages and empowers marginalized and vulnerable populations, supporting the documentation of these innovations and dissemination of results, and leveraging strategic partners, such as NTPs, Global Fund, USAID, and the private and public sectors.

**Supporting Affected Community and Civil Society Delegations to build capacity and funding**

People affected by TB, including key and vulnerable populations, are at the heart of STBP’s vision and mission to ensure that every person affected by TB has access to TB treatment care and TB-free workplaces. In 2021, we will continue to work hand in hand with Affected Community and Civil Society Delegations to support them in carrying out their efforts to hold governments, global health institutions, and other stakeholders accountable.

**Accountability and follow up on the UNHLM on TB**

In 2021, countries will have just one more year to reach the key targets and commitments contained within the UN Political Declaration on TB. We will continue to support community and civil society efforts to hold governments to account. This will include building on the work commenced by the Affected Community and Civil Society Delegations in 2020 on a UNHLM Community Perspectives Report and Advocacy Plan.

**Strengthened integration of CRG Action Plans into national TB responses**

We will support the development and finalization of National Costed CRG Action Plans that clearly outline the activities and investments required to address human rights barriers and gaps. We will encourage the uptake of STBP CRG Investment Packages to inform the development of CRG Action Plans, as well as the use of CRG tools, such as human rights literacy training, the OneImpact digital platform, and other tools. Furthermore, we will continue to encourage the integration of CRG Action Plans into NSPs to ensure commitment at the highest level. Finally, we will continue to strengthen partnerships with community and civil society, National TB Programs, Global Fund Country Teams, USAID Backstops, WHO, and others to insure the integration of CRG into the TB response.

**National Stop TB Partnerships and Country-level platforms**

In 2021, we will strengthen existing country-level platforms for better advocacy efforts, resource mobilization, engagement of private/corporate sector, sustainability of activities / initiatives on the ground, and strategic planning. We also aim to adopt new technologies to solve problems, such as mobile phone apps, and to facilitate country-level platforms to contribute to NSP and TGF multi-sectoral accountability frameworks.
Overview

Throughout the 2019-20 period, the External Affairs & Strategic Initiatives (EASI) team worked on further conceptualizing and rolling-out various public-private sector driven initiatives to address systemic barriers in TB and global health.

These initiatives are particularly focused on transforming healthcare systems and care models in TB affected countries to become more virtual, integrated, and on-demand, as well as unlocking new capital and resources to increase investments in early stage innovators, particularly small and medium-enterprises (SMEs) and start-ups from TB affected countries, developing digital health technologies for TB and that have cross-disease applicability, with an emphasis on those also addressing TB co-morbidities (e.g., HIV), TB risk factors (e.g., diabetes), and diseases with high potential intervention synergies (e.g., COVID-19).
Re-imagining TB Care

Conceptualized at the first TB Innovation Summit in September 2018, which was co-hosted by the Stop TB Partnership, Johnson & Johnson, Global Fund, United Nations Foundations, and World Economic Forum, the Re-imagining TB Care initiative’s vision is to transform when, where, and how affordable, high-quality, and people-centered care is provided and accessed by people in TB affected countries.

COVID-19 has shown us that current healthcare systems in TB affected countries need to further become integrated (siloed approach across diseases), modernized (insufficient investment in and sub-optimal scale-up of new innovations), and sustainable (unable to meet the evolving healthcare needs of the population).

However, COVID-19 has increased awareness, credibility, and adoption of digital health technologies to fight the pandemic and mitigate interruptions in routine services for TB and across diseases.

By leveraging digital health technologies, we can reduce financial, human, and programmatic burden on country programmes and providers and enhance convenience and provide differentiated, people-centered care to people in TB affected countries.

The three key areas for the Re-imagining TB Care initiative will focus on: (1) scaling digital health technologies, (2) catalyzing an integrated platform of solutions, and (3) addressing information and communication technology (ICT) infrastructure needs. We launched a Re-imagining TB Care website for further digital health technologies innovation and for information dissemination.
The EASI team is growing the awareness, reach, and execution of the Re-imagining TB Care initiative by:

- Chairing the Global Digital Adherence Technology Task Force to support the optimal roll-out of digital adherence technologies;
- Launching a Re-imagining TB Care website for further digital health technologies innovation and for information dissemination;
- Holding a series of Virtual Innovation Spotlights on digital health technologies for TB and across diseases.

Accelerator for impact (a4i)

The EASI team has been working on the ongoing a4i platform, which aims to rapidly roll-out digital health technologies for TB and across diseases. This platform focuses on developing a fit for purpose model of support to accelerate the introduction and scale-up of these solutions in TB affected countries. By reducing the barriers to scale high impact digital health technologies for the most marginalized communities and people in TB affected countries, a4i aims to catalyse transformational change in how both the private sector and public sector approach TB. The a4i platform will be supported by the Korea International Cooperation Agency starting in 2022.

TB Financing

In line with the Board’s call to action at its 31st Board Meeting on bridging the global TB funding gap, they requested in December 2019 that the Secretariat continue to pursue opportunities related to increasing domestic budgets for TB. Work to date has enabled significant progress, notably the Global Fund’s investment of US$ 40 million to unlock US$ 400 million loan agreement for India from the World Bank to fight TB. In partnership with the Board leadership and partners, the Secretariat has continued to assess and move forward on further opportunities for bridging the global TB funding gap and has created a set of promising
opportunities across innovative mechanisms, including both incentivizing and subsidizing domestic financing. Grounded in an analytical exercise to prioritize high-impact opportunities, the Secretariat has been engaging with a broad set of partners, including the Global Fund, Asian Development Bank, Government of Japan, and potential recipient countries, among others, to define the architecture of a potential collaboration.
Leveraging public sector funding to unlock new private sector capital for early stage innovators

The EASI team is exploring and in discussions with Bamboo Capital Partners, an impact investment firm, to raise new funding and capital for a health technology for impact fund to support early stage innovators, particularly from TB affected countries, developing solutions for TB and across diseases.

Partnership towards mapping the technology landscape of national TB programs

The EASI team (External Affairs & Strategic Initiatives), in partnership with Country & Community Support for Impact (CCS4I) team, has been working in partnership with Microsoft Research and the Global Fund to conduct a study to map the technology landscape of national TB programs. This research, combining both primary and secondary research methods, is designed to (a) understand the prevailing technologies used for national management of TB, (b) document supporting best practices that enable those technologies to succeed, and (c) identify gaps that can be addressed via future investments. This effort is designed to be completed over four months, resulting in broadly accessible findings to be disseminated through a public white paper as well as through engagement at conferences and other relevant venues.

Ending Workplace TB (EWTB)

Enterprises with commercial, distribution and manufacturing operations in high TB burden countries are particularly exposed to TB’s impact on workforces and supply chains, as the disease disrupts productivity, increases absenteeism, and accelerates staff turnover. Given the opportunity to simultaneously tackle a costly business issue and one of the largest global health concerns of our time, Johnson & Johnson, Global Fund, Stop TB Partnership, and World Economic Forum, are leading the EWTB initiative. This collaborative effort is designed to leverage the untapped potential of businesses and corporations around the world for workers, their families and communities, and act as agents of change in high TB burden countries. In an effort to improve the health and well-being of workforces, as well as resiliency of supply chains, EWTB is designed to raise TB awareness and increase access to TB prevention, screening, and treatment programs, thereby improving productivity and reducing employer costs related to health care, staff turnover, and absenteeism.
Events

Considering COVID-19 shuttered economies and offices worldwide, transforming how we conduct business as usual; it became nearly impossible to host and attend events in the manner that we are used to. Despite these constraints, the EASI team (External Affairs & Strategic Initiatives), in addition to the Virtual Innovation Spotlights, was still able to facilitate and participate in a wide range of interesting and meaningful events in 2020.

**January**

- **Edelman’s “Trust Barometer” launch**
- **Ending Workplace TB Initiative launch**

![Edelman’s “Trust Barometer” launch](image1)

![Ending Workplace TB Initiative launch](image2)
EXTERNAL AFFAIRS & STRATEGIC INITIATIVES (EASI)

1. Overview
2. Strategic initiatives
3. Public-private sector partnership

4. Events
   - World Economic Forum’s “Heath and Healthcare” reception and dinner
   - Access to Medicine Foundation’s “AMR Benchmark 2020” launch

      May

   - Government of the Republic of Korea’s “Support Group for Global Infectious Disease Response (G4IDR)” launch

      July

September

USAID and University Research Co.'s “The Future of Digital Health for Ending TB”

Sevim Ahmedov, Senior TB Technical Advisor, USAID/W

Jacqueline Huh, Head, External Affairs & Strategic Initiatives, Stop TB Partnership

Global DAT Task Force’s 1st Core Group call

Devex and Johnson & Johnson’s “Catalyzing TB Innovation in TB Care: Solutions During COVID-19 and Beyond”

World Health Organization Regional Office for Europe’s “Addressing TB, HIV and viral hepatitis during COVID-19 pandemic”
October

HealthXL’s “Disrupting Healthcare from Outside Healthcare”

Social Capital Market’s “2020 Annual Conference”

Global Development Incubator, USAID, and Pfizer’s “Unleashing private capital for global health”
Members of the team as of 1st November 2020

Jacqueline Huh
Head, External Affairs & Strategic Initiatives

Raphael Ferry
Strategic Initiatives Lead

Juliette Rosenberg
External Affairs Analyst (Internship)

Shefali Sharma
Strategic Initiatives Analyst (Internship)

Matilda Byström
Strategic Initiatives Analyst (Internship)

“Interestingly, COVID-19 catalysed me to self-regulate how much time I spend on social media. I permanently closed my Facebook account (cannot believe I have not missed it at all...), removed myself from various WhatsApp chat groups, etc. Mainly, I realized how important it was for me to give myself the emotional and mental space required to ensure I was at my optimal self for my family, friends, and work colleagues.”

“COVID-19 has undoubtedly forced some discomfort across all aspects of our lives, but also highlighted the opportunities for more flexible, yet equally effective work environments. Impromptu coffee chats are sorely missed, however.”

“While being isolated from the rest of the world and constantly worried for my family proved to be mentally exhausting. Spending several months back home gave me the chance to really bond with my family and friends, many of whom it had been years since I had last seen. Quarantine also allowed me to focus more wholly on completing my dissertation and figuring out what exactly I wanted to do after graduation.”

“During COVID-19, I feel like I have truly grasped how privileged I am. Working in the social sector, we are already somewhat aware of the realities of the world, but this pandemic has really made me understand the depth of it. Having a stable job, shelter, and enough resources to sustain myself in a world where so many people are living hand to mouth was heart-wrenching. The question “Am I doing enough for others?” haunted me for quite a while, until I realized that there were so many small ways in which I could help those around me. Overall, it has been a strange yet insightful realization for me about how not to take things for granted and to be thankful for what I have.”

“COVID-19 gave me the opportunity to go to my home-country and spend a longer period of time with my family (+6 weeks), something that I have not been able to do in years – very positive. As a result, I felt very relaxed and recovered after the spring and summer. On the negative side, as I also graduated this year, the pandemic certainly brought a lot of concerns about job insecurity, etc.”

1. Overview
2. Strategic initiatives
3. Public-private sector partnership
4. Events
5. Our People
6. Looking Forward
The impact of COVID-19 on our work

For the EASI team, it was critical that we stayed connected and shared information as much as we could while working remotely to ensure alignment on activities and awareness of deadlines. Every week, we would create a detailed team summary where each one of us would itemize what internal/external calls we would be having, which activities and workstreams we would be working on, and what events we would be participating in. This summary would be revised and updated in real-time to ensure everyone on the team knew what was happening on a daily basis. The EASI team would hold weekly team calls to discuss any cross-cutting topics, as well as for team members to let each other know what they were working on. Every week, each supervisor would hold 1-on-1 calls with their direct reports to go over work products and address any challenges that would impact our ability to achieve our deliverables.
Looking Forward

The EASI team will focus on further building on our digital health technologies work and partnering with country programmes, early stage innovators, particularly from TB affected countries, in-country implementers and civil society and communities to transform when, where, and how affordable, high-quality, and people-centered care is provided and accessed by people in TB affected countries. As part of this effort, we will also explore unlocking new funding and capital to increase investments in early stage innovators, particularly SMEs and start-ups from TB affected countries, developing digital health technologies for TB and that have cross-disease applicability, with an emphasis on those also addressing TB co-morbidities (e.g., HIV), TB risk factors (e.g., diabetes), and diseases with high potential intervention synergies (e.g., COVID-19).

Starting in January, our team will co-host and co-organize various events with partners on:

- **Start-up CourseX (webinars)** – Share best advice and lessons across different, critical topic areas for early stage innovators interested in or already developing digital health technologies for TB and that have cross-disease applicability.
- **Virtual Innovation Spotlights (webinars)** – Showcase digital health technologies for TB and that have cross-disease applicability.
- **Founder’s Gambit (podcast)** – Conversation with start-up founders who have and/or are developing digital health technologies for TB and that have cross-disease applicability to hear about the challenges they have faced and how they overcame them.
COVID-19, GDF, and Global TB Supply Chains

Since 2001, GDF (Global Drug Facility) has strengthened, facilitated, and secured the global end-to-end supply chain for TB products. As the world’s largest supplier of public sector TB medicines and diagnostics, GDF has spent the last two decades building a critical mass of processes, tools, experience and, most importantly, trust. Over the past 20 years, GDF has applied these tools and processes to mitigate risks inherent in the small, fragmented TB medicines market to deliver on its goal of promoting equitable access to TB medicines and diagnostics.

As the COVID-19 pandemic began to accelerate, GDF was already strongly positioned to ensure an uninterrupted flow of life-saving products to people affected by TB care in more than 140 countries around the world. GDF has done so, moreover, while simultaneously achieving a dramatic growth in sales, reaching a number of key milestones, and performing above and beyond many of its previous accomplishments.

GDF has responded, adapted, and innovated to both mitigate the effects of the pandemic and continue to guarantee that all people affected by TB receive quality-assured medicines and diagnostics, at the right time, in the right quantity, at the lowest, sustainable price, accompanied by invaluable technical assistance and customized support.
TB Product Supply Chains and the COVID-19 Pandemic

The COVID-19 pandemic led to major disruption across global TB product supply chains, from the production and sourcing of active pharmaceutical ingredients (APIs) and the manufacturing of medicines, to procurement, quality assurance, and shipping, to National TB Program activities such as dispensing, quantification, and transition to new WHO-recommended regimens.

How COVID-19 Disrupted Access to Life-Saving TB Medicines

Disruptions to the Production of APIs

The majority of active pharmaceutical ingredients (APIs) for GDF-supplied TB medicines are produced in China and India – two countries affected early on in the COVID-19 pandemic. China supplies approximately 14% of APIs used in the production of GDF’s medicines for drug-sensitive TB and 25% for drug-resistant TB. China also accounts for approximately 60% of API used in the production of rifampicin – a critical component of treatment for drug-sensitive TB. The lockdown in China in early 2020 led to the closing of pharmaceutical factories and a global shortfall in rifampicin.

As the COVID-19 pandemic moved from China to India, India-based API production capacity reduced by an average of 30% as manufacturing ceased or slowed down in response to outbreaks in factories and restrictions in mobility that limited workers’ abilities to commute to work. India supplies approximately 62% of APIs used in the production of GDF’s medicines for drug-sensitive TB and 55% for drug-resistant TB.

Disruptions to TB Medicines Production and Quality Assurance Activities

India is the largest producer of generic medicines worldwide. Presently, India is the only country manufacturing quality-assured, rifampicin-based fixed-dose combination (FDC) medicines used to treat drug-sensitive TB, with Indian-produced products accounting for 80% of TB medicines supplied by GDF. The national and regional lockdowns and slowdowns that
affected API production in India also affected the manufacturing, packing, pre-shipment inspection, quality control testing and shipment of generic TB medicines. During the period of the strictest restrictions (March-May 2020), Indian generic medicine suppliers found themselves either ceasing to operate or operating at 10%-50% capacity. Even after restrictions were lifted, frequent COVID-19 outbreaks have continued to lead to factories closing intermittently for disinfection.

**Global Reduction and Suspension of Freight Routes**

The COVID-19 pandemic has led to serious disruptions to global shipping industries. Commercial air and other freight routes typically used for TB product delivery slowed or ceased altogether, with airlines cancelling upwards of 70% of flights and making last-minute schedule and route changes. GDF found itself having to quickly and continuously reprocess shipping documents to match new itineraries. Additionally, newly imposed national import restrictions meant that some countries were unable to provide a green light for shipping, further complicating logistics. GDF teams had to identify creative solutions to deliver ‘stuck’ shipments to clients (e.g. switching freight from air to sea or road, hiring charter flights, etc.).

**Decrease in In-Country Medicine Stock as Dispensing Practices Change**

Many National TB Programs increased the amount of medicines dispensed at a single time to people affected with TB as part of comprehensive efforts to minimize individual visits to clinics and decrease the risk of COVID exposure by people affected with TB. This change in dispensing patterns had a profound impact on medicines inventory resulting in sharp decreases in available stock.

**Increased Demand for TB Medicines from Failed National Tenders and New Client Acquisition**

As observed during past constraints to the global TB medicines supply chain, during the COVID-19 pandemic, GDF again experienced a dramatic increase in demand for DS-TB (Drug-sensitive Tuberculosis) medicines from national programs unable to procure these medicines directly from suppliers. GDF demand also increased as a result of new client acquisition, with 54 countries procuring TB products from GDF in 2020 with domestic funds.
Leveraging Strengths and Engaging Innovation: How the GDF is Overcoming the Challenges of COVID-19

GDF is Uniquely Positioned to Respond to the Unexpected

The TB medicines market is unique in that, for many medicines, the populations in need are too few in number and, thus, demand – both globally and at country level – is too small to incentivize producers in the absence of sustained engagement. Additionally, TB regimens, in particular those for drug-resistant TB (DR-TB), involve many different medicines produced by a multiplicity of suppliers.

Given the challenges inherent with such small and fragmented markets, GDF must work across every step of the TB product supply chain and has developed a wealth of expertise over the past two decades in mitigating risk, overcoming bottlenecks, and trouble-shooting the unexpected. GDF was uniquely positioned to anticipate the challenges that COVID-19 would bring to global supply management systems and had a number of systems, tools, and processes already in place to deal with pandemic-related obstacles, as well as vast experience at innovating quickly in response to unanticipated hurdles.

GDF Employs Creativity, Flexibility, and Adaptation to Secure the Global TB Supply Chain

Repurposed, Reallocated, and Reinforced Staffing

The COVID-19 pandemic abruptly changed the nature, type, and complexity of activities conducted by GDF. Travel for technical assistance missions, joint program reviews, capacity building, trainings, and meetings came to a sudden halt, but demand for
technical assistance increased dramatically as NTPs faced numerous COVID-related challenges. GDF’s procurement workload skyrocketed due to the numerous supply chain disruptions. When the pandemic’s potential effect on GDF operations became clear, GDF immediately conducted a staffing needs assessment and took appropriate action to ensure that staff were allocated efficiently to meet changing demands.

Addressing Uncertainty with Intensified Monitoring and Creative Solutions

The ever-changing dynamics of the COVID-19 pandemic required GDF to conduct more intensive and frequent monitoring of global supply and demand for TB medicines. GDF conducted twice-weekly check-ins with a number of suppliers to keep abreast of the stock situation and production capacity. Meanwhile, GDF worked closely with National TB Programs to monitor in-country stocks and update national supply plans accordingly. Using the QuanTB tool (QuanTB – an electronic quantification and early warning system designed to improve procurement processes, ordering, and supply planning for TB treatment), stockout risks were identified and addressed using the Strategic Rotating Stockpile, rationing systems, and other existing GDF mechanisms. GDF also conducted weekly monitoring exercises to assess supply risks as soon as new information on shipment delays and cancellations became available and advised countries on how to rationalize stocks on hand and identify alternative available products.

Reconfigured Existing Systems to Prioritize Medicine Orders for Countries at Highest Risk of Stockouts

During the pandemic, GDF redeployed systems developed during the 2018 global rifampicin API shortage to prioritize TB medicines. For example, rather than using a single shipment to ship an order of medicines, orders were split into several deliveries in enough quantities to cover National TB Program needs for several months. Deliveries for countries with substantial stock were redirected to countries at risk of stockouts. Finally, specific prioritization tools were established and deployed for single-source products, including Vitamin B6, bedaquiline, delamanid, and rifapentine.

Using the Strategic Rotating Stockpile (SRS) to Avert Stockouts During the Pandemic

What is the Strategic Rotating Stockpile?

GDF’s SRS is physical inventory of TB medicines owned by GDF and stored at the warehouse of IDA, GDF’s contracted procurement agent. Orders served by the SRS can typically be delivered in less than three months, compared to orders served using traditional procurement mechanisms which are typically delivered in six
months. Owning a physical medicine inventory allows GDF to continue to respond to emergencies even when – as has been the case under COVID-19 lockdown measures – suppliers are no longer able to manufacture medicines at full capacity.

Recalibrating the SRS

The disruption of TB medicines production during COVID-19 resulted in replenishment delays for the GDF Strategic Rotating Stockpile. SRS algorithms driving deployment and logistics of medicine orders required urgent recalibration. GDF issued a COVID-19 contingency plan. For each order served by the SRS from April to June, only quantities that would prevent stockouts until the end of 2020 were supplied. By the end of June, SRS replenishment had improved as supplier production capacity increased for most medicines. SRS operations have now returned to pre-COVID-19 conditions, with SRS algorithms driving order deployment decisions and replenishment, and supply plans being updated every 2 weeks.

Adding DS-TB Medicines to the SRS to Further Protect National Programs against Stockouts

Building off the success of the SRS in averting stockouts and decreasing lead time for DR-TB medicines, GDF added DS-TB medicines to the SRS to add further protection against stockouts resulting from global supply constraints, such as those related to COVID-19.
Providing Technical Assistance During COVID-19: Transitioning to a Fully Remote Model

GDF’s Demand, Technical Assistance, and Capacity Building (DTC) Team Moves from Hybrid to Fully Remote Ways of Working

Spread out across nine countries and three continents, GDF’s DTC team has used a hybrid model involving both remote and in-person activities since its inception. Under the hybrid model, GDF’s Regional Technical Advisors (RTAs) travelled to countries in their respective regions a few times a year to address urgent issues, with additional technical support and information exchange occurring remotely in between these missions.

With the cessation of duty travel during the early months of the pandemic, GDF’s RTAs had to adapt country field visits to fully virtual platforms in order to continue to support National TB Programs and partner organizations during a period of significantly increased demand for technical assistance related to procurement and supply bottlenecks brought on by the pandemic.

RTAs carried out daily communication with national counterparts to ensure an uninterrupted supply of TB pharmaceuticals, implemented remote trainings and coaching, and supported development of Global Fund funding requests.

In September 2020, GDF led the procurement and supply management component of the WHO rGLC’s first virtual joint technical assistance mission for Iraq. Building on the success of this mission, GDF and the rGLC has plans to hold virtual technical assistance missions for Kenya, Morocco, Niger, and others.

During these missions, GDF has helped National TB Programs, WHO country offices, and other partners review DS-TB and DR-TB quantification based on new treatment regimens and develop transition plans for the introduction of new tools. GDF also assesses the impact of the COVID-19 pandemic on national TB supply chains in order to prevent ruptures in TB product supply and ensure uninterrupted access to life-saving TB diagnostics and medicines.

These coordinated efforts by GDF, WHO, and partners are an important means by which to keep morale high during COVID-19 and to continue to support countries in spite of the increased complexity of providing technical assistance during the pandemic.
In spite of the severe impact of COVID-19 on TB product supply chains, GDF was still able to utilize its unique model to proactively identify and prevent TB product stockouts in 102 countries. This was achieved using GDF’s multi-pronged approach that triangulates numerous activities and data sources for the purpose of prioritizing and rationing products in short supply based on the status of those countries identified as most at risk of stockouts and treatment interruptions.

**During 2020, this approach has involved:**

- Updating of QuanTB files from 51 countries to take into account COVID-19-related changes in dispensing practices that affect inventory and better identify countries most at risk of stockouts.
- Utilizing GDF prioritization/rationing systems to reallocate order volumes across countries.
- Monitoring available supply.
- Revising supplier production plans.
- Expediting deliveries to at-risk countries using GDF SRS inventory.
From January to September 2020, GDF achieved:

- Lead times of 2 months for emergency orders of TB products shipped to 55 countries.
- Lead times of 2 to 4 months for urgent orders of TB products shipped to 94 countries.

These achievements mark dramatic efficiency improvements compared to the typical six-month lead time for medicines shipped using traditional procurement mechanisms.

2020 Marks Another Record-Breaking Year for GDF with US $355 Million Worth of TB Products Projected to Be Delivered to 142 Countries

GDF is on track to deliver US $280 million worth of medicines and US $75 million worth of diagnostics to clients in 2020, a 50% and 46% increase from 2018 and 2019, respectively. In line with the 2018 UN Political Declaration on TB that “encourage(s) all nations to use the Stop TB Partnership/Global Drug Facility,” GDF has continued to widen its client base throughout 2020. This includes 54 countries using domestic financing to buy TB medicines and/or diagnostics, the highest number since GDF was launched in 2001. Clients also include Global Fund Principal Recipients in 86 countries, as well as clients in 65 countries supported by other funding sources.

*Data covers Jan–Sep 2020 period*
GDF Annual Supply of TB Medicines and Diagnostics, 2007-2020

Value Delivered

Countries procuring from GDF

* Projected as of Oct 2020
GDF Announces a 32% Price Reduction for Bedaquiline, A Critical Medicine in DR-TB Treatment

On July 6th, the Stop TB Partnership, Johnson & Johnson, USAID, and the Global Fund announced a major bedaquiline price reduction aimed at generating significant savings for countries around the world. These savings have arrived just in time, as National TB Programs have moved to adopt new WHO guidelines that recommend bedaquiline-containing, all-oral longer and shorter regimens for DR-TB.

The agreement guarantees a bedaquiline price reduction from US $400 to US $340 per 6-month treatment course, as well as 20% free goods applied to all bedaquiline orders placed via GDF (i.e. for every eight bedaquiline treatments ordered, clients receive two additional bedaquiline treatments free of charge). Taken together, the agreement ensures a final prorated price of US $272 per treatment course, amounting to an unprecedented 32% price reduction for 139 countries and territories.

As of early October, several countries have already benefited from the price reduction and have placed orders for 98,678 treatments, saving US $12.6 million, an amount equivalent to the cost of treating more than 23,000 people with short-course DR-TB regimens.

The new agreement represents a follow-on from GDF’s successful collaboration with the USAID-Johnson & Johnson bedaquiline donation program (2015 – 2019) in which GDF demonstrated its ability to develop innovative mechanisms to equitably allocate donation volumes based on real demand, reduce supplier transaction costs, expedite new product and regimen introduction, support adverse event reporting, and proactively avert stockouts and treatment interruptions.

2020 WHO Consolidated Guideline for Tuberculosis

GDF Projected to Achieve US $36.4 Million in Savings in 2020 for National TB Programs and Donors

GDF efforts in 2020 are expected to yield US $36.4 million in savings in 2020, an amount equivalent to the cost of treating an additional 1 million people affected by TB. GDF will achieve these savings through medicine price reductions obtained via competitive tendering (US $13 million) and direct supplier negotiation for sole-sourced medicines (e.g. bedaquiline, pediatric DR-TB formulations) (US $14.6 million), along with GDF’s value-add procurement activities that are unique to the GDF model.
This model bundles procurement with technical assistance and enables GDF validation and downward adjustment of order volumes in case of over-ordering (US $1.5 million), as well as provides clients flexibility to cancel or postpone orders no longer needed (US $6.7 million). Another US $684,000 is being saved from surcharge-based Service Level Agreements for Cepheid GeneXpert Machines compared to warranties.

**GDF Estimated Savings for Clients and Donors, 2020**

![Graph showing estimated savings]

GDF Brings Life-Saving Medicines to Pediatric DR-TB Patients with its Unique Approach to Medicine Life Cycle Management

In the past two years, more than 60 National TB Programs have moved to all-oral regimens for children and procured child-friendly formulations of DR-TB medicines from GDF. The breadth and speed of these changes are unprecedented and largely due to GDF’s approach to launching new TB tools (e.g., new medicines and diagnostics).

GDF’s approach involves working in a collaborative manner across all stages of the product lifecycle, from identifying product gaps, working with suppliers on development and regulatory approval, negotiating optimal access and supply conditions, and supporting introduction and scale-up.
This approach is well-suited to scaling up access to new pediatric DR-TB formulations.

**GDF Approach to TB Medicine Life Cycle Management**

1. **Incentive & Monitor Innovation**
2. **Track Regulatory /Quality Assurance Status**
3. **Ensure Sufficient Supply**
4. **Introduce New Tools**
5. **Support & Monitor Scale-up**
6. **Identify & Signal Product Gaps**
7. **Manage End-Stage Products Phase-Out**

**GDF End-To-End TB Medicine Life-Cycle Management**

**GDF’s Pediatric DR-TB Initiative Brings New Formulations to Children with DR-TB**

For pediatric DR-TB, this unique approach to TB Medicine Life Cycle Management means that – in spite of the tiny market size of 500 children under 5 years of age treated for DR-TB annually – GDF has been able to prioritize and incentivize the development of 13 child-friendly DR-TB formulations. GDF was also able to negotiate optimal supply terms and price reductions of up to 80% from initial planned launch prices for these formulations.

**Watch the full movie on Pediatric DR-TB Initiative**
Additionally, GDF provided grants to more than 50 countries to procure these medicines, together with procurement and supply management technical assistance to develop countries’ phase-in plans. GDF contracted the Sentinel Project, a network of pediatric DR-TB-focused clinicians, researchers, and caregivers, to provide clinical support to programs. Funding provided by USAID covered GDF’s core costs to support this initiative while funding from the Government of Japan supported medicines procurement as well as targeted clinical and PSM TA for programs. Implementing partners, including KNCV and MSF, helped ensure the formulations were being used in accordance with WHO recommendations.

GDF is continuing this successful approach with the remaining child-friendly formulations needed: bedaquiline, linezolid, and delamanid. A bedaquiline formulation for children recently became available and programs are already procuring this thanks to GDF support. GDF continues its upstream work engaging with suppliers to incentivize the development and expedite regulatory approval of both linezolid and delamanid, with a dispersible delamanid formulation expected in 2021. Delamanid and linezolid are the only two remaining DR-TB medicines that lack a child-friendly formulation. Once available, National TB Programs will finally have access to child-friendly formulations for all medicines needed to treat children with optimal all-oral DR-TB regimens in full alignment with WHO recommendations.

GDF Announces Access Pricing for Child-Friendly Bedaquiline Formulation Within 2 Weeks of US FDA Approval

On June 11, 2020, GDF announced the addition of child-friendly bedaquiline 20mg tablets to the GDF Catalog, following the US FDA approval of the medicine in May 2020. GDF worked closely with Janssen – the supplier of pediatric bedaquiline – during the product development and regulatory approval stages to ensure all negotiations, terms, and pricing were agreed in advance of the anticipated FDA decision.

This approach ensured pediatric bedaquiline was available for introduction immediately after regulatory approval. Unlike pricing for other pediatric medicines that typically cost more per mg than adult formulations, the GDF access price of US $200 per pediatric bedaquiline treatment course is proportional to the price of the adult formulation.

As part of the GDF Pediatric DR-TB Initiative, GDF has also helped to drive countries’ introduction of pediatric bedaquiline. Twenty National TB Programs had already placed orders with GDF for the child-friendly bedaquiline as of October 2020.
GDF Expands Its One-Stop Shop for TB Products

New TB Medicines, Diagnostics, and Digital Adherence Technologies Added to GDF Catalog

Throughout 2020, GDF has continued to expand its product catalog to include a number of new TB products. Notable additions include rifapentine/isoniazid fixed-dose combination (FDC) medicine for the treatment of TB infection using the 3HP regimen, an additional interferon-gamma release assay (IGRA) that allows testing for TB infection, and additional molecular tests to diagnose DS-TB and DR-TB, allowing National TB Programs more flexibility when developing or improving their TB lab networks.

The One-Stop Shop also now provides new digital adherence technologies (DATs) to help people affected by TB to successfully complete their treatment and to aid programs seeking to strengthen people-centered adherence support. The kit includes everything needed to run the box for up to three years – including a SIM card with cellular data network access – and is ready to use upon delivery once the box is connected to a National TB Program’s system. Such technologies enable people affected by TB to take their medicine from home, thus reducing the number of visits they make to health facilities which, as an added benefit, minimizes their risk of contracting COVID-19. GDF, in collaboration with the KNCV-implemented, Unitaid-funded ASCENT project, published a joint technical information note on digital adherence tools to guide procurement and implementation of the tools.
The GDF-led TPMAT Takes Action to Align Approaches on More Than Thirty TB Medicines in 2020

The TB Procurement and Market-Shaping Action Team (TPMAT) brings together key buyers, donors, technical partners, and civil society groups to collaboratively identify and address major TB market challenges. A key area of TPMAT’s work is to ensure alignment of TB medicine recommendations and priorities across WHO, Global Fund, GDF, and other stakeholders.

A TB Medicines Dashboard was developed by GDF to monitor alignment, support prioritization, and improve harmonization.

The TB Dashboard helps partners to:

- Identify gaps in medicines and formulations that are not yet developed, send clear and consistent signals to suppliers, and help prioritize and track progress on development and regulatory approval toward expedited introduction and scale-up.
- Assess areas of divergence across the different global data sources included in the Dashboard and provide a roadmap to guide actions towards improved efficiency and alignment.

TPMAT continues to lead the twice-annual review of the Global Fund’s Expert Review Panel (ERP) Expression of Interest, an important way to fast-track the availability of highly-needed formulations. TPMAT identified five key priority formulations for development in 2020, including the first fixed-dose combination product of rifapentine and isoniazid for the once-weekly, three-month (3HP) regimen for TB preventative therapy.

This is the fourth TPMAT product to be prioritized, expedited, and made available for procurement since 2018.

GDF also added the Global Fund’s List of Tuberculosis Pharmaceutical Products classified according to the Global Fund Quality Assurance Policy to the TB Medicines Dashboard. GDF analysis identified more than 25 product-level additions and removals to align the Global Fund list with the most recent WHO recommendations. These changes were completed in early 2020 to provide accurate, up-to-date reference documents to Global Fund Principle Recipients as they drafted concept notes for the next round of funding.
GDF Launches New, Online TB Medicines Procurement Request Form to Allow Electronic Placement of Orders

In October 2020, GDF launched a new, online version of the TB Medicines Procurement Request Form (PRF). This new tool aims to improve clients’ user experience, streamline the ordering process, and reduce the administrative workload on all the parties involved in the procurement process. As a new function in the GDF Order Management System (OMS), the new online PRF will replace the downloadable Word copy and provide an integrated platform for all stakeholders involved in the ordering process.

The pilot phase for the online tool started in late March, in spite of the COVID-19 outbreak, and lasted six months with almost 20 organizations and countries participating. Pilot countries welcomed the initiative and provided positive feedback, noting that the tool was easy to use and increased efficiency. GDF has now begun working on a similar online PRF for diagnostics.

GDF and WHO Team Up to Support More than 50 Countries to Adopt New, All-Oral DR-TB Regimens Recommended in the WHO 2020 Treatment Guidelines

The GDF collaboration with WHO is critical to ensuring rapid uptake of new WHO recommendations. GDF works closely with a number of key WHO programs and departments, including its Global TB Programme, Essential Medicines Department, and Prequalification Programme. At regional and national level, GDF works closely with regional Green Light Committees (rGLC) and WHO regional and country offices.

GDF participates as an observer in guideline review meetings to ensure that supply and market considerations are discussed and that GDF is ready with a sufficient supply of medicines to allow for their immediate uptake once new guidelines are released. For every WHO guideline change, WHO, GDF, and the Global Fund co-draft and jointly release a Frequently Asked Questions (FAQ) document to guide national uptake, with GDF contributing all content related to procurement and supply management.

FAQ on WHO Rapid Communication: Key changes to the treatment of multidrug- and rifampicin-resistant TB

The GDF Collaboration with the WHO Green Light Committee (GLC) dates back to the inception of GDF in 2001. GDF works closely with GLC prior to processing orders for DR-TB medicines to ensure orders are consistent with WHO guidelines and local patterns of resistance. Based upon GLC’s regimen recommendations, GDF staff work with National TB Programs to develop
medicine procurement and supply plans and adjust orders. During WHO technical assistance missions and joint program reviews, GDF takes the lead on procurement and supply management issues, while WHO leads on clinical and programmatic issues. Following country visits, GDF and WHO remotely support countries to implement their post-mission workplans.

In 2020, GDF has partnered with WHO rGLCs to support over 50 countries to transition to DR-TB regimens recommended by WHO’s Consolidated DR-TB Treatment Guidelines.

This joint support has led to:

- **52** GDF priority countries transitioning either fully or partially to new MDR-TB all-oral (shorter and/or longer) regimens, out of which GDF supported **49** to develop TB procurement and supply management plans to phase in the new regimens and phase out the old.

- **27** GDF priority countries progressing toward the use of modified, shorter, all-oral regimens for DR-TB, with **14** countries already using these regimens and **13** countries in the process of adopting them. GDF supported **24** of these countries with the development of TB procurement and supply management plans to phase in the new regimens and phase out the old.

"Countries 'transitioned' to new MDR-TB fully-oral regimens"
The GDF and Global Fund Align on Supply Monitoring, Quality Assurance, and Guidance Documents

Using its core funding from USAID, GDF supported and collaborated with numerous Global Fund Initiatives throughout 2020. As the COVID-19 pandemic impacted global medicine supply chains, GDF provided biweekly updates on the status of TB medicine production to the Global Fund Sourcing Team and Management Executive Committee.

To align with the Global Fund guidance documents developed for HIV and malaria products, GDF developed a TB Category and Product-level Procurement and Delivery Planning Guide. The document guides Principle Recipients on end-of-grant spending timelines, providing information on when paid orders must be received by GDF to ensure delivery in country within the current Global Fund grant cycle.

GDF further aligned with the Global Fund to develop a GDF document to guide Principal Recipients on Budget Prices for TB Medicines. This guide, along with GDF’s publication of TB Regimen Prices, are critical inputs needed for developing procurement budgets as Principal Recipients build and submit concept notes for the new Global Fund grant cycle. GDF and Global Fund also conducted a joint tender for the selection of quality control agents contracted to manage quality testing and pre-shipment inspections of Global Fund-funded medicines.

GDF continued its leadership role in managing global TB stakeholder review and prioritization of those TB medicines to be included in the Global Fund’s Expert Review Panel Expression of Interest for Rounds 22 and 23 following a process established to ensure stakeholder consensus in 2018. Meanwhile, GDF and the Global Fund also carried out the joint review of the Global Fund’s List of Tuberculosis Pharmaceutical Products resulting in more than 25 product-level changes to improve alignment with updated WHO recommendations and make it clear to Principal Recipients which products are eligible for procurement during concept note development. The Global Fund product list was then added to the GDF-led TB Medicines Dashboard.

To support rapid introduction of new DR-TB regimens following changes in WHO Treatment Guidelines, GDF, WHO, and GF published two joint Frequently Asked Questions documents to guide Global Fund Principal Recipients on implementation of the new WHO recommendations. GDF also organized a joint StopTB Partnership, Global Fund, USAID and Johnson & Johnson press conference to announce a dramatic price reduction in bedaquiline, a critical medicine used in DR-TB regimens.

GDF Technical Assistance to Global Fund-Funded National TB Programs

With funding from USAID, GDF has strengthened and expanded its procurement and supply management technical assistance to Global Fund-funded National TB Programs, complementing and augmenting TB service delivery activities funded via GF.
grants. Recognizing the need for technical assistance to support increased domestic procurement and introduction of new TB regimens, GDF hired four additional Regional Technical Advisors (RTAs), bringing GDF’s total RTA count to ten.

Over the course of 2020, GDF’s RTAs provided broad support to Global Fund-funded programs including:

- Assisting the development of more than 40 costed, TB medicine procurement and supply plans for Global Fund Principle Recipients for the 2020-2021 period.
- Leading the procurement and supply management portion of WHO’s Joint TB Program Reviews for 16 Global Fund-funded TB Programs.
- Monitoring of GDF-supported National Early Warning Systems implemented in 41 countries to proactively identify and mitigate TB medicine stockout risks, working with Global Fund country teams as needed to take measures to avert treatment interruptions.
- Supporting development of TB procurement and supply management plans to phase-in new, all-oral DR-TB regimens (to 49 countries) and modified, shorter DR-TB regimens (to 24 countries).
- From January to April, supporting 39 countries to ensure efficient utilization of end-of-grant funds, in accordance with Global Fund policy on end-of-grant spending.
- Developing or updating costed procurement and supply plans for 35 countries submitting new Global Fund concept notes for the 2020-2022 funding cycle to be implemented over 2021-2023.
- Working with over 50 Global Fund-funded National TB Programs and their partners to expedite the adoption of new, child-friendly formulations for DR-TB.

GDF Joins Global COVID-19 Response with Supply of Diagnostics and Donation of 100,000 Cepheid SARS-CoV-2 Tests

Building off GDF’s 12 years of experience in the procurement and supply of diagnostics, GDF added COVID-19 diagnostic tests to its catalog, thereby enabling their immediate availability to GDF clients. As part of the WHO-led COVID-19 Diagnostics Consortium, GDF collaborated with other consortium members to ensure equitable allocation of COVID-19 diagnostics to low- and middle-income countries (LMICs) for those diagnostic products for which global demand is greater than global supply. GDF has already supported 13 COVID-19 initiatives to procure more than 60,000 COVID-19 tests and continues to work closely with other major procurers (e.g Global Fund, UNDP, UNICEF) to ensure that Ministries of Health and other COVID-19 Initiatives access their full allocation and all the available tests produced every week for LMICs are procured so no tests are left unaccounted.

In June, GDF and Cepheid announced a donation of 100,000 Xpert® Xpress SARS-CoV-2 tests to support countries in the fight against the COVID-19 pandemic. The Cepheid donation covers the cost of procuring the tests while GDF covers the costs of shipping. As one of the largest procurers of Cepheid GeneXpert machines – supplying GeneXpert products to more than 70
countries to date – GDF is well suited to administer this donation. In alignment with the COVID-19 Diagnostics Consortium, 15 countries will benefit from the donation, along with 7 research programs. These research programs will use the donation to generate evidence to inform future approaches to managing the COVID-19 pandemic.

**GDF Supports TB Innovation with Procurement Services to More than 20 Clinical Trials in 16 Countries**

Since late 2018, GDF has processed 57 orders for DS-TB and DR-TB medicines to 16 countries for 13 different clinical research projects and is currently in procurement discussions with an additional 12 researchers. Overall, more than 30 research projects have approached GDF for procurement guidance or support. Thanks to a donation from Cepheid, GDF is also processing grants for GeneXpert COVID-19 cartridges to 7 research organizations across 4 countries for use in clinical research.

GDF has seen a steady increase in inquiries for procurement of TB products used in clinical research. Researchers often struggle to procure medicines for clinical research as few suppliers and procurement agents are willing to serve such low-volume requests. Procurement of TB products for research purposes also results in additional workload for GDF and suppliers, such as increased documentation requirements and substantial time spent to educate researchers on procurement processes. GDF, however, is committed to providing these value-add services and adapting to meet researchers’ needs in order to contribute to innovation and advancement in the TB research pipeline.
People-Centered Procurement: Navigating the Human Side of the GDF Business

Over 20 million lives have been saved by advancements in TB care and treatment brought about by new diagnostics and medicine regimens. Ensuring uninterrupted, equitable access to TB diagnostics and medicines remains one of the critical public health challenges of our time. For the last two decades, GDF has been the primary mechanism through which most countries procure these vital products for people affected by TB.

It is these people – people affected by TB, their families, and their communities – that sit at the heart of GDF’s work. Even when the size of the order is small, the context of delivery difficult, or the transition to new treatment regimens bumpy, GDF makes sure that procurement is not just about products. It is also about people.

No Matter How Small the order

GDF Delivers Medicines from its SRS in 9 Days Following the Diagnosis of the First Person in Bhutan with XDR-TB
In some countries, NTPs approach GDF to procure medicines for 100,000 people affected by TB. In other scenarios, a country may approach GDF to procure medicines for one single person. To GDF, each life matters equally. For this reason, GDF strives to ensure equitable access to TB medicines no matter how small a country’s order, including on behalf of the very small number of people diagnosed every year with extensively drug-resistant TB (XDR-TB).

In early 2020, health workers in the Kingdom of Bhutan diagnosed a person in the country with XDR-TB for the very first time. With no XDR-TB medicines in stock in the country, the Bhutan National TB Program (NTP) contacted GDF about rapidly accessing the medicines required to complete an XDR-TB treatment course for the person affected. The NTP’s request was complicated by the fact that funds for the treatment were unavailable at the time of the request. Bhutan and the Global Fund were in the process of revising the country’s grant, and financial transactions had been temporarily suspended until grant revision was complete. GDF conducted consultations with the NTP to determine the individual’s specific medicine needs.

Within two hours, GDF was able to issue a price quote to the program. GDF then triggered the use of the Strategic Rotating Stockpile (SRS) to serve the emergency order. To overcome the financing and pre-payment constraints, the GDF simultaneously worked with Bhutan’s Global Fund country team to obtain a guarantee of Assurance of Payment letter, enabling Global Fund to guarantee the country’s payment. The course of treatment was delivered to Bhutan from GDF’s SRS within nine days of the order placement, and the person was able to begin the life-saving regimen shortly after diagnosis.

**No Matter the Context**

**Venezuela: GDF Delivers Life-Saving, DS-TB Medicines in 6-Week’s Time amidst Civil Unrest and COVID-Related Transport Disruptions**
For almost two decades, GDF has worked to secure the global TB supply chain in the context of political instability, social unrest, and natural disaster, ensuring that people affected with TB in GDF-supported countries around the world have uninterrupted access to TB products no matter how serious the crisis. In response, GDF has developed an incomparable expertise at moving life-saving TB medicines in the context of rapidly unfolding and unpredictable circumstances on the ground.

The ongoing economic and political crises in Venezuela have led to numerous bottlenecks in accessing medicines which, coupled with the COVID-19 pandemic, have created a number of hurdles to ensuring people affected by TB in the country receive their treatment. By mid-May 2020, protests in Caracas began to break out over the lack of TB medicines in the country’s main health facilities. The country required an urgent delivery of medicines for drug-sensitive TB (DS-TB). Upon a request for an emergency order for DS-TB medicines, GDF quickly worked with the Pan American Health Organization (PAHO) to understand the extent of the shortages, finalize quantification, and place the order. GDF then drew upon its Strategic Rotating Stockpile (SRS) to serve the order, shaving weeks off delivery times via traditional processes.

At the same time, the COVID-19 pandemic had resulted in the shutdown of several airports and flight paths into Venezuela. The GDF team worked tirelessly to identify a means to ship and import the medicines. The shipment arrived 42 days after the order was placed providing relief and hope to the people in need of treatment and their caregivers.

No Matter How Much the Medicine Landscape Changes

India: GDF Delivers Bedaquiline in 32 Days supporting the Programme to Averting Stockouts, Treatment Interruptions, and Enrolment Delays

The TB medicine landscape is changing rapidly and with it WHO treatment guidelines. Since 2019, WHO has recommended that bedaquiline be included in all-oral MDR-TB regimens. Throughout 2020, GDF has played a key role in supporting National TB Programs with transition to all-oral, DR-TB regimens.

India’s commitment to end TB by 2025 has resulted in dramatic increases of bedaquiline use, and the country found itself with insufficient bedaquiline stock to maintain India’s momentum in scaling up access.

On July 27th, India requested GDF to supply an urgent order for 61,520 treatment courses of bedaquiline. This amount
represents nearly 50% of GDF’s total bedaquiline sales in 2020. Under normal circumstances, it would take the supplier 4 months to produce and deliver this volume of medicines to India. The Indian National TB Elimination Program (NTEP) reached out to GDF to support the procurement and delivery of an emergency shipment to avert bedaquiline stockouts and treatment interruptions.

The GDF team worked closely with the India programme and Global Fund India Country Team to quickly place a new order with GDF. Within six days of receiving the India request, six price quotes had been sent to NTEP for the six different Government Medical Store Depots at risk of stockout. GDF also coordinated with the Global Fund India country team to obtain an Assurance of Payment letter to circumvent pre-payment requirements. As the huge volume of the order exceeded the existing global supply of bedaquiline, GDF helped break down the order into a series of much smaller shipments to enable a consistent flow of the medicine to the country. Emergency shipments were made to India due to GDF’s ability to prioritize shipments to countries at risk of stockouts by redirecting and reallocating existing orders from countries with sufficient in-country stock of medicines.

The first shipment of 3,020 bedaquiline treatment courses was delivered to Mumbai on September 7th, only 32 days after order confirmation. An additional 3,000 treatment courses were delivered on September 24th.
GLOBAL DRUG FACILITY (GDF)

1. COVID-19, GDF, and Global TB Supply Chains
2. Leveraging Strengths and Engaging Innovation
3. Sustaining Progress, Delivering Results, and Achieving Milestones
4. GDF Stories
5. Our People
6. Looking Forward

Members of the team as of 15 March 2021

Brenda Waning
Chief

Brian Kaiser
Technical Officer
TB Medicines Market Strategies

Ramón H. Crespo
Knowledge & Project Management Officer

Magali Babaley
Strategic Procurement and Business Intelligence Manager

Katherine Ireri
Team Support Officer

Kaspars Lunte
Global Sourcing Officer

Thomas Vergès
Stockpile Manager

Nigorsulton Muzafarova
Lead Product Quality Officer

Luiz Fernando Avelino Reciolino
Information Quality Officer

Estelle Petiot
Tender Diagnostics Advisor

Bibiana Angarita Zambrano
Diagnostics Procurement Officer

Artur Giniyatullin
Diagnostics Procurement and Supply Assistant

Nathalie Pedro
Diagnostics Procurement and Supply Assistant

Tania Mlanao
Diagnostics Procurement & Supply Assistant

Olga Sterkhova
Diagnostics Procurement & Supply Assistant
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GDF Continues to Build Upon Its Innovative End-to-End Approach in 2021

The key to GDF’s continued success in ensuring sufficient supply and rapid uptake of affordable, quality assured TB medicines is the combination of both its **end-to-end approach** and its **proactive horizon scanning**. As the global steward of TB medicine markets, GDF will continue following ongoing clinical research as well as new formulation development to proactively identify key research findings as well as new products and regimens that are likely to emerge in 2021. Product- and regimen-specific roadmaps will be developed to ensure these new tools are introduced and scaled-up as quickly as possible, and to ensure old, less optimal products are efficiently guided out of the market.

Unlike traditional procurement mechanisms, GDF is able to leverage its position and resources to proactively identify and prioritize missing formulations in need of development, and then monitor progress and address issues that may arise as products move through evaluation, development, regulatory review, introduction, and scale-up phases of the product life cycle.
At the 51st Union World Congress on Lung Health held in October, researchers presented a number of promising findings related to shorter DS-TB treatments for children, increased rifampicin dosing for treatment of different forms of TB, and new, shorter, rifapentine-containing regimens for treatment of DS-TB in adults.

While these research results still require evaluation and recommendation by WHO, each new research finding poses potential supply issues for GDF including dramatic increases and decreases in demand for some TB medicines, the need for new medicine formulations, and, in some scenarios, potential increases in regimen costs.

GDF is already working with suppliers on these key issues and will continue that work into 2021 to make certain any new treatment approach is available at affordable and sustainable prices soon after WHO recommends it.

GDF also starts working far in advance of product launch and WHO review to develop an approach for introducing new medicines and regimens. GDF sensitizes National TB Programs on new products, creates incentives for suppliers to set affordable prices and good terms, and establishes plans with donors and partners to expedite product introduction.

GDF is eagerly awaiting WHO rapid or updated guidelines in two key areas: 1) computer-assisted TB diagnosis using artificial intelligence of digital X-rays; 2) use of new nucleic acid amplification tests (NAAT) for the rapid and accurate detection of TB and resistance to selected anti-TB medicines.

GDF has already begun negotiations with the suppliers of these diagnostics to start working on access terms, price, and country eligibility for access pricing in anticipation of potential positive recommendations by WHO and potential eligibility for procurement from the Global Fund Expert Review Panel for Diagnostics. The goal is to have the lowest sustainable prices for the widest number of low- and middle-income countries (LMICs) as possible.

GDF is also working on models of service and maintenance for centralized diagnostic machines to maximize machine “up-
time” while minimizing the number of additional expenses National TB Programs need to pay on an ad hoc basis (e.g. for technician time, per diems, travel expenses, additional parts, etc.)

GDF and COVID-19 in 2021

COVID-19-related disruptions are expected to continue well into 2021. GDF will keep in place current processes and systems to mitigate risks of stockouts and treatment interruptions and adapt as needed to changing circumstances.

GDF Will Continue to Align Technical Assistance to Changing TB Medicines and Financing Landscapes

GDF will continue monitoring and supporting National TB Programs with issues related to domestic procurement of TB medicines and diagnostics as countries increasingly assume TB financing roles. GDF will continue its collaboration with WHO and partners to expedite introduction of all-oral DR-TB regimens into countries that have yet to fully adopt them. With new child-friendly DR-TB formulations (e.g. pediatric delamanid and linezolid) expected in 2021, GDF will prioritize support for introducing these life-saving medicines into countries via the GDF Pediatric DR-TB Initiative.

GDF Procurement and Market-Shaping in 2021

In 2021, GDF’s TB Procurement and Market-Shaping Action Team (TPMAT) will continue to work on aligning, harmonizing, and prioritizing different policy documents at the global level using the TB Medicines Dashboard in order to ensure that clear signals are being sent to suppliers and National TB Programs on the optimal formulations that need to be developed, quality-assured, and implemented going forward.

The GDF-led TPMAT will carry on working with key donors, technical partners, and civil society organizations to support National TB Programs as they begin to procure more TB products using domestic resources to make certain that they are able to procure successfully at sustainable and affordable prices and in alignment with up-to-date WHO recommendations. GDF will also work with donors and National TB Programs to identify procurement-related access barriers to implementing new WHO recommendations and develop innovative approaches to mitigate these challenges.
The Stop TB Partnership's Working Groups

The COVID-19 pandemic impacted the work of all, but the Stop TB Partnership's Working Groups adapted and continued seamless delivery on their objectives and activity plans.

End TB Transmission Initiative (EETi)

Due to the COVID-19 pandemic, several planned activities had to be canceled or postponed, but we continue to advocate for improved airborne infection prevention and control (IPC). The current pandemic has placed a spotlight on airborne IPC, and there seems to be a renewed or new interest and focus on IPC. ETTi core group members have been active in organizing webinars on airborne IPC topics, including TB and SARS-COV2.

There has been an increased interest in airborne infection prevention and control (IPC) in light of the current pandemic. ETTi core group members have presented several webinars on different airborne infection prevention and control measures in different fora and various audiences. From June until August 2020, the webinars have been well attended, and most have had between 50 to 100 participants, and several have had more than 200 and even 530 participants.

Read the presentations  Watch the webinars

The ETTI also participated in other online activities, including, but not limited to:

The Union – Dr. Carrie Tudor and Dr. Grigory Volchenkov presented respiratory protection for TB and COVID-19 for the Union’s Nurses and Allied Professionals sub-section 12 May 2020. Respiratory protection against TB and infectious diseases (including COVID – 19) transmitted by airborne and droplet spread - (This webinar had more than 250 participants, and the Union has told us that it is one of the most-watched webinars and has led the Union to draft new technical documents related to infection prevention and control)

Illuminating Engineering Society (IES) – Germicidal ultraviolet (GUV) disinfection in the days of COVID-19 – presentations by ETTi members included Dr. Edward Nardell, Dr. Paul Jensen and Mr. Richard Vincent – 7 May 2020.

American Conference of Governmental Industrial Hygienists (ACGIH) – Use of Ultraviolet Germicidal Irradiation as a Control to Limit Airborne Transmission – Presentations by ETTi member Dr. Paul Jensen and non-member Dr. David Sliney.
Publications/Materials

A manuscript as an advocacy piece on antimicrobial resistance with a focus on drug-resistant TB and the importance of infection control and has been submitted to a journal awaiting a decision. The ETTi core group continues to develop an implementation guide to assist countries and others working in TB operationalize the recent updated WHO recommendations. In addition, a small group of core group members will draft a manuscript on research gaps related to knowledge and evidence related to IPC measures – what we know and what we don’t know.

Working Group on New TB Vaccines (WGNV)

Due to the COVID-19 pandemic, the 6th Global Forum in Toulouse (France) has been postponed to February 2022. A shorter virtual Global Forum will be held in April 2021. The organizers are now finalizing a communications strategy for this change, researching virtual platform options, and discussing the virtual Global Forum program.

WGNV collaborated with the Working Group on New TB Drugs and the New Diagnostics Working Group to coordinate a symposium at the 2020 virtual Union Conference on “Advancing a prevention research agenda for TB.”

WGNV is working with local partners to support advocacy efforts for TB vaccine R&D and will, by the end of the year, WGNV, is targeting completion of this project by World TB Day 2021.

WGNV is planning to expand the success of its in-person training by developing an online TB research literacy course for advocates in collaboration with the Working Group on New TB Drugs and the New Diagnostics Working Group. Two potential platforms have been identified, and a project plan is being developed. WGNV Core Group approved a concept note for creating a WGNV Advocacy Coalition, and Terms of Reference for that group are currently being set.

The WGNV revised its structure to include five subgroups: Advocacy, Knowledge Sharing and Dissemination of Information, Building Consensus, Supporting Academicians, and Issues in Product Development. The structure and activities of each of the subgroups are currently being developed.

WGNV launched a revised website in September 2020. This website provides enhanced capabilities for engaging stakeholders, including a blog feature, a membership form (including opportunities to join subgroups), a detailed TB vaccine candidate submission form for the compilation and curation of a global TB vaccine pipeline (pipeline page to be launched in October).

In this period, three new members were added to the WGNV Core Group, representing the academic research community, the Global TB Vaccine Partnership, and developed country NGOs. Three other positions are currently undergoing an application process, representing Early Career Researchers, affected communities, and the private sector.
New Diagnostics Working Group (NDWG)

University College London (UCL) collaborated with NDWG (New Diagnostics Working Group) and other partners and carried out a systematic review on the diagnostic performance of novel skin-based in-vivo tests for latent TB infection compared to blood-based in-vitro IGRAs. The report from the study was shared with NDWG Co-Chairs and the TF Coordinator, who provided inputs. The TF Coordinator led the process to develop the document “framework for evaluation of new skin tests” in close collaboration with the WHO. The LTBI TF also launched a survey inviting LTBI test manufacturers to understand the current landscape of tuberculosis infection test (TBI).

The NDWG worked closely with the WHO to organize a meeting to finalize the Target Product Profile for Next-Generation Drug Susceptibility Testing (DST) at Peripheral Centres from 16–17 March in Milan, Italy. Unfortunately, due to the outbreak of coronavirus in northern Italy at the time, the meeting was canceled and will take place at a later date. The Co-Chairs have highlighted the need to organize a meeting to discuss the TPP virtually.

The TF Coordinator – Paolo Miotto, worked closely with a consultant on mutations related to pyrazinamide. A report on “Improving interpretation of pncA gene mutations for sequencing-based drug susceptibility testing of pyrazinamide” was developed.

Pyrazinamide is an important anti-tuberculosis drug, and it is recommended in regimens for treating isoniazid-resistant TB and for the completion of MDR/rifampicin-resistant TB regimens. The lack of proper infrastructure and technical capabilities translate into the fact that pyrazinamide is often not routinely tested for DST and is therefore empirically used in TB regimens. The study reports the interpretation of genotypic testing for pyrazinamide to guide initial treatment decisions, rules and approaches for confirmatory testing, and the resolution of discordant results. Additionally, a manuscript based on this research was submitted and accepted. The manuscript titled “How to optimally combine genotypic and phenotypic drug-susceptibility testing methods for pyrazinamide” is available here.

On the NGS front, the TF lead has been providing advice to FIND’s Seq&Treat project funded by Unitaid. The project is leading the updating of the mutation catalogs for interpreting WGS data for the rapid detection of drug-resistant TB. The TF will revise the approach used by FIND-CRyPTIC-OSR to develop the list (analysis pipeline of WGS data, and genotype-phenotype association strategy) and the output list of mutations of such an approach.

The TF on community engagement was introduced in the 2020-2021 workplan. The NDWG, in close collaboration with the Stop TB Partnership, approached Ramya Ananthakrishnan, Director REACH (Resource group for Education and Advocacy for Community Health), to take on the role of the TF lead. With no objections received from the Core Group members, Ramya has been appointed the Task Force lead. The Secretariat has had several calls with Ramya, and the planning for future activities is underway.
Working Group on New Drugs (WGND)

In an on-going effort to provide the TB drug development community with comprehensive information and real-time updates in the field of TB drug R&D, the WGND has monitored advances and changes to TB drug discovery, advocacy, and development and disseminated all relevant updates via its web platform, social media, and email to the WGND community.

The WGND sent out a call to members for applications to join the Core Group (CG). The WGND received 13 applications. Existing Core Group members renewed their terms for an additional three years. After reviewing and discussing all 13 applications, they admitted eight new CG members with TB drug research and development expertise. The new Core Group consists of 16 members total, including two co-chairs and two community representatives.

The 2020 WGND Annual Meeting took place on Monday, 19 October. The virtual meeting included speakers from ACTG, Qurient, PanACEA, Janssen, GSK, GMRI, TBDA, CDC, TB Alliance, Otsuka, Merck, and others.

WGND participated in the TB drug chapter of the Global TB Report 2020, which details the current global TB drug pipeline and the latest status of drug candidates and clinical trials.

Initial discussion on a collaborative activity between the three New Tools Working Groups took place. The activity would involve creating a research literacy curriculum for TB vaccines, diagnostics, and drugs. An RFP for a course author was put together. The three groups hope to begin writing Q1 of 2021.

Visit the WGND website

Global drug-resistant Initiative (GDI)

GDI secretariat organized regular monthly conference calls of the core group using an online call platform (Webex).

GDI website was maintained and updated with relevant reports and updates from Task Forces. GDI listserv was maintained and expanded for the promotion of GDI and its products.

The updated WHO Guidelines on DR-TB treatment and the related Operational Handbook Module were released by WHO in June 2020. The new guidelines and the handbook were widely disseminated, including the GDI listserv and core group members. After releasing the updated guidelines, the regional Green Light Committees in European, Eastern Mediterranean and Southeast Asia regions have organized webinars with regional consultants and countries’ NTPs. The GDI core group members have participated in these webinars helping to convey changes in WHO policy. The rGLCs of the AMR, WPR and SEAR regions have organized similar webinars in July–September 2020.
The GDI core group decided to support two consultancies in the second half of 2020. The first project is to review the milestones and progress of high burden countries (HBCs), specifically on the targets related to the right to health, stigma and discrimination and access to medicines after the resolution and commitment during the UNHLM. The second consultancy is intended to review the milestones and progress on the targets related to DR-TB in relation to commitments articulated in the UNHLM resolution.

Global Laboratory Initiative (GLI)

The GLI Secretariat continued to run regular monthly conference calls teleconferences to allow the Core Group to move forward several strategic priorities and develop a plan for further work.

Beyond regular activities, the Core Group, with support of the Stop TB Partnership Secretariat, has been working on the following activities:

- The “Practical guide to LF LAM” guide has been finalized in terms of organization, content, and figures.
- In collaboration with FIND, the Group worked to create an updated laboratory accreditation checklist, “TB Scorecard.”
- In collaboration with FIND and the Global Health Network, GDI worked on updating TB laboratory training.
- The Group worked on updating a set of tools for countries to use to calculate diagnostic testing needs and associated budget requirements.
- Worked to create a guide for pediatric TB testing based on recently updated WHO guidance, which provides further guidance on sample collection and processing.
- Sponsoring a workshop during the 51st Union World Conference on Lung Health, “XPRT MTB/RIF ULTRA SENSITIVITY- IMPLEMENTATION AND CLINICAL MANAGEMENT.”

Child and Adolescent TB Working Group

A webinar on “Maintaining essential pediatric TB services during the COVID-19 pandemic: practical solutions and lessons learned” was organized and co-hosted by the Child and Adolescent TB Working Group and the Union as a core team member on 3 September 2020. The webinar was chaired by Dr. Farhana Amanullah (Chair of the working group) and Dr. Steve Graham (former chair of the working group). At the beginning of the webinar, a video was shown highlighting how delayed evaluation and
lack of provision of TB preventive treatment, in this case, due to the COVID-19 pandemic, led to a baby getting sick with TB, requiring more drugs for treatment and the need for frequent follow up in a health system already challenged by the pandemic.

The University of Zambia, School of Medicine and investigator on multinational collaborative pediatric clinical trials on tuberculosis, HIV treatment and pneumonia, Dr. Chabala shared lessons from Zambia in maintaining Child and Adolescent TB services during the COVID 19 pandemic. The recordings and answers to all questions posed during the webinar will soon be made available.

The core team members participated actively in the virtual review of the PADO TB1 priorities on 22 September 2020, attended by over 55 participants.

The Secretariat has been actively involved in the review of Global Fund Funding Requests to ensure that they are in line with the most recent WHO policy recommendations. During this process, countries were strongly encouraged to consider using the POSEE pediatric budgeting tools for household contact investigation, TB preventive treatment, alternative sample taking, and scaling up of nationwide training on the management of TB in children and adolescents. The Pediatric TB Operational and Sustainability Expertise Exchange (POSEE) group is a time-limited Task Force under the core team of the Child and Adolescent TB Working Group.

Visit the Child and Adolescent TB Working Group website

Public-Private Mix (PPM) for TB Prevention and Care

TB PPM Learning Network

The TB PPM learning network launched in 2019 to ramp up efforts to engage with the private sector to end TB has been very active and organizing regular webinars. Over 1,100 members have been registered from across 174 countries. Over 12 webinars have been scheduled to date. Since March 2020, a spotlight has been placed on PPM and COVID-19.

The TB-PPM Learning Network is intended as a platform to share ideas, projects, webinars and other resources on the topic to help countries and stakeholders ramp up efforts to engage with the private sector to end TB. McGill hosts the network on behalf of the PPM Working Group.

The annual meeting of the Working Group on Public-Private Mix for TB prevention and care will take place in November 2020.
Inputs from the PPM Working Group were provided to Dr. Farhana Amanullah, Chair of the Child and Adolescent TB Working Group, who participated in the Stop TB Board Meeting on 11-12 December 2019 in Jakarta, Indonesia, to represent all the Stop TB Implementing Working Groups.

**Core team calls and information dissemination**

The PPM Secretariat shared many papers, guidance documents, announcements and other relevant information. The PPM, Working Group website, has also been updated.

**Program Reviews**

In the reporting period, but funded through other sources, WHO secretariat, core and working group members participated in program reviews/joint monitoring missions in India (November 2019); and Indonesia (January 2020).

**Cross-linkages with Childhood TB Working Group**

The WHO secretariat presented at the Childhood TB Working Group Meeting at the Union on addressing the challenge of reaching the missing children with TB, whose first point of care is the private sector. Both working groups are collaborating to synergize the implementation of the PPM and Child & Adolescent TB roadmaps.

Visit the PPM website

**DR-TB STAT**

The Drug-Resistant TB Scale-Up Treatment Action Team (DR-TB STAT) has been working since 2015 to monitor and support the use of newer and repurposed drugs and novel treatment regimens. The proposed activities for 2020 will represent a shift for this Stop TB Partnership Working Group from monitoring implementation and access at a national level since countries and partners have shifted from collecting and reporting this data ‘exceptionally’ and no longer report it routinely. Instead, we will continue to use existing infrastructure and relationships that have been developed since 2015 and will undertake a narrower scope of work to focus on practical guides for RR-TB prophylaxis and treatment.

Visit the DR-TB STAT website

Stop TB Partnership Secretariat 2019 financial management report has been prepared following “Accruals” principles under the International Public Sector Accounting Standards (IPSAS). As per the accruals principles, the recognition of economic events happens by matching revenues to expenses (the matching principle) at the time the transaction occurs rather than when cash is transferred (or received). This approach provides a more accurate picture of the entity’s real financial status.

As previous years, in accordance with its Financial Policy approved by the Coordinating Board in 2004 and the new Financial Management Policy Outline reviewed by the Finance Committee in December 2016, STBP (Stop TB Partnership) accumulates cost elements and prepares the financial management report on activity-based costing and IPSAS principles.

Under the United Nations Office for Project Services (UNOPS) processes, financial liabilities are managed through establishing encumbrances in its financial system. Thus, for any order placed or contract entered into by UNOPS on behalf of STBP, an encumbrance is established in UNOPS system. No encumbrance is established unless funds are available. Expenditures are incurred against previously established encumbrances as per UNOPS rules. This approach prevents liabilities being entered into or expenditure incurred unless funds are available, ensuring a tight control and good financial management of the STBP funds.

Based on this approach, UNOPS financial system (OneUNOPS) and STBP Order Management System (OMS) were used and financial data was extracted to prepare the annual financial management report for 2019. The objective was to maintain the consistency with prior years and to illustrate the manner in which the cost elements related to the Partnership’s key functional entities evolve over time.

The balance brought forward from prior years was US$114.4 million. Out of this balance brought forward, a total of US$36.77 million corresponded to funds encumbered prior to the reporting period and shall have been disbursed after 1 January 2019.

The income in 2019 of US$103.3 million shows a slight decrease of 3% vs 2018 income of US$106.9 million, mainly due to the decrease in the income received from Multilateral Organizations (from US$4.1 million in 2018 to US$0.3 million in 2019) and Foundations (from US$5.5 million in 2018 to US$1.2 million in 2019). This decrease was partially offset by an increase in the income received from Governments and their Agencies (from US$94.4 million in 2018 to US$97.8 million in 2019), specifically income received from countries for In House procurement orders placed through GDF in 2019.

The overall expenditure in 2019 of US$96 million shows a decrease of 4% versus the expenditure incurred in 2018 of US$100.1 million. This modest decrease in the overall expenditure is mainly explained by the decrease in expenditure incurred under the Strategic Goal 3 (Global Drug Facility). The Global Drug Facility (GDF) expenditure showed a 10% decrease from 2018 to 2019, from US$66.6 million in 2018 to US$60.1 million in 2019, explained by the decrease in the value of the In-House procurement of TB diagnostics and drugs done through GDF vs. previous year (from US$54 million in 2018 to US$44.5 million in 2019).
The overall expenditure reduction was offset by a 3% increase of the expenditure incurred under Strategic Goal 1 (Partnership Building and Advocacy, Communications and Resource Mobilization), from US$10.5 million in 2018 to US$10.8 million in 2019. Strategic Goal 2 (TB REACH) also showed a 16% increase in the expenditure, from US$14.2 million in 2018 to US$16.5 million in 2019, explained by the launch in 2019 of the Wave 6 Scale Up and Wave 7 TB REACH grants.

The balance brought forward to 2020 is US$121.7 million. Out of the US$121.7 million balance brought forward, a total of US$37.8 million corresponds to funds encumbered and to be disbursed after 1 January 2020.

The funds flow statement for the year 2019 was also prepared to reflect the Partnership’s cash position. This is particularly important as the free cash resources can be used to generate additional income. Same as in previous years, the Partnership’s idle funds were invested again during 2019 as part of the UNOPS corporate invested pool of funds, investments that proved to be rather successful. The returns through 2019 for STBP idle funds reached US$2.23 million, being 64% higher than in the previous year, mainly explained by the additional interest generated on free funds received for In House orders in 2019.

In addition, as of 31 December 2019, there is income of US$182,353 from a reduced UNOPS management fee applied to expenditure incurred in 2018 but accounted for 2019 fiscal year. This is in line with the sliding fee scale presented in the UNOPS hosting proposal and approved by the STBP Board in July 2014, under which UNOPS would apply a reduced management fee (PSC) should the annual expenditure surpass certain thresholds. Since the 2018 expenditure surpassed US$100 million, the PSC was reduced to 6.5%, instead of 7%, on expenditures related to STBP activities. There will not be income from the sliding fee in 2020, as the final expenditure reported for 2019 has not surpassed the US$100 million (total expenditure for 2019 is US$ 96 million).

Overall STBP has shown a stable progress in 2019 comparatively with 2018, in particular with regards to:

- Increase Advocacy efforts, Communication and Partnership Building activities implemented during the year and post UNHLM activities.
- Significant increase in contributions to build up Stop TB partnerships across the world.
- Increased activities related to TB REACH with a scale up and a new wave of grants (Wave 6 Scale Up and Wave 7) awarded to grantees during the year.
- Consolidation of GDF activities implemented during the year and volume of procurement done through GDF.

As in previous years the unearmarked funding available to the Partnership in 2019 has been very limited and efforts shall be continued to identify new sources of un-earmarked funding that will allow the Partnership to meet its strategic goal targets.

Resource mobilization efforts shall be put in place to diversify the pool of donors. This is particularly important as several donor grants funding various Partnerships initiatives come to an end in 2020, and in view of the Stop TB partnership transition from UNOPS to a new hosting entity.
## Stop TB Partnership Secretariat Financial Management Report

### Summary Statement of Income and Expenditure for the year ending 31 December 2019 (all figures in US$ '000)

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>107,522</td>
<td>114,404</td>
</tr>
<tr>
<td>2</td>
<td>94,427</td>
<td>97,792</td>
</tr>
<tr>
<td>3</td>
<td>4,100</td>
<td>333</td>
</tr>
<tr>
<td>4</td>
<td>5,517</td>
<td>1,229</td>
</tr>
</tbody>
</table>

**Brought Forward from prior years**

**Income (including LC)**

### Income for the year

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>1,479</td>
<td>1,521</td>
</tr>
<tr>
<td>6</td>
<td>132</td>
<td>182</td>
</tr>
<tr>
<td>7</td>
<td>(79)</td>
<td>(2)</td>
</tr>
<tr>
<td>8</td>
<td>1,359</td>
<td>2,235</td>
</tr>
</tbody>
</table>

**Other income and adjustments**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>104,044</td>
<td>99,353</td>
</tr>
</tbody>
</table>

**Total Income for the year**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>106,935</td>
<td>103,290</td>
</tr>
</tbody>
</table>
**Expenditure**

<table>
<thead>
<tr>
<th>Strategic Goal</th>
<th>Notes</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Goal 1 (TBP*)</td>
<td>9</td>
<td>10,519</td>
<td>10,796</td>
</tr>
<tr>
<td>Strategic Goal 2 (TB REACH)</td>
<td>10</td>
<td>14,189</td>
<td>16,457</td>
</tr>
<tr>
<td>Strategic Goal 3 (GDF)</td>
<td>11</td>
<td>66,616</td>
<td>60,063</td>
</tr>
<tr>
<td>Strategic Goal 4 (Operations)</td>
<td>12</td>
<td>8,742</td>
<td>8,721</td>
</tr>
</tbody>
</table>

**Expenditure for the year**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100,067</td>
<td>96,037</td>
</tr>
</tbody>
</table>

**Other expenditure and adjustments**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior year adjustment</td>
<td>13</td>
<td>(13)</td>
</tr>
</tbody>
</table>

**Total Expenditure for the year**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100,053</td>
<td>96,037</td>
</tr>
</tbody>
</table>

**Surplus/(-Deficit) of income over expenditure**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6,882</td>
<td>7,253</td>
</tr>
</tbody>
</table>

**Carried Forward**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>114,404</td>
<td>121,658</td>
</tr>
</tbody>
</table>

*Includes Partnership Building, Advocacy, Communications and Resource Mobilization.*
Notes to Summary Statement of Income and Expenditure 2019

**Note 1: Brought Forward from prior years**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income brought forward to 2019 comprises all unused income from prior years up to 31 December 2018.</td>
<td>107,522</td>
<td>114,404</td>
</tr>
</tbody>
</table>

**Note 2: Governments and their Agencies**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TBP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USAID</td>
<td>9,321</td>
<td>10,091</td>
</tr>
<tr>
<td>CDC</td>
<td>-</td>
<td>350</td>
</tr>
<tr>
<td>Japan</td>
<td>-</td>
<td>686</td>
</tr>
<tr>
<td><strong>TBR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USAID</td>
<td>4,200</td>
<td>4,000</td>
</tr>
<tr>
<td>Canada</td>
<td>26,287</td>
<td>12,928</td>
</tr>
<tr>
<td><strong>GDF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USAID</td>
<td>17,016</td>
<td>18,993</td>
</tr>
<tr>
<td>Japan</td>
<td>-</td>
<td>2,720</td>
</tr>
<tr>
<td>Other Governments</td>
<td>37,602</td>
<td>48,024</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>94,427</strong></td>
<td><strong>97,792</strong></td>
</tr>
</tbody>
</table>
### Note 3: Multilateral organisations

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TBP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TGF</td>
<td>4,077</td>
<td>333</td>
</tr>
<tr>
<td>UNITAID</td>
<td>23</td>
<td>-</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>4,100</td>
<td>333</td>
</tr>
</tbody>
</table>

### Note 4: Foundations and Others

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TBP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gates</td>
<td>1,150</td>
<td>1,000</td>
</tr>
<tr>
<td>Kochon</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>APH</td>
<td>5</td>
<td>66</td>
</tr>
<tr>
<td><strong>TBR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gates</td>
<td>4,200</td>
<td>-</td>
</tr>
<tr>
<td><strong>GDF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EGPAF</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>5,517</td>
<td>1,229</td>
</tr>
<tr>
<td>Note 5: GDF fee</td>
<td>2018</td>
<td>2019</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>GDF Fee earned</td>
<td>1,479</td>
<td>1,521</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>1,479</td>
<td>1,521</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note 6: Income from sliding UNOPS PSC</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from sliding UNOPS PSC</td>
<td>132</td>
<td>182</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>132</td>
<td>182</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note 7: Prior Years Adjustments*</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustments of income recorded in prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GDF</td>
<td>(79)</td>
<td>(2)</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>(79)</td>
<td>(2)</td>
</tr>
</tbody>
</table>

*Following the closure of 2018 financial year in UNOPS, additional income and one accounting adjustment related to prior years were recorded in 2019 accounting books.*
### Note 8: Investment income (Interest accrued in 2019 in UNOPS)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest accrued in 2019 in UNOPS</td>
<td>1,359</td>
<td>2,235</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,359</td>
<td>2,235</td>
</tr>
</tbody>
</table>

### Note 9: Strategic Goal 1 (TBP)

#### Partnership Building

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>8,006</td>
<td>9,151</td>
</tr>
<tr>
<td>Human Resources</td>
<td>338</td>
<td>325</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>10,519</td>
<td>10,796</td>
</tr>
</tbody>
</table>

#### Advocacy, Communication and Resource Mobilization

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>1,707</td>
<td>950</td>
</tr>
<tr>
<td>Human Resources</td>
<td>469</td>
<td>369</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>10,519</td>
<td>10,796</td>
</tr>
</tbody>
</table>
## Note 10: Strategic Goal 2 (TB REACH)

<table>
<thead>
<tr>
<th>Activities</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement</td>
<td>333</td>
<td>378</td>
</tr>
<tr>
<td>Grants</td>
<td>235</td>
<td>114</td>
</tr>
<tr>
<td>Human Resources</td>
<td>12,796</td>
<td>14,988</td>
</tr>
<tr>
<td></td>
<td>827</td>
<td>976</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>14,189</strong></td>
<td><strong>16,457</strong></td>
</tr>
</tbody>
</table>

## Note 11: Strategic Goal 3 (GDF)

<table>
<thead>
<tr>
<th>Activities</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement</td>
<td>4,575</td>
<td>4,346</td>
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<tr>
<td>Human Resources</td>
<td>57,840</td>
<td>50,433</td>
</tr>
<tr>
<td></td>
<td>4,201</td>
<td>5,284</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>66,616</strong></td>
<td><strong>60,063</strong></td>
</tr>
</tbody>
</table>

## Note 12: Strategic Goal 4 (Operations*)

<table>
<thead>
<tr>
<th>Operational Costs</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNOPS PSC</td>
<td>4,419</td>
<td>4,459</td>
</tr>
<tr>
<td></td>
<td>4,323</td>
<td>4,261</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>8,742</strong></td>
<td><strong>8,721</strong></td>
</tr>
</tbody>
</table>

*Strategic Goal 4 (Operations) includes Stop TB Operational costs (Fixed costs and HR operational costs) and UNOPS costs: LMDC, CMDC and PSC.
## Note 13: Prior year adjustments

<table>
<thead>
<tr>
<th>Description</th>
<th>(13)</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 Annual leave accruals credit correction (TBP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>(13)</td>
<td>-</td>
</tr>
</tbody>
</table>