

**Report of the Executive Secretary
Stop TB Partnership Coordinating Board Meeting
Ottawa 11-12 July 2013**

INTRODUCTION

This is my third report to the Board as Executive Secretary. However it is the first I have delivered following the adoption of the Operational Strategy last November, and the first I will present to our new Coordinating Board.

I would like to underline the fact that we are going through an evolutionary process. Evolution in the way that the Secretariat functions and prioritizes its work, evolution in our Board's composition and purpose and ultimately evolution in TB as a global health problem and mindset.

This evolution is taking place at a critical time for the fight against TB. While the competition for resources and attention for our cause is getting ever fiercer, our enemy is showing no signs of giving up. To beat it, we must be bold and we must show ambition.

I would like to report on our achievements over the past six months.

I will start with progress on **governance reform**, which has been the subject of intense work during this period. Here I must acknowledge the hard work of our sole governance officer, but also of the Board Chair, the Board Vice-Chair, our colleagues at McKinsey and the entire Executive Committee. Thanks to their hard work we have been able to drive through a transformative reform of the Board.

Three face-to-face meetings, eight conference calls, and many informal discussions delivered a new governance manual, which includes detailed information on the role of the Board and the Executive Committee, terms of reference for all Board and Executive Committee members as well as for a new Finance Committee, and the process for nominating and electing board members. The manual, which also clarifies board procedures during Board meetings, will be presented for approval at this Board meeting.

The hard work of the Executive Committee and our Board Chairs has also led to the selection of a **new group of Board Members**. The Executive Committee was tasked with recruiting a new Board that was more streamlined, representative of a broader range of partners and ready to actively engage with its constituents.

I am therefore very pleased to welcome today all of our new Board Members representing communities, non-governmental organizations, the private sector and countries. I hope that we can work together to energize the response to TB among our constituencies in all TB burdened countries.

The Board requires strong leadership. I am pleased that the Executive Committee has also successfully led the recruitment of a new Board Chair and developed the process for recruiting a new Vice-Chair. I look forward to welcoming the **new Board Chair** later in proceedings.

While these changes were being implemented, the Secretariat has not been standing still. Following the approval of the Operational Strategy, we have focused on re-aligning our work and resources in line with its four strategic goals, while continuing to deliver results for our partners and the TB patients we serve.

The operating environment has been challenging, but I am pleased to report significant progress against each of the four Strategic Goals.

Strategic Goal 1: Facilitate meaningful and sustained collaboration among partners

The operational strategy recognized that engaging with partners and facilitating collaboration among them is one of the Secretariat's core comparative advantages.

Over the past six months, the Secretariat has begun work on one of the main objectives under this Strategic Goal: getting a better understanding of who our partners are, what they work on and how we can engage with them more deeply while expanding our partner base—essentially the **segmentation of existing partners and the identification of new ones**.

This work centres on the Stop TB Partners Directory. The Directory is the most visited part of the Partnership's website, providing an easily accessible overview of partners and their activities. We now have a total of 1022 partners, of which 106 joined since the last board meeting.

Our analysis shows that nongovernmental organizations (NGOs) constitute 75% of partners. Roughly 85% of these NGOs are based in developing countries with the remaining 15% originating in industrialized ones. Eight per cent of partners are from the private sector, and technical agencies and academia account for 7% of registered partners.

The greatest numbers of partners are in the African and South East Asian regions, constituting 37% and 24% respectively. The regions with the least number of partners are the Western Pacific, European and Americas regions. The majority of these partners are civil society organizations. Advocacy, communication and social mobilization are the most common areas of activity, with 30% of partners specialising in these fields. Twenty-one per cent focus on delivering health services and care, while smaller proportions of partners focus on technical assistance, research and development, funding and the provision of drugs, diagnostics and commodities.

Twenty-six percent of partners contribute to DOTS expansion and enhancement through raising awareness about TB and involving and strengthening communities. Twenty-four percent work on TB/HIV, 17% work on new TB drugs, diagnostics and vaccines, 13% work on MDR-TB and another 13% are involved in research.

The Secretariat has begun building a structured directory of contacts. This will contain stakeholder's contact details and information on their areas of interest, their work and their engagement, enabling the Secretariat to share targeted information with partners.

We also provided several opportunities for partners to advance their work on TB.

Together with UNAIDS, the WHO Global TB Programme and the TB Modeling Consortium we organized and funded the participation of partners at two UNAIDS regional workshops that aimed to refine TB/HIV mortality for countries. We contributed to the development of the **post-2015 TB Strategy**, working together with WHO, and in addition fully funded and supported the organization of a “targets” meeting where partners discussed and agreed on proposed post 2015 targets.

Our work with **civil society partners** moved rapidly ahead since the last board meeting. Following the recommendations of the Operational Strategy the Secretariat supported and facilitated discussions on how to take the work of the Community Task Force (CTF) to a new level. In February 2012, CTF members and other TB activists met at a partnership-facilitated event in Geneva and agreed to evolve the community Task Force into a new global structure: the Global Coalition of TB Activists (GCTA). The Coalition was launched on World TB Day and now has its own independent charter, and totals 203 members.

Our civil society partners have also joined wider initiatives to support resource mobilization for health. At an event in Geneva co-sponsored with UNAIDS, Roll Back Malaria, the Global Fund, GAVI, UNITAID, IHP+ and the Partnership for Maternal, Newborn and Child Health, civil society representatives joined a discussion of the implementation of a broad vision of health for Africa. Together, they are pursuing this vision at the Abuja+12 African Union Heads of State Summit, which is taking place as we speak.

To better coordinate and facilitate the work of our civil society partners, the Secretariat began a mapping exercise last November to take stock of all the civil society organizations who are implementing various TB activities, working on Global Fund engagement or carrying out advocacy in implementing countries. The Secretariat has engaged a consultant to coordinate this work and another to cover three of the six WHO regions. The work is being carried out in partnership with the German Society for International Cooperation who also has consultants tasked to this initiative.

The results of this work will be presented in Nairobi at the end July, where we aim to move towards the creation of regional, and potentially national networks of civil society organizations working on TB with a special focus on the Global Fund.

The Operational Strategy requests that the Secretariat carry an **annual survey of partners** to evaluate the level of satisfaction of our work among partners. We carried out the first survey in June and I am pleased to say that the results are very positive.

Thirty percent of our partners responded. A large majority of these—73%—said that they were either “completely satisfied” or “satisfied” with the Secretariat’s work. An overwhelming 96% of respondents said that the work of the Secretariat was either “very important” or “extremely important” in the fight against TB.

Strategic Goal 2: Increase political engagement by world leaders and key influencers to double external financing for TB from 2011 to 2015

At its last meeting, the Coordinating Board agreed that **global advocacy and communications** are core competencies of the Partnership Secretariat, where we have significant comparative advantages with regard to high-level policy outreach and stakeholder relationship building.

Since our last Board meeting, we were able to better focus our advocacy activities on those areas where we have the potential for the greatest impact, and we have enhanced our activities in these areas. I believe we are already able to show some significant successes.

In cooperation with our advocacy partners, we focused on the development of **advocacy messaging and materials** to allow partners to speak with one voice. In the run-up to World TB Day, we developed a comprehensive messaging framework on the most important areas relating to TB advocacy, such as research and development, multi-drug resistant TB, TB in Africa and the resource gap.

In addition, the Secretariat developed topic-specific fact sheets and policy briefs on a range of issues. These not only facilitated discussions with key actors, but also significantly contributed to placing TB higher on political agendas.

We developed a fact sheet on *“TB in the Islamic countries”* for the Organisation of Islamic Cooperation (OIC), which was distributed at its heads of state summit in Cairo in January. This positive engagement with OIC eventually led to the inclusion of TB as a critical topic at their upcoming health ministers’ meeting in Jakarta, Indonesia in October 2013. We have high expectations of this meeting as it could lead to a significant increase in attention and potential funding for the fight against TB among members of the Organisation.

We developed a policy brief on TB in Africa for the upcoming Abuja +12 Summit in Nigeria in mid-July. This brief convinced African Union decision makers to place TB on the agenda of the summit and allow TB a speaking slot at the summit’s general assembly. The policy brief was also used by civil society partners as a basis for their input to the Summit’s conclusions.

At the request of several partners, we facilitated a brainstorming meeting on MDR-TB messaging, convened by our private sector partner Eli Lilly. Many partners felt that the TB community needs more alignment on how to use MDR-TB related data in a way that is compelling for decision makers. Participants agreed to consistently use a set of key indicators on MDR-TB and, as a next step, the Secretariat will develop a fact sheet for partners to refer to and use in their advocacy efforts. In addition, the Executive Secretary and representatives from the WHO EURO office, presented on topics including MDR-TB and TB/HIV at an event organized by the UN Special Envoy for HIV/AIDS in Eastern Europe, Michel Kazatchkine, which was hosted by the French mission and included invitees from Geneva-based UN missions.

Influencing the **post-2015 development agenda** and ensuring that it contains ambitious TB targets has been a key focus for the Secretariat. This work was critical, particularly as TB received only cursory mentions in the initial reports of the respective drafting committees and threatened to be relegated to the sidelines.

In close collaboration with WHO’s Global TB Department and key partners, we published a position paper that emphasized the link between TB and poverty eradication, as well as the impact of TB at the micro- and macro-economic level. We provided partners with a set of draft

twitter messages, which were disseminated around key milestones, such as the Botswana consultation meeting in March and during the social media rally of the UN Foundation on the occasion of the #MDGMomentum event. We also ensured that high-level participants at the Botswana consultation were briefed on TB.

The results of these efforts speak for themselves. In the Report of the Panel of High-Level Eminent Persons, submitted to the UN Secretary –General Ban-Ki Moon to inform his proposals on the post-2015 development agenda, TB was the most cost-effective health identified, yielding a \$30 return on each dollar spent through improved health and increased productivity. In addition the report proposed a specific indicator on TB.

Work also moved forward on the development of a **global TB brand**. The work to seek an identity for the disease that would engage more people and generate more support for the fight against TB in the current global environment was mandated by the Board and has been supported by funding from private sector partners. Following consultation with the private sector constituency and our donors, a request for proposals was issued in May. I am pleased to announce that after an extensive review process, a company has been selected to deliver this work—subject to final approvals—and we will begin work immediately after this board meeting. The company selected correctly identified active stakeholder engagement as a priority for the project and we look forward to working with many partners over the coming months to inform the brand development.

Due to the Secretariat’s position as a key focal point for the global TB community, **Global Fund engagement** represents one of our major activity streams. We have invested a lot of our time in supporting the Global Fund replenishment efforts, influencing Global Fund policies—in particular with regard to ensuring that TB receives adequate attention within the new funding model –and developing a strategy of how to speed up the disbursement of TB grants.

I am happy to say that our efforts are paying off. As stated in the Operational Strategy, the Secretariat’s objective is to ensure that Global Fund policies are favourable to TB and that Global Fund resources are leveraged. Here is an overview on the engagement so far.

We have supported replenishment messaging for the Global Fund. We presented the TB perspective, including the reasons why the Global Fund is so critical for TB care, at Global Fund advocacy network meetings in Amsterdam and most recently in Paris. We collaborated with the Global Fund on messaging in all relevant public statements, articles and speeches.

The Secretariat developed a coherent argument about the need to increase ambition levels and accelerate the targets for the fight against TB. This argument was presented at the Global Fund mid-term replenishment meeting in Brussels and again at the Fund’s Board meeting in Sri Lanka. It has been made very clear that the fight against TB care, which depends on the Global Fund for more than four fifths of external financing –more than any other disease—can only make meaningful progress against TB with a fully replenished Global Fund.

In addition to our external advocacy work, we have invested heavily in **engaging with the Global Fund directly on policy, strategy and financing decisions** to leverage additional TB resources for countries, as outlined in the Operational Strategy.

As the new funding model evolved, it was clear that the upfront disease split in allocations between the three diseases, which will be applied across all available Global Fund resources for the three diseases, would constitute a major problem financing TB programs worldwide. Ahead of its November Board meeting, the Fund proposed, according to historical allocations, to cap TB-related financing at 16% of all available resources, giving Malaria 32% and HIV/AIDS 52%.

Given the urgent need to scale up TB care, this allocation would mean a major drawback. The Secretariat invested all its resources to prevent this proposal coming into force. We explained what the effect of such a cap would be to Global Fund constituencies and pushed through a decision point at the November Board meeting that would limit the application of the 16% cap to the transition phase of the new funding model. We further emphasized the need to increase the funding allocation for TB at the Sri Lanka Board meeting in June where several constituencies amplified this message, being adamant that an allocation of 16% would fall far short of actual needs.

The Global Fund Board, Secretariat and Strategic Investment and Impact Committee (SIIC) will work towards a new proposal on a new disease split.

The Partnership Secretariat is represented on the advisory committee. Our objective – together with WHO, TB MAC and your inputs– is to ensure that TB is allocated a fair share in Global Fund resource allocations.

In addition to our policy work, the Secretariat has invested heavily in providing technical support through the TB Disease Committee, the Grant Approval Committee and in enhancing civil society representation at country level through Country Coordinating Mechanisms.

While Global Fund-related work has taken up a significant amount of Secretariat resources and time over the past six months, the Secretariat has also driven or engaged in a number of other initiatives. As outlined in the Operational Strategy, the **TB and mining initiative** has served as a trigger for engaging partners and donors across the board, in particular in Africa, and leveraging the awareness of TB as a cross-sectoral issue, which impacts economic and social issues, such as migration.

Unprecedented political leadership in the Southern African region on tackling TB in the mining sector holds a promise to become a game-changer for TB. The SADC heads of state declaration of August 2012 is the first heads of state declaration of its kind. This high-level political commitment is necessary to bring significant policy change and free up resources to turn the policies into action.

We can already see the impact of this Declaration. On World TB Day, the Secretariat supported the government of Swaziland in convening a high-level meeting to mark the beginning of a 1000-day countdown for the region to achieve the MDG-related targets on TB. In partnership with UNAIDS, important momentum was leveraged with regard to engaging national governments from the region, leading international agencies (UNAIDS, IOM, World Bank), key bilateral donors (DFID), the Global Fund, and several mining companies in making commitments towards the implementation of the SADC Declaration. Their efforts were cemented in the “Swaziland Statement”, which has since attracted further signatures from SADC health ministers.

The SADC Declaration and Swaziland event spurred discussions about a possible regional effort involving multiple partners, including the Global Fund, World Bank and IOM on TB in the mining sector. Furthermore, the World Bank has received catalytic support from DfiD to coordinate this multi-sectoral initiative in the Southern African region. These initiatives emphasize that TB in the mining sector is no longer simply a topic of discussion— it is now an established and funded work stream of many of our partners.

The work at the political level was supported by strategic communications around World TB Day. We worked with the South African and Swazi governments and the international agencies represented in Swaziland to host a press conference in Johannesburg that generated national and international coverage.

To support our partners, the Secretariat launched the **World TB Day campaign** in late 2012 to enable early planning for World TB Activities in March 2013. This was the second year of the “In My Lifetime” campaign. The Secretariat renewed messages for the campaign, focusing on challenging the world to declare what they planned to do to stop TB in their lifetimes.

This challenge provided the theme for a refreshed interactive site, www.mystoptb.org. Visitors to the site were invited to upload their photo and add their own personal message stating what they commit to do in their lifetimes. The site attracted hundreds of personal posters from around the world and formed a central part of the 2013 social media campaign for World TB Day. For the first time, the #WorldTBDay hash tag “trended” on twitter—meaning that it was one of the top 10 topics discussed that day around the world. Tweets about World TB Day reached nearly nine million people, with tweets from the Stop TB Partnership the most mentioned. Stop TB tweets attracted significant additional exposure through partners such as the Gates Foundation, the ONE Campaign, UNDP and UN’s Department of Public Information.

I also wish to mention that we are advancing TB on the **BRICS agenda**. At the BRICS health minister meeting in Delhi in January, the Communiqué clearly addressed TB and the MDR-TB burden in particular and we hope that this will be picked up at the next meeting in Durban at the end of the year. I am particularly pleased with this enhanced engagement, as the BRICS countries can turn the tide of TB by moving towards elimination in their countries, and serving as an important role model to other endemic countries.

Our engagement with the private sector has accelerated substantially during the past six months. We are now seeing our private sector partners coming on board as strong advocates in ways we had not seen previously. This has been accomplished through engaging businesses in specific, time-limited pieces of work such as the branding work, and by focusing our limited resources on deepening our relationships with business platforms such as GBC Health, the MDG Health Alliance, and the Global Fund Private Sector Delegation.

This strategy is already paying dividends, with TB being featured centrally at the GBC Health Annual Conference for the first time in recent history. At the same conference business leaders launched a new initiative to support the achievement of international TB targets by the time that the Millennium Development Goals (MDGs) expire in 2015.

The initiative forms the seventh ‘pillar’ of the [MDG Health Alliance’s](#) strategy and will be spearheaded by Becton, Dickinson and Company (BD) with support from GBCHealth and the

Stop TB Partnership. By drawing on private sector resources and skills the TB pillar aims to dramatically accelerate progress in the fight against TB, particularly in Southern Africa. Work to support this initiative has already begun at GBCHealth's offices in South Africa, and the Secretariat will support and follow progress closely.

Finally I would like to report on an event we organized with the WHO Global TB Programme to recognize the efforts of the former UN-Secretary General's Special Envoy to Stop TB, **Dr Jorge Sampaio**. The WHO Director-General, the Executive Director of the Global Fund, the UNAIDS Deputy Director and high-level representatives of UN Missions in Geneva all honoured the work, professionalism and great support and engagement of Dr Sampaio in the fight against TB.

Strategic Goal 3: Promote innovation in TB diagnosis and care through TB REACH and other innovative mechanisms and platforms

Since its inception in 2010, thanks to a grant from the Canadian Government, TB REACH has funded a total of 109 projects in 44 countries. These projects aim to find and treat people with TB in some of the poorest, most vulnerable communities in the world.

Using a range of innovations, including mobile phone technology and new diagnostics, and making use of public-private partnerships, our partners have so far found more than 400 000 people with TB and connected them with TB care.

The results of the Wave 1 projects have now been finalized and validated by our external monitoring and evaluation partner. The results show an overall 33% increase in case detection in a total population of more than 114 million people. A few projects more than doubled the number of cases detected.

In Wave 2, our partners covered a population of more than 250 million people. In areas where the number of people diagnosed and put on treatment had been declining by as much as 53%, interim results show that TB REACH wave 2 projects have reversed this trend, finding and enrolling on treatment an average of 16% more people with TB and as many as 218% more people in top performing projects.

TB REACH has also supported the **scale up of the Gene Xpert** rapid TB test using funds from the Canadian Government and UNITAID. In a number of countries TB REACH grantees have been one of the first implementers of Xpert in the country. Extensive experience has been gained in implementation of this new technology, particularly at the sub-district levels as our partners attempt to bring the technology closer to patients. The TB REACH-GDF Xpert procurement mechanism has so far procured more than 170 Xpert machines and more than half a million cartridges for TB REACH projects, TBXpert and Expand TB projects, and for a number of Partners, making it the only platform of this type.

TB REACH continues to be a pathfinder in many areas. Responding to the SADC declaration on TB in mining, TB REACH has taken rapid and concrete action in the form of three projects that have started case finding and care delivery activities in mining affected populations in South Africa, Lesotho and Ghana, with co-funding from private mining companies in one of the projects. These early and unique experiences will be useful for scale up of the response by other longer term funding sources, particularly the Global Fund.

As requested by the Operational Strategy and our main donor, an external **mid-term evaluation** was conducted by CEPA. It confirmed the value addition of the TB REACH initiative, appreciated the innovations, the TB REACH mechanisms for project selection, the M&E approach and the work of the TB REACH secretariat, and made useful recommendations for future. The secretariat is working to address these recommendations.

Encouragingly, the interventions and approaches of a number of TB REACH projects have been **sustained and scaled up** by other funding sources, including the Global Fund, PEPFAR and national TB programmes. For example, a TB REACH project in Ethiopia that used community health workers and outreach workers equipped with motorbikes to provide TB care in hard-to-reach areas, doubled case detection rates. The pilot project has now attracted interest from the country's National TB Programme and the Global Fund for integration into larger scale initiatives,

Other interventions, such as prison screening in Zambia and mobile outreach in Tanzania, public-private partnerships in Laos and community work in Uganda, have all been continued through support from other donors. To encourage and broker these scale-up activities will continue to be a key focus for the Secretariat in the coming months.

Following the recommendations of the Operational Strategy, the **Challenge Facility for Civil Society** grants re-focused its grant-giving work to supporting country-level work related to Global Fund grants.

Some grants, for instance, are now aimed at establishing a seat on the Country Coordinating Mechanism for people affected by TB. The Challenge Facility awarded 11 grants in February 2013 and most grants are half-way through implementation. We look forward to reporting on the impact of these grants against the objectives of the Operational Strategy.

Strategic Goal 4: Ensure universal access to quality assured TB medicines and diagnostics in countries served by the Global Drug Facility (GDF)

GDF has made significant progress since the last board meeting. GDF continued its activities in the procurement and supply of first and second-line drugs and commodities (including traditional laboratory supply), with a total value of goods procured of more than US \$155 million from April 2012 till March 2013.

Following the board's approval of the **GDF future strategic direction** at the last board meeting, we have received commitment from donors to continue to support the GDF mechanism within a new strategic framework. Continuing to decrease prices and improving delivery lead-times remain central priorities.

In early 2013, the Global Drug Facility reduced the price of several second-line drugs it supplies for the treatment of multidrug resistant tuberculosis (MDR-TB) by up to 27% compared to 2011 prices, resulting in a decrease in the overall cost of treatment.

The **price reduction** followed a competitive tendering process among TB drug manufacturers and ongoing efforts by GDF and its partners to consolidate orders and broaden the supplier base for qualified MDR-TB drugs. A recent capacity assessment performed by GDF indicates that, with

the increased number of manufacturers now able to supply quality-assured second-line drugs, production capacity could be rapidly expanded to meet increased demand.

GDF has also increased the number of **MDR-TB** drug combinations delivered. In 2012, GDF delivered MDR-TB drugs for 30 000 patients, compared to 15 000 in 2011.

GDF continued to expand its work on diagnostic procurement, providing TB tests for the Expand TB and Expert TB projects. It was also instrumental in securing financing from UNITAID for the delivery of Xpert diagnostic machines through TB REACH. Just last week, GDF finalised a Long-term Agreement with Cepheid that has reduced the price of Xpert cartridges and promises affordable and sustainable prices for the diagnostic for the coming year.

GDF continues to strengthen its relationships with suppliers, with the last GDF stakeholder's meeting conducted in June 2013 with all suppliers, donors and key partners. GDF carried out an assessment of supplier's capacity, communicated global trends in the demand for TB drugs and discussed the Operational Strategy.

GDF has recruited and trained two additional regional support officers to serve as a catalyst and support for more stringent and pro-active inventory tracking models for improved planning process supply chain systems at the country level, streamlining partner's efforts towards the establishment of an early warning system for stock-out risks situations.

Re-alignment of activities following the Operational Strategy

Under the Operational Strategy, the Secretariat has discontinued direct support to **National Partnerships**. However, the Secretariat completed a series of projects designed to catalyse country-led efforts and ensure a smooth transition to the new way of working.

During The Union conference in Kuala Lumpur, on 14-15 November 2012, representatives of national stop TB partnerships met to share experiences and lessons learned during the Symposium "Building national and international partnerships to ensure a sustainable response to TB challenges". The first ever Regional Forum of National Partnerships to Stop TB in the WHO Western Pacific and South-East Asia Regions was held in Seoul, Republic of Korea, on 22-23 November 2012. The Korea Stop TB Partnership and the global Stop TB Partnership co-hosted the event. Representatives from NGOs, national TB programmes, communities and the private sector met to share best practices, discuss common challenges and develop country-specific and regional plans of action to strengthen efforts to stop TB.

The Secretariat finalized a publication on National Stop TB partnerships that was developed through in-depth interviews with National Partnership focal points during 2012. The publication presents the activities and approaches taken by national partnerships to support the work of national TB programmes and partners. By highlighting best practices and effective examples from existing partnerships, the publication aims to explain the work and achievements of current national partnerships and equip others with the necessary information to create their own.