

# STOP TB PARTNERSHIP

## ANNUAL REPORT

→ 2015

## TRANSITION TO UNOPS

happened with zero disruption in services or contracts with staff and partners

## A STRONG, COMMITTED AND HIGHLY MOTIVATED

Secretariat Team

GDF has provided technical assistance and support to

**134 COUNTRIES SINCE 2001**

An independent evaluation of the Stop TB Partnership Secretariat by CEPA shows

**THAT WE PROVIDE VALUE FOR MONEY**

## GLOBAL PLAN TO END TB 2016-2020: THE PARADIGM SHIFT LAUNCHED

In April, **USAID LAUNCHED A BEDAQUILINE DONATION PROGRAMME FOR THE TREATMENT OF PATIENTS WITH MDR-TB THROUGH THE GLOBAL DRUG FACILITY – US\$ 30 MILLION WORTH**

(30,000 patient treatment courses) of bedaquiline will be donated in more than 100 low- and middle income eligible countries over 4 years

**2 COORDINATING BOARD MEETINGS**

held in Paris and Cape Town

## STOP TB PARTNERSHIP SECRETARIAT STAFF GOT TESTED FOR TB ON WORLD TB DAY:

a call for universal access to TB testing, diagnosis and treatment

**FIRST EVER MEETING ON PEOPLE AFFECTED BY TB AND KEY POPULATIONS**

held in Bangkok, Thailand leaving behind practical guidance on how to address their needs in programmes

Since 2001, GDF delivered a total of

**25.5 MILLION ADULT FLD PATIENT TREATMENTS, 1.5 MILLION FLD PEDIATRIC PATIENT TREATMENTS AND 184,524 SLD TREATMENTS**

as of September 2015.

In 2015,

**THE TOTAL VALUE OF ORDERS PLACED WAS US\$ 152 MILLION,**

of which 68% was for second line anti-TB medicines (SLDs), 23% for first line anti-TB medicines (FLDs) and 9% for diagnostics.

GDF has processed orders for TB products with a total value of approximately

**USD 1.44 BILLION SINCE 2001**

Unprecedented efforts to work and strengthen the relationship with the private sector –

**PRIVATE SECTOR CONSTITUENCY HAS GROWN TO 105 MEMBERS**

## 2016-2020 OPERATIONAL STRATEGY DEVELOPED

**8,572 STOP TB PARTNERSHIP TWITTER FOLLOWERS AND 7,440 'LIKES' ON FACEBOOK**

**WEEKLY MEETINGS OF THE TB SITUATION ROOM**

In 2015, GDF negotiated the **PRICE REDUCTION OF CYCLOSERINE BY 55% COMPARED TO THE PREVIOUS YEAR**

and this reduction is expected to save up to US\$ 22 million annually

Since 2007, GDF has made a significant impact on the low-demand market for pediatric TB by providing child-friendly formulations up to 70% of the market, increasing the number of quality-assured products and promoting rational use of pediatric drugs.

**THE NUMBER OF PEDIATRIC TREATMENTS SUPPLIED BY GDF ACCOUNTS FOR HALF OF GLOBAL PEDIATRIC NOTIFICATION IN 2014**

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# 01 | Message from the Chair of the Board



**DR. AARON MOTSOALEDI**

**Minister of Health for the Republic of South Africa**

**and Chair of the Stop TB Partnership Coordinating Board**

## It's been a year of new beginnings for the TB community.

The Sustainable Development Goals endorsed in September 2015 delivered a bold challenge to end the TB epidemic by 2030. Building on the pillars of integration, equity, and universal health coverage, these new goals have forced us to rethink old approaches as we rise to the challenge of leaving no one with TB behind.

We developed the Global Plan to End TB 2016–2020 knowing that business as usual must change. We won't end TB until the year 2180 at the current rate of progress. This is unacceptable for a disease that's curable. Despite this, TB became the leading cause of death from an infectious disease this year. The paradigm shift must happen now.

I'm pleased that the world has responded enthusiastically to our call for change. Governments and partners are embracing the paradigm shift called for in the Global Plan, which asks the TB community to adopt innovative new approaches and put people affected by TB at the heart of the response. For the first time, I feel that we are united and determined to see this fight through to the end.

We aim to reach this paradigm shift through the Global Plan's 90–(90)–90 targets to screen, test and treat over 90% of people with TB, with a focus on the most vulnerable people, who are at the heart of this transformation. It is unaccept-

able that nearly half of the world's seven billion people are still unable to afford or access quality health care. We have a collective responsibility to protect these people from TB and to involve them as key stakeholders.

The engagement of political leaders across the world is critical. Shortly after the Global Plan was launched in November, 50 Parliamentarians from across the world gathered at the Global TB Summit where they endorsed the Global Plan and the 90-(90)-90 TB targets. The delegates at the Summit are members of the Global TB Caucus, a parliamentary network which has grown to over 1,000 parliamentarians in 100 countries. I look forward to continuing to serve as co-chair of the Caucus.

The Global Plan calls on world leaders to match rhetoric with the needed resources. Of the USD\$13 billion per year needed to adequately fund the TB response called for in the Plan, current funding levels for TB are half of what is required. Increased domestic TB funding is critical, but donor funding must continue for low-income countries where TB is a leading cause of death.

Adequate financing is more important than ever given the meteoric rise of drug resistant TB.

The Stop TB Partnership has worked closely with the UK Review on Anti-Microbial Resistance (AMR) led by Lord Jim O'Neill, which has recognized MDR-TB as a cornerstone of the global AMR challenge. Their work has united everyone from G7 Heads of State to pharmaceutical companies in the response to AMR, setting the stage for a successful United Nations High-Level Meeting on AMR in September 2016.

Many of history's great successes in the fight against diseases have been characterized by momentous shifts in ambition and political will. For too long, the world has believed that ending

TB is not possible, and that business as usual will suffice. This is no longer the case. The countdown to 2030 has begun and the world must rise to the challenge. The Stop TB Partnership will be here to support and serve you.

## 02 | Message from the Executive Director



**DR. LUCICA DITIU**

**Executive Director of the Stop TB Partnership**

### Dear Colleagues and Friends,

Fifteen years into the new millennium, the problem of TB has not faded in global significance. A preventable and treatable disease, TB continues to take far too many lives needlessly, while thwarting economic and social progress across the global south.

This curable disease known to humanity for thousands of years is now the top infectious disease killer on the planet, with 4,400 victims every single day. TB and HIV/AIDS are “partners in crime”, often affecting the same persons, and reducing their hope for life, especially when they have resistant forms of TB. The current very limited investments in TB research and development have left the TB community to fight the disease with old and completely inadequate

tools. The rate of decline of TB incidence is so slow that if the current situation continues, it will take up to 2182 to reach the World Health Organization’s End TB targets.

In 2015, the Stop TB Partnership launched the very ambitious Global Plan to End TB 2016 – 2020: The Paradigm Shift. Without a clear investment plan and a complete overhaul in how this disease is tackled, TB is unlikely to be eliminated until the end of the 22nd century. The new Global Plan 2016–2020 sets out the actions and resources needed over the next five years to set the world on a course to end the global TB epidemic by 2030, as endorsed by world leaders in the newly adopted Sustainable Development Goals. The Plan makes it clear

that what is needed to end TB is a paradigm shift – a change in the way we fight TB at every level, in every community, in every health facility, in every country. To stay on national and international agendas, TB needs diverse country champions, strong engagement from multiple public sectors, businesses and the civil society.

For us – as a TB community at large, comes in a moment when we have better data to know that we face bigger challenges than we thought and a higher burden, but we also know how many millions of lives we saved over the last 15 years and that we know enough to be able to move towards Ending TB. For us in the Secretariat, it has been almost a year since we've been hosted by UNOPS, as we move towards the implementation of the new Operational Strategy 2016–2020. I want to thank you all for the contributions made to the Global Plan to End TB 2016–2020 and to the Operational Strategy 2016–2020. We could not have done it without your invaluable collaboration, comments and suggestions.

The Global Plan to End TB 2016–2020 speaks about scaling up, reaching the ambitious 90–(90)–90 TB targets, investing in new tools that can lead to saving 10 million lives, avoid 45 million cases but first and foremost, ensure that we are on track to reach the End TB targets. But the Global Plan also speaks about a paradigm shift, a change in our mindsets and actions that will be the main drivers of achieving all the above. It speaks about CHANGE.

As the Secretariat of the Partnership and considering our resources – human and financial – we need to be extremely focused and to prioritize our work in 2016 and further. We will build on work which has already started during the current Operational Strategy towards a funded Global Plan and reach of targets.

We will continue our own work and support the work of our partners in all advocacy

efforts, engaging with high level stakeholders – Presidents, Prime Ministers, Members of Parliament and decision makers at global and country level for a proper understanding and funding of TB programmes and TB R&D as outlined in the Global Plan to End TB 2016–2020.

We will continue and, hopefully, expand the work with people affected by TB, communities and key populations towards a comprehensive approach in TB, based on human rights and gender.

We continue to engage with the Global Fund, as the main donor for TB programmes implementation – to ensure an ambitious replenishment of the Global Fund, TB “friendly” policies and allocations, robust transition and sustainability plans and greatest possible impact of the grants.

We will work to ensure that TB REACH continues to be funded and further expanded as the innovative platform for increasing the number of cases detected and treated among the most vulnerable groups as well as to nurture innovations in engaging with the private sector, roll-out of new tools, service delivery and scale up of efforts that are then further scaled up by governments and donors.

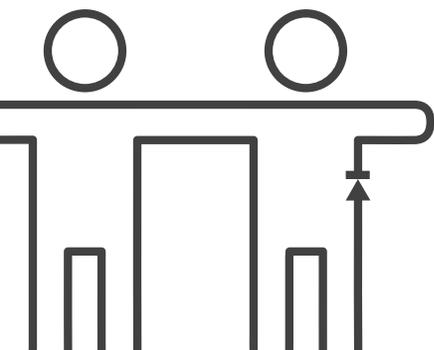
We will manage and coordinate market activities for the full TB portfolio, we will develop state of the art business intelligence and data driven approaches through early adoption of technology, we will undertake strategic procurement and innovative logistical solutions for TB goods and we will support the uptake of new tools in collaboration with the new tools working groups and all partners.

Considering the fact that there are 15 to 20 countries that are the main drivers of the global TB epidemic (including BRICS), we will ensure that all our country levels engagement is focused on

these countries and that it will be a coordinated response.

We embark on a road towards ending TB – to arrive there, our efforts need to produce results that we have seen in projects, but seen very little country-wide. As a TB community, we must convince the world that we can do it – we can scale up, accelerate, optimize, prioritize, analyze, invest in such a way that we will meet our targets. We need to be united, ambitious, smart and innovative. It will not be easy, but, as the Stop TB Partnership, we are in a lucky position. We are fortunate to have such a committed Board under the leadership of Board Chair Minister Motsoaledi and Vice Chair, Dr Joanne Carter. Their and your tireless efforts to ensure that the work of the Stop TB Partnership reaches its full potential in order to benefit the entire TB community at large is not only inspiring to all of us, but humbling at its very core. I am sure we will do it. **We can!**

**Lucica Ditiu**  
Executive Director



TB REACH grantees supported the detection and treatment of

**163, 249 PEOPLE WITH TB IN OVER 30 COUNTRIES**

**2015 REPORT ON TB RESEARCH FUNDING TRENDS**

**GDF HAS CONTRIBUTED TO STRENGTHENING NATIONAL CAPACITY FOR PROCUREMENT AND SUPPLY CHAIN MANAGEMENT**

through monitoring missions, targeted technical assistance, workshops and trainings

**GDF HAS REDUCED THE PRICE OF SOME MAJOR SLDS MORE THAN 30%,**

consolidated orders by using Strategic Rotating Stockpile (SRS), and increased number of eligible suppliers for TB products, contributing to a healthier market with improved security supply of TB commodities

On World TB Day 2015, there were **1000 TWEETS AN HOUR AND WE REACHED MORE THAN 10 MILLION UNIQUE VIEWERS** through the #worldtbdays hashtag

Since 2008, GDF has contributed to active case-finding by

**PROCURING DIAGNOSTICS WORTH US \$121 MILLION TO MORE THAN 76 COUNTRIES**

**GCTA HAS REACHED 135 INDIVIDUALS AND ORGANIZATIONS IN 30 COUNTRIES**

actively engaged in advocacy and community systems strengthening at a grassroots level

In October,

**UNOPS STARTED USING THE STOP TB PARTNERSHIP'S GLOBAL DRUG FACILITY EXCLUSIVELY FOR TB PROCUREMENT**

**BANGLADESH, CAMEROON, GUATEMALA, INDIA AND TAJIKISTAN**

have started in this period to scale-up TB REACH projects

As of 2015,

**GDF PERFORMS IN-HOUSE PROCUREMENT FOR DIAGNOSTICS**

Since its inception in November 2008,

**THE GDF STRATEGIC ROTATING STOCKPILE (SRS) HAS PLAYED A KEY ROLE IN GDF OPERATIONS**

and achieved its original project objectives, namely to accelerate scale-up in the numbers of patients accessing and receiving second-line anti-TB treatment; reduce delivery lead times; increase the number of quality manufacturers and products; and achieve price containment/reduction for SLDS

As of November 2015,

**GDF CONDUCTED 45 MONITORING/ TECHNICAL ASSISTANCE MISSIONS TO SUPPORT COUNTRIES**

**THE TB REACH/GDF PLATFORM FOR XPERT MTB/RIF PROCUREMENT ORDERED NEARLY 1 MILLION CARTRIDGES**

GDF significantly strengthened its supplier's base and now offers

**FOUR TIMES MORE QUALITY ASSURED MEDICINES**

(62 in all) **AND HAS THREE TIMES MORE SUPPLIERS** (34 in all) than in 2011

**END TB IDENTITY LAUNCHED**

## 03 | Who We are: Stop TB Partnership

### UNOPS as a host: a new way of doing things

As of 1 January 2015, the Stop TB Partnership is hosted by UNOPS – a UN agency specialized in providing management, administrative and support services. UNOPS is dedicated to helping partners manage projects, infrastructure and procurement in a sustainable and efficient manner and this fits the Partnership’s ambitions to increase its efficiency and to serve the TB community and partners even better.

The transition happened with zero disruption in services or contracts with staff and partners.

The change in host enlarges the perspectives of the Stop TB Partnership to engage with different type of partners – outside the medical field, including the private sector. In October, UNOPS started using the Stop TB Partnership’s Global Drug Facility exclusively for TB procurement. UNOPS offices worldwide will now channel the procurement of all 1st and 2nd line TB drugs and diagnostics through the GDF mechanism. This is one of the first mechanisms we plan to put together in place for the mutual benefit of both organizations.

### Stop TB Partnership Secretariat – the right people for the right job

The Secretariat has a total number of 49 staff members, including the UNOPS Management team. Out of this, 27 have staff contracts, 20 have “consultant” type contracts and two are interns. For more details see Annex.

One of the areas of focus of the work in the Executive Office was ensuring that staff expectations and development plans are discussed and addressed, and that the Secretariat works as a unified team with a clear sense of purpose and understanding of the mission. Few tools were put in place for this:

Weekly, Monday, 30-minute All Staff Meetings – held every week since 19 January 2015: Each team submits bullet points relating to their work streams to reflect weekly: staff absences, key travels, meetings, missions, visitors expected and any important matters that all staff should be aware. The summary document is sent to all staff members to keep everyone informed and assist

in better communications and planning amongst the teams. A 30-minute weekly meeting is scheduled to go over any additional points which would complement the compiled team summaries.

Monthly All Staff Meetings: Towards the end of each month, an all staff monthly meeting is scheduled. The monthly meetings started in February 2015, with a total of 10 meetings having taken place till 30 November 2015. These meetings are convened to know our colleagues better, understand what different teams do and what they are working on, foster an environment that is collaborative, healthy and performance driven. These monthly staff meetings provide the opportunity for teams to present their work and projects they are working on and keep everyone abreast. Also included are presentations from staff members on their background, known and unknown facts and hobbies. Finally, these meetings also allow for the participation and presentation of key visitors in town that day.



**Stop TB Partnership Secretariat Staff**

One-to-One Meetings with the Executive Director: These meetings were organized to allow staff to speak about their background, work and future plans as an honest and direct conversation with the Executive Director and provide feedback on any concerns they may

have. These started on 27 January 2015, with a total of 52 staff having met with the Executive Director, including staff that have left the Partnership since.

## Staff Survey

The Stop TB Partnership staff survey was supported and funded by Eli Lilly and implemented through a professional company, OrgVitality (a management consulting firm that focuses on helping organizations make sustainable improvements that optimize their current performance while preparing for the future). The survey had a very high participation rate of 95%. There were many aspects evaluated, but staff in the Secretariat marked the highest rates (far above the benchmark) on commitment of staff to the Partnership mission (95%), the commitment of staff to make the Partnership a great place to work (95%), the commitment of staff

to making a difference in the world through the Partnership's work and dedication to the cause of TB control (90%).

Some topline concerns expressed by staff included strengthening internal processes especially related to rewards and recognition as well as career development. OrgVitality ran individual sessions with each of the teams to address some of these concerns. In-depth work to address some of these areas will be implemented next year – but one of the teams is already working on addressing areas of improvement that came out through the survey.

## **CEPA: Value for Money Independent evaluation of the Stop TB Partnership Secretariat**

The Stop TB Partnership is one of the very few organizations in public health that has had this kind of assessment, specifically focusing on value for money. This independent external evaluation focused mainly on the Value for Money aspects.

### **REQUESTED BY A FEW OF STOP TB PARTNERSHIP'S DONORS AND PUBLISHED IN JUNE 2015, IT FOUND THAT:**

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1. The Stop TB Partnership is a highly relevant organization with a critical role to play in advocacy and partnership-building for TB. It is uniquely placed within the global TB architecture to galvanize the TB response.
  2. The Stop TB Partnership is the only organization serving as a convener and coordinator of the range of different actors working on TB elimination and it represents a relevant response to the current and future needs for TB elimination.
  3. It has a very relevant role in fostering innovation in TB service delivery through TB REACH and providing quality TB drugs and diagnostics and country supply systems support through GDF.
- 3.1. The Stop TB Partnership provides good value for money and has made a number of important achievements including: Contributing to increased donor (Global Fund) and country efforts/ resources for TB
  - 3.2. Strengthened community engagement in various TB platforms
  - 3.3. Development of innovative approaches to case detection and TB service delivery through TB REACH
  - 3.4. Increased supply of quality assured TB commodities and reduced prices through GDF

### **THE AREAS IN NEED OF FURTHER ATTENTION AND STRENGTHENING ARE:**

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1. Developing the strategy for 2016 onwards with a clear delineation of the overall goals and objectives;
2. Further defining partnership-building and engagement activities a clear approach to how the Stop TB Partnership would engage with its partner base; and improved functioning of the Working Groups;
3. Developing a unified M&E framework, including relevant and measurable KPIs that relate to the work of the Partnership;
4. Focusing efforts on resource mobilization for the Partnership

# 04 | 2016–2020 Operational Strategy

The Operational Strategy 2016–2020 guides the work of the Stop TB Partnership. The current strategy was put in place on 1 January 2013 and continued until 31 December 2015. The Board at its 26th meeting in April 2015 decided an updated

Operational Strategy should be developed for the period 1 January 2016 through 31 December 2020. It will be valid for a five year period and aligns with The Global Plan to End TB 2016–2020.

## THE OPERATIONAL STRATEGY 2016–2020 HAS FOUR GOALS:

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### GOAL 1:

Advocate, catalyze and facilitate sustained collaboration and coordination among partners in order to achieve the targets under the Global Plan to End TB 2016–2020 and more towards ending TB.

**SUB-GOAL 1:** Ensure TB is high on the political agenda through increased dialogue and engagement with political decision makers and influencers, and a strong unified community.

**SUB-GOAL 2:** Increase the financial resources available for implementation of the Global Plan 2016–2020.

**SUB-GOAL 3:** Maximize the impact of the Global Fund TB portfolio towards reaching the Global Plan targets.

### GOAL 2:

Support the development, replication and scale-up on innovative approaches (including the roll-out of new tools) to overcome systemic barriers in the fight against TB.

### GOAL 3:

Facilitate world-wide, equitable access to TB medicines and diagnostics, including new tools, across public and private sectors.

### GOAL 4:

Ensure the optimal and efficient functioning of the Secretariat. The achievement of the Operational Strategy would require a fully funded Secretariat.

## 05 | Governance

In 2015 there were two Coordinating Board meetings, ten Executive Committee teleconferences, five Finance Committee teleconferences as well as one face-to-face meeting.

The Coordinating Board held its 26th meeting on 14–15 April 2015 in Paris, France. The Board noted the smooth transition of the Secretariat including GDF and TB REACH from WHO to UNOPS and thanked WHO, UNOPS, Global Fund and Secretariat staff for their support and hard work in this process. The Board approved the Stop TB Partnership Standard Operating Procedures; the Board requested the Finance Committee advise on the level and use of financial reserve; approved the process for developing the Operational Strategy 2016–2020 to be approved by the Board at its 27th meeting; decided to hold its 27th meeting in Cape Town, South Africa on 29 November 2015; acknowledged the further significant decreases in Second Line Drug prices obtained by GDF ensuring that MDR-TB treatments are more affordable to patients in need; noted the advances in ensuring access to bedaquiline through the Johnson & Johnson affiliate, Janssen Therapeutics, and USAID donation program, using the Stop TB Partnerships' Global Drug Facility; recognized and thanked Canada for their leadership in support of TB REACH and applauded the achievement of TB REACH over the four waves of funding; welcomed the update on progress in the development of the new Global Plan to End TB 2016–2020 and agreed the next steps to be undertaken to finalize the Global Plan; expressed support for the Secretariat's advocacy priorities; approved the 2015 work plan; welcomed the BRICS Joint Communique following the BRICS Health Ministers' meeting held in December 2014; approved the revised Governance Manual; and recognized the instrumental work and value of the TB Situation Room and recommended this unique platform be used to further address significant challenges and opportunities experienced by countries.

The Executive Committee oversaw the preparation for the 26th and 27th Stop TB Partnership Coordinating Board meetings; reviewed the Cambridge Economic Policy Associates Ltd (CEPA) external evaluation of the Stop TB Partnership which focused on value for money and covered the period 2007–2013, provided guidance on the launch strategy of the Global Plan to End TB, 2016–2020; provided comments on the development and reviewed the final draft of the Operational Strategy 2016–2020; discussed the Global Fund allocation formula; received updates from the Finance Committee on their work and recommendations; received an update on the TB identity work undertaken since the 25th Coordinating Board meeting (15 July 2015, Seattle, USA); and received an update on the development of the Stop TB Partnership Secretariat 2016 work plan.

The Finance Committee held regular teleconferences throughout 2015, during which Stop TB Partnership quarterly expenditure was reviewed as well as overseeing the development of the Stop TB Partnership budget and work plan for 2016. At the face-to-face meeting held on 29–30 June 2015 in Washington DC, the Finance Committee discussed the financial health of the Stop TB Partnership as well as the level and use of the financial reserve.

The Coordinating Board electrically endorsed The Global Plan to End TB 2016–2020: The Paradigm Shift on 29 October 2015.

The 27th Coordinating Board meeting was held on 29 November 2015, in Cape Town, South Africa. The Board recognized the unprecedented global political leadership on a health issue that the Global TB Caucus of parliamentarians represents; approved the recommendation of the Finance Committee to hold USA 1.7 million in reserves; approved the Stop TB Partnership Operational Strategy 2016–2020 and requested the development of annual key performance indicators as well as specific targets for Board

approval; approved the 2016 budget; endorsed the urgent update of bedaquiline, delamanid, linezolid and other re-purposed drugs for the programmatic management of MDT-TB and urged country programs to rapidly introduce these drugs for those patients who need them; requested the Secretariat, under the guidance of the Executive Committee to monitor the implementation of The Global Plan to End TB 2016–2020, recognized the importance of optimizing impact of Global Fund TB investments and encouraged the Secretariat to facilitate the engagement of the full partnership to achieve this; welcomed the continued leadership from governments and partners in Southern Africa to address TB within the mining sector; and asked the Executive Committee to identify dates and location for the 28th Coordinating Board meeting.

The Chair and Vice-Chair were re-appointed for a second three-year term until the end of 2019, and asked for a process to commence mid-way through this term to ensure a smooth transition to the incoming Chair and Vice-Chair.



## Global Plan to End TB 2016-2020



The development of the Global Plan to End TB 2016-2020 was a more than 18-month effort, led by the Task Force of the Stop TB Partnership's Coordinating Board. The development process was informed by the outcomes of four regional consultations as well as a two-month online consultation process. The regional consultation meetings in Addis Ababa (May), Bangkok (June), Istanbul (July) and Buenos Aires (August) brought together around 400 participants from government, TB programmes and other implementers, private providers, corporate sector, civil society and affected communities.

On 20 November, the Stop TB Partnership published the Global Plan to End TB, in which it delivered a very blunt message to the world – without an immediate and large increase in investment to fight TB, the global fight to eliminate the disease as a public health threat by 2035 (as spelt out in the World Health Organization's End TB Strategy) will be missed. And if the glacial global decrease in TB incidence of 1.5 per cent per year continues, the disease will remain a public health threat for another two centuries. The Global Plan aims to diagnose and treat at least 90 per cent of all peo-

ple with TB (including reaching at least 90 per cent of people with TB among key affected populations) and ensure at least 90 per cent successfully completed treatments, including in drug resistant cases.

The Global Plan had a soft virtual launch that targeted the media outlets which received great coverage and endorsement. Major media outlets in the UK, Australia, India, South Africa, Spain and Ghana covered the launch of the Global Plan. The Partnership also launched the #ChangeTB campaign which saw a total #ChangeTB reach of 2.3 million, and 18 million timeline deliveries. On 30 November, two back-to-back events saw the conclusion of a landmark day in public health for TB. The Stop TB Partnership's Global Plan was endorsed by global and national leaders ahead of the start of the 46th Union World Conference on Lung Health in Cape Town. The 2nd Global TB Summit ended with nearly 50 parliamentarians of the now 1000-strong Global TB Caucus having met across three days to discuss what they can do collectively and individually to support the roll out and funding of the Global Plan to End TB 2016-2020 in order to end the TB epidemic.

The Global Plan high level endorsement press event was hosted by South Africa's Minister for Health Dr Aaron Motsoaledi, chair of the Stop TB Partnership Coordinating Board, and was joined by a strong leadership panel including Nick Herbert, MP from the UK and co-chair of the Global TB Caucus, Cheri Vincent representing the

US Government, Eric Goosby, the UN Special Envoy for TB, José Luiz Castro, Executive Director of The Union, Lucica Ditiu, Executive Director of the Stop TB Partnership, and Solelwa Sifumba, a young medical student who has had MDR-TB who shared her compelling story.

## TB REACH

### **Innovate for Access and Service to All > Promote innovation in TB diagnostics and care through TB REACH and other innovative mechanisms and platforms**

In 2015, TB REACH grantees supported the detection and treatment of 163,249 people with TB in over 30 countries. This year is the last year under the current agreement with Canada and funds for grants have been mostly expended. This year, a total of US\$ 1.4 million was provided to 14 Wave 4 grantees after a review by the TB REACH Secretariat and the external monitoring and evaluation agency. These funds were used to provide very short-term extensions to the 14 grantees with all grant activities expected to end by 31 March, 2015. A current proposal is under consideration for continued funding from TB REACH with Global Affairs Canada.

Due to the innovative nature of initiatives funded by TB REACH as well as being the unique platform encouraging out of the box thinking in service delivery and roll out of new tools, this proposal has been generously supported by the Bill and Melinda Gates Foundation which has provided a pledge of USD\$ 5 million for support of TB REACH if the current proposal is fully funded by Global Affairs Canada.

As the main incubator of innovations, TB REACH ensured that the knowledge gained through all the projects is further shared. A number of journal articles from TB REACH projects have been published on Xpert MTB/RIF implementation, childhood TB case finding, and other

innovations helping to provide more evidence on ways to improve TB diagnosis and treatment. A monitoring and evaluation meeting on TB REACH and UNITAID supported social business models for delivering TB care to patients in the private sector was held in Kandy, Sri Lanka. TB REACH provided technical assistance to a number of countries on case detection including Cameroon, Ghana, Tajikistan and Bangladesh through country visits and TB REACH staff supported graduate and post graduate courses in TB in a number of different countries.

TB REACH has continued to work with UNITAID and WHO on the TB Xpert project, extended until October 2016. The TB REACH-GDF platform that was created has ordered in 2015 nearly 1 million Xpert MTB/RIF cartridges to date, representing 20% of the market (and more than 2,6 million since the inception). By using the test beyond a simple passive system, TB REACH grantees have shown the impact that new tools as well as old tools such as chest X-ray can have when moved outside the traditional approach to TB care.

Several TB REACH projects that are scaled up using Global Fund and other donors' funding received support and technical assistance in Bangladesh, Cameroon, Guatemala, India and Tajikistan. In addition, TB REACH in line with its mandate of encouraging and nurturing innovations, is one of the partners supporting the Zero TB Cities initiative in Chennai through TB REACH grant making, monitoring and case finding and development of scale-up proposals.

## Creating, expanding and sustaining a communities, rights and gender approach in TB

If we are to ensure we leave something behind and that our efforts will lead to ending TB, the approach in addressing TB must be centered on people affected by TB and their families, their communities and must be based on a human rights and gender approach. The Stop TB Partnership uses several approaches interlined with each other:

### CHALLENGE FACILITY FOR CIVIL SOCIETY

In September 2015, a call for proposals for Round 7 of the Challenge Facility for Civil Society was launched. Round 7 will invest significantly in community responses that are integrated and are part of a comprehensive response to TB. This will be done by strengthening existing or new national level TB constituencies that engage, represent and are accountable to communities; reinforcing the capacities and responses of local communities and tightening linkages, collaboration and coordination between communities and government. The Global Fund joined USAID and the Lily MDR-TB Partnership to support this Round 7. The call was held entirely online and the response to the call was overwhelming. The total number of applications received was 482 from 55 countries. It is one of the clearer evidences that grass roots organizations working in and for TB are available and ready to engage and further expand their roles if seed funding is available. In November 2015, ten proposals were selected (with huge difficulty due to such a large number of applications received) for funding by the Selection Committee which was approved by the Executive Committee of the Stop TB Partnership Coordinating Board in January 2016.

### GLOBAL COALITION OF TB ACTIVISTS

Through coordinating the efforts and activities of its global network of civil society members,

the Global Coalition of TB Activists (GCTA) has been striving to ensure that the communities affected by TB are at the centre of all advocacy efforts. GCTA objectives include three specific components; to establish a physical space for the Secretariat, to bring on board the requisite human resources, and the completion of stipulated activities. Though the GCTA is a global organization, it has been increasingly focusing on effective regional support to provide technical assistance and coordinate civil society and its activities in order to provide communities' perspectives on national planning and Global Fund processes. GCTA membership has reached over 135 individuals and organizations in 30 countries and its website is used by the GCTA to connect with its ever-increasing and active membership. Information on GCTA, its progress and achievements can be accessed here <http://www.gctacommunity.org/>.

### SUPPORTING PEOPLE AFFECTED BY TB AND KEY POPULATIONS AT A GLOBAL LEVEL

The first ever global meeting of people affected by TB took place on 2 November 2015 in Bangkok, Thailand. With support from USAID, the meeting provided a platform for patients only to discuss their needs, identify opportunities for patient and community engagement in TB programmes and responses, and increase knowledge around available resources for people who are sick with TB and their families. Twenty participants from 18 countries spanning four regions added their voice and contributed to the development of a compendium of patient narratives to provide the needed patient perspective to inform and ensure successful programmatic interventions.

At the same time, the TB key populations meeting, supported by the Global Fund and USAID, brought together more than 40 participants from programme implementers, technical

experts, and key populations representatives. It generated information for the development of a compendium of micro guides with practical guidance on how to address the needs and views of those most vulnerable to TB, who usually have very limited access to diagnosis, treatment and care.

### **SUPPORTING COMMUNITIES, PEOPLE AFFECTED BY TB AND KEY POPULATIONS AT COUNTRY LEVEL**

The work done at country level in this area would not have been possible without the support of the Global Fund, through the Technical Cooperation Agreement. All this work was delivered with strong engagement from our colleagues from GCTA, the Global Fund's Communities, Rights and Gender Team, and especially with our country and local partners – as our main focus was to build local capacity through south-south collaboration.

By the end of 2015, the Stop TB Partnership had received 90 requests from 71 countries for technical support in engaging communities into the Global Fund New Funding Model, and 51 of these proposals were approved for funding. The technical support is provided in collaboration with community and civil society partners, Country Coordinating Mechanisms, the TB Situation Room, Global Fund Portfolio managers, UNAIDS and WHO's country and regional offices as well as other technical support providers.

Seven countries – Armenia, Cote d'Ivoire, India, Kenya, Kyrgyzstan, Pakistan and Tanzania received support to enable engagement of community perspectives in the TB programme reviews. Guidance on how to review the community's contribution in the TB response as well as how to consider meaningful engagement of key affected populations in TB was provided to support selected community contributors.

Gender Assessment Toolkit – developed and tested: Recognizing the need to understand the

health seeking and treatment behavior of people affected by TB from a gender perspective, the Stop TB Partnership and UNAIDS collaborated to develop the TB/HIV Gender Assessment Tool. This tool helps countries to identify gender-related barriers to services as well as specific needs of women, men, transgender people and key affected populations, in the context of HIV, TB or HIV and TB co-infection. The tool was piloted in Lesotho from February to April 2015. The lessons learned from this pilot will inform further iterations and rollout of this new tool.

The Stop TB Partnership is also supporting gender assessments in Kyrgyzstan, Namibia and Niger. As the TB/HIV Gender Assessment Tool gains traction, more local capacity is required to conduct these assessments and the Partnership is training a cadre of consultants through workshops and webinars to enable them to conduct the TB gender assessment.

The Stop TB Partnership in collaboration with the International HIV/AIDS Alliance hosted a workshop to strengthen TB constituencies on country coordinating mechanism (CCMs) in Kuala Lumpur, Malaysia in July. The workshop, attended by 50 participants from 23 countries, built the capacity of TB representatives and their advocates at the CCM to effectively engage in the development of concept notes and grants that adequately respond to the TB situation in countries.

Five workshops and trainings were hosted in 2015 in partnership with key regional civil society partners to ensure civil society and communities are trained on the integration of community, rights and gender in the context of TB. Through these capacity building workshops we have a cadre of civil society technical support providers that we and others have been able to source to support part of the work with TB communities.

In collaboration with the Global Fund Community, Rights and Gender team, UNDP and WHO, the Partnership is working on the development of the Legal Environment Assessment Tool for TB.

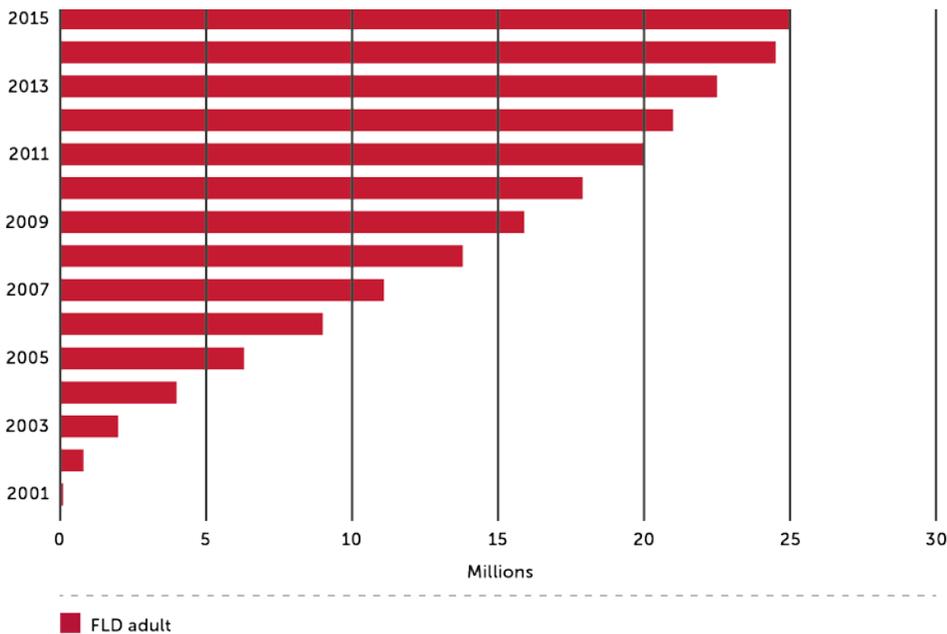
# Global Drug Facility (GDF)

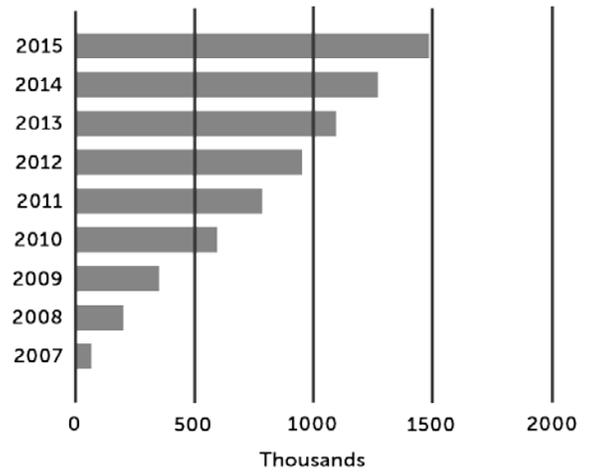
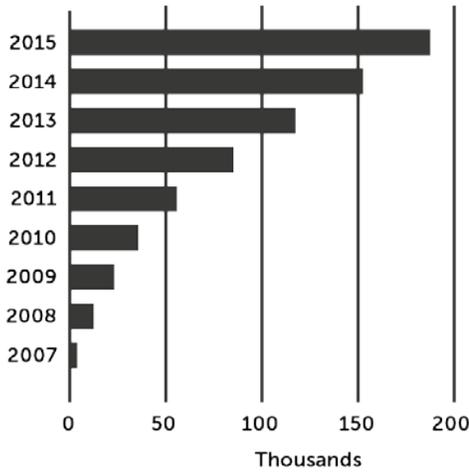
Established in 2001, the Stop TB Partnership Global Drug Facility (GDF) is a one-stop, bundled procurement mechanism for quality assured TB commodities through providing grants and direct procurement services to countries in need. As the largest supplier of quality assured TB drugs and diagnostics worldwide in the public sector, it plays a key role in the procurement of first-line drugs (FLDs) and pediatric TB drugs, and is the sole procurement mechanism for second-line TB drugs (SLDs) for the Global Fund.

The Stop TB Partnership and GDF are uniquely positioned to monitor and intervene

in TB markets. Its market-monitoring and market-shaping work allows a transparent source of information to stakeholders and countries and provides downward pressure on the prices of TB commodities. Thanks to the longstanding support of key donors such as USAID, Global Affairs Canada, DFID, and UNITAID, the Partnership is recognized as a unique international body with the power to align actors all over the world in the fight against TB. The participation of a wide range of constituencies gives it credibility and the broad range of medical, social, and financial expertise needed to defeat TB.

FIGURE 1 - CUMULATIVE PATIENT TREATMENT DELIVERED

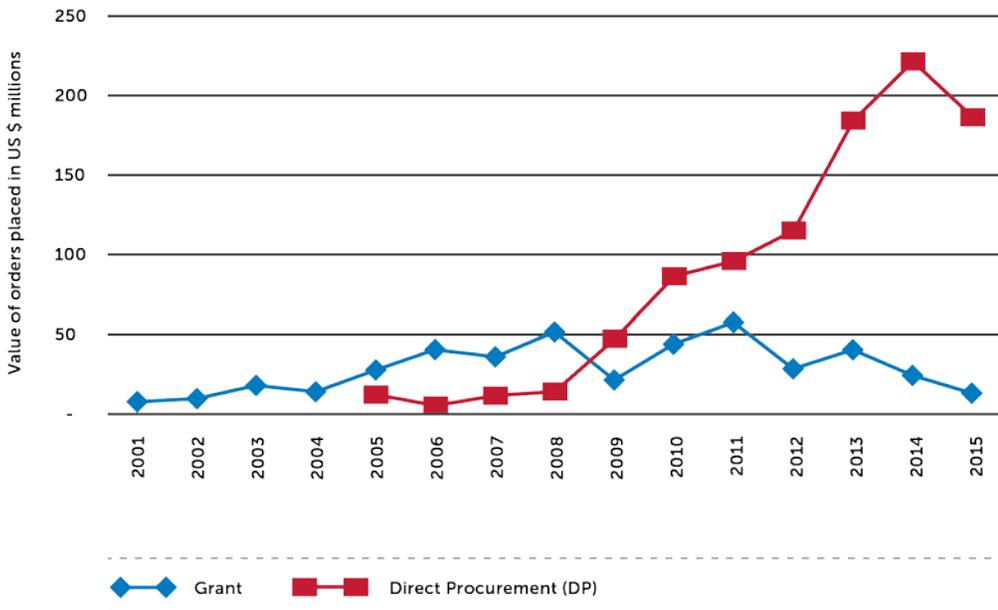




■ SLD

■ FLD paediatric

FIGURE 2 - GDF PROCUREMENT SERVICES



◆ Grant

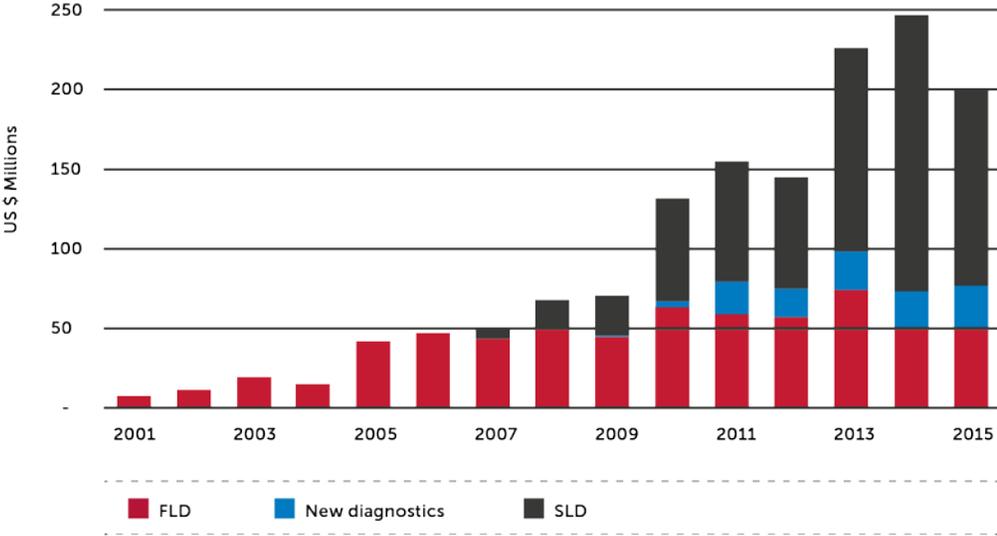
■ Direct Procurement (DP)

In 2015, GDF became more market-oriented, focused on country needs, and better prepared to implement the Global Plan to End TB 2016–2020. The highlight of GDF achievements in the areas of services and products, active market shaping, addressing stock-outs, capacity building, quality assurance, and GDF operations can be found below:

**CUSTOMER ORIENTED OPERATION**

In 2015, GDF merged all procurement activities for FLDs, SLDs and Diagnostics with one focal point per country (Country Supply Officer) for all products lines, facilitating the communication process and oversight of country supply portfolios.

**FIGURE 3 - GDF ORDER PLACED VALUE (ALL FEE INCLUSIVE) 2001-2015 (IN MILLIONS OF US DOLLARS)**



**PROCUREMENT AND SUPPLY MANAGEMENT AT GLOBAL AND COUNTRY-LEVELS**

In 2015, the total value of orders placed was US USD201.4 million (Figure 3), of which 62% was for second line anti-TB medicines (SLDs), 25% for first line anti-TB medicines (FLDs) and 13% for diagnostics (Figure 4).

**ACTIVE MARKET SHAPING FOR TB PRODUCTS**

GDF reduced the price of several key SLDs it supplies for the treatment of multidrug resistant TB (MDR-TB), resulting in a substantial decrease in the overall cost of treatment of 41% compared to 2012 for the high end treatment regimen, as shown in Figure 6. This price reduction is expected to save up to USD 22 million annually, enabling treatment for more people living with MDR-TB. In 2015, 35,359 SLD MDR-TB patient treatments were delivered.

FIGURE 4 - GDF TOTAL ORDERS PLACED IN 2015, BY PRODUCT LINE

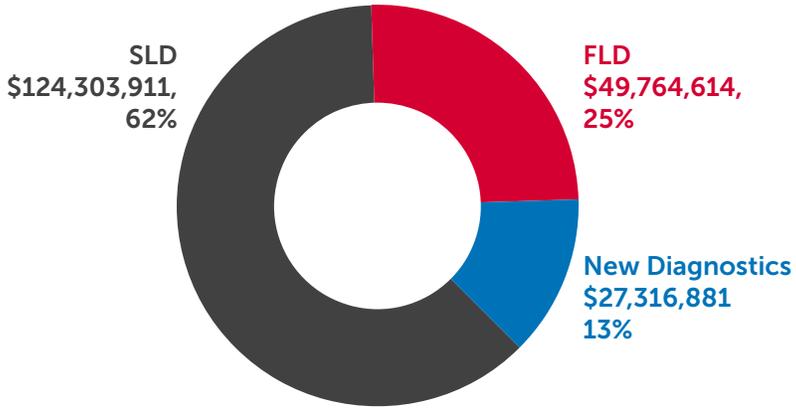
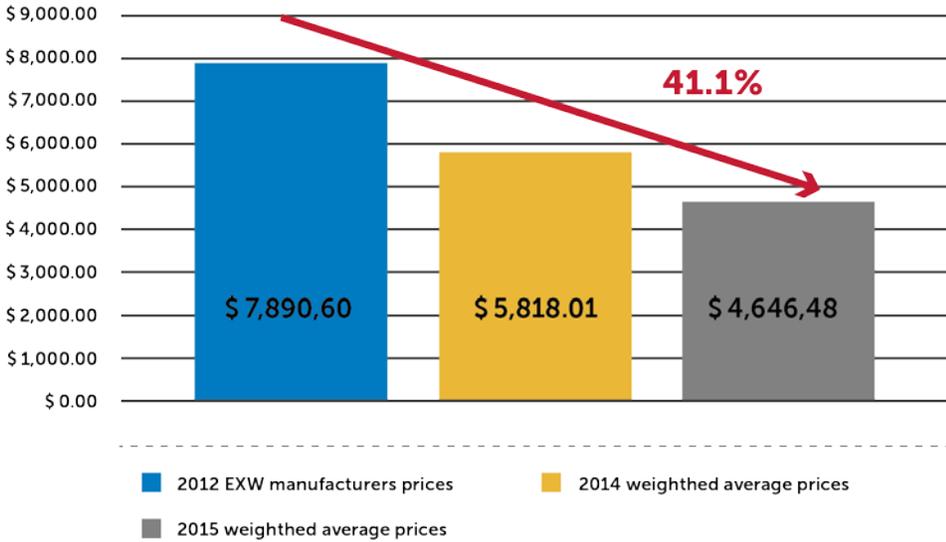


FIGURE 5 - 2012/2015 CHANGE IN REGIMEN COSTS: HIGH END REGIMEN - 12 CM PTO CS MXF PAS/ 12 PTO CS MFX PAS



## **MONITORING GLOBAL SUPPLY AND DEMAND**

In close coordination with partners, GDF actively monitors global supply and demand trends/dynamics and adapts its model to address key challenges, such as the capacity of countries for procurement and supply management, country financial sustainability when transitioning from donor support, and vulnerabilities in the supply chain for TB commodities.

## **CAPACITY BUILDING AND TECHNICAL ASSISTANCE**

In 2015, GDF contributed to strengthening national capacity for procurement and supply chain management through 46 monitoring/technical assistance missions organized in conjunction with missions undertaken by the TB Programme Review, Global Fund Country Teams and GLC. Ten of these missions were conducted to support the development of the Global Fund Concept Note and grant making for PSM aspects, some as part of the Technical Cooperation Agreement with the Global Fund.

GDF expanded its capacity building outreach through strong collaboration with key partners, such as the Global Fund, GLC, WHO, UNION, MSH and KNCV, and adopted a more holistic approach in addressing immediate gaps and bottlenecks in drug supply, and assisted countries to overcome systemic problems and strengthen the drug management capacity of national TB control programmes and ministries of health. It also worked with partners, such as the TB Alliance, WHO, Global Fund, Challenge TB and SIAPS, to map the preparedness of high-burden countries to uptake the new pediatric formulations that was launched in the Union Conference, December 2015.

In July 2015, GDF signed an MoU with MSH and Union to enhance current tools, templates and approaches in the provision of technical assistance to countries. It also created a new consultant roster which includes 19 qualified and experienced drug management experts

that have been selected through a competitive recruitment process.

In March 2015, a joint GDF/SIAPS Global TB Conference was held in Bangkok, Thailand. National TB Programme managers from different countries, procurement and supply chain management specialists and data managers met to exchange experiences on ways to increase access to pharmaceutical services, including medicines and diagnostics. Other partners at the conference included WHO, TB Alliance, KNCV, BRAC, FHI 360 and Partners in Health.

Participants at the GDF/SIAPS Global TB Conference discussed ways to improve early case detection of TB by: (a) streamlining data collection at various levels within countries; (b) monitoring early warning signals to prevent stock out of TB drugs; and (c) enhancing engagement with private sector retail pharmacies to reach missed patients. The issues of pharmacovigilance challenges and the role of finance in estimating projected costs of TB services and financial needs for procurement and supply management within countries were also discussed.

In April 2015, GDF conducted a stakeholder meeting in Cambodia with suppliers, donors and partners to adopt a coordinated approach and to review recent developments, determine the lessons learned in recent years and review past performance of the GDF model against defined KPIs. This year's meeting also served as a setting to validate a joint understanding of and commitment to GDF's new strategic objectives and ongoing mandate. Fifty-five participants representing manufacturers, procurement agent (IDA), freight forwarder (SDV), quality control agents (SGS, Intertek), donors (USAID, The Global Fund), partners (WHO PQP, CHAI, USP PQM), national TB programmes (Cambodia, Viet Nam, Indonesia, Kazakhstan, India) and WHO Cambodia WR, and GDF staff.

## **EXPANDING CAPACITY BUILDING OUTREACH:**

GDF expanded the outreach for capacity building through strong collaboration with key partners, e.g. the Global Fund, GLC, WHO, UNION, MSH and KNCV. In 2015, GDF actively engaged and worked with various partners, such as DR-TB Scale-up Treatment Action Team (STAT), NTPs, MSF, PIH and the Global Fund to improve demand and supply coordination.

## **STRATEGIC ROTATING STOCKPILE (SRS)**

In 2015, GDF delivered drugs to 81 countries using the SRS; the value of these 176 orders came to USD1.8 million. In the course of the year, SRS succeeded in reducing delivery lead times. According to its terms and conditions, GDF's delivery lead time for regular orders is four to six months and can be decreased to one month when the SRS is used. Up to 40 different stock keeping units (product items) were stored in the stockpile in 2015. SRS helped to fulfill emergency requests through the urgent provision of SRS products to GDF clients to avoid critical stock-outs and treatment interruptions, and facilitated the introduction of new drugs introduction (BDQ) by delivery of the companion medicines from SRS.

## **PEDIATRIC DRUGS**

GDF delivered 219,389 pediatric patient treatments in 2015. GDF worked with partners, such as the TB Alliance, WHO, Global Fund, Challenge TB and SIAPS, to map the preparedness of high-burden countries to uptake the new child-friendly pediatric formulations that were launched during UNION in December 2015.

## **AVOIDING STOCK OUTS**

GDF provided assistance in preventing and managing stock-outs in countries through the Strategic Rotating Stockpile (SRS) – a key GDF mechanism to save lives by ensuring an uninterrupted supply of quality-assured, affordable anti-TB medicines to populations in need. SRS

allows GDF to respond immediately to country emergency needs and orders in situation of out of stock. The SRS is an important tool to facilitate procurement processes in new product introductions (e.g. Linezolid).

## **STRENGTHENING NATIONAL DRUG SUPPLY MANAGEMENT SYSTEMS AND SUSTAINABLE PROCUREMENT CAPACITY**

In 2015, GDF with partners continued to actively monitor global supply and demand trends/dynamics and adapting its model to address key challenges, such as capacity of countries for procurement and supply management, country financial sustainability when transitioning from donor support and vulnerabilities of the supply chain for TB commodities. It has also worked to strengthen forecasting, drug management capacity for stock-outs prevention.

## **FLEXIBLE PROCUREMENT FUND**

GDF promoted financial flexibilities by allowing countries or GDF clients to use the USAID Flexible Procurement Fund. Through this mechanism, countries can place orders without having to issue an upfront payment and therefore avoid treatment interruption. In 2015, three countries (Malawi, Congo Brazzaville and Kenya) benefited from the USAID Flexible Procurement Fund for a total amount of USD 1.9 million. (Table 1)

## **BEDAQUILINE DONATION PROGRAMME**

In March 2015, USAID and Janssen Therapeutics signed an agreement to provide Bedaquiline free to eligible MDR-TB patients, according to WHO interim recommendations on the use of the drug. The programme will provide 30,000 patient treatment courses of BDQ in more than 100 low- and middle-income eligible countries over a four-year period. As of December 2015, 30 countries have ordered 1,565 BDQ patient treatment through GDF and 1,160 BDQ patient treatments were delivered.

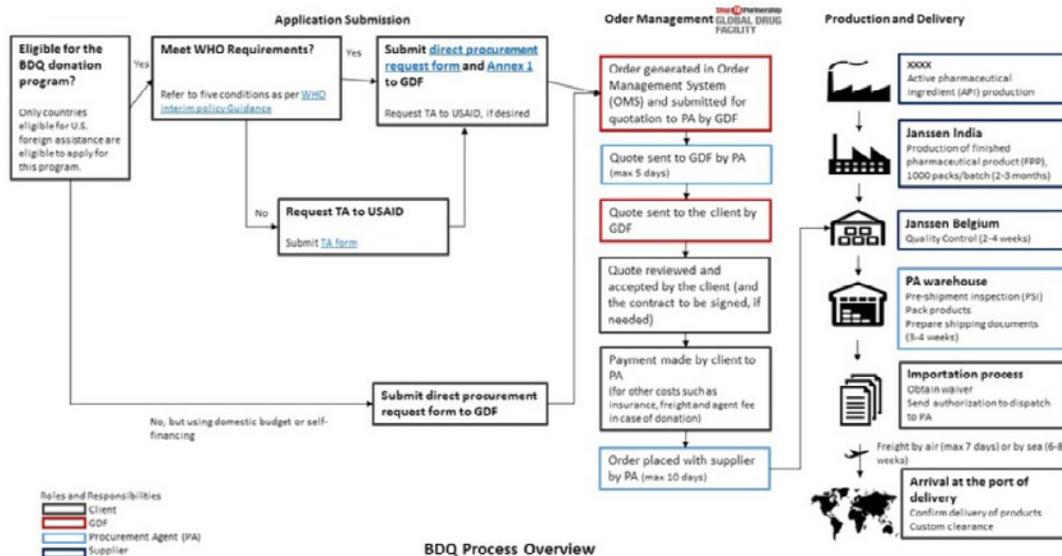


TABLE 1 - USAID FLEXIBLE PROCUREMENT FUND GUARANTEED FOR PLACING ORDERS (JANUARY-DECEMBER 2015)

Line	Country	Status	Order Placed	Total
FLD	Malawi	Order placed with supplier(s)	August 2015	\$590,650
FLD Pediatrics	Malawi	Final confirmed order	August 2015	\$13,724
SLD	Malawi	Final confirmed order	August 2015	\$65,770
FLD	Congo	Order placed with supplier(s)	May 2015	\$377,222
FLD Pediatrics	Congo	Completed	May 2015	\$1,253
SLD	Congo	Completed	May 2015	\$19,429
SLD	Congo	Order placed with supplier(s)	May 2015	\$8,369
SLD	Kenya	Order placed with supplier(s)	June 2015	\$825,030
<b>Total</b>				<b>\$1,901,447</b>

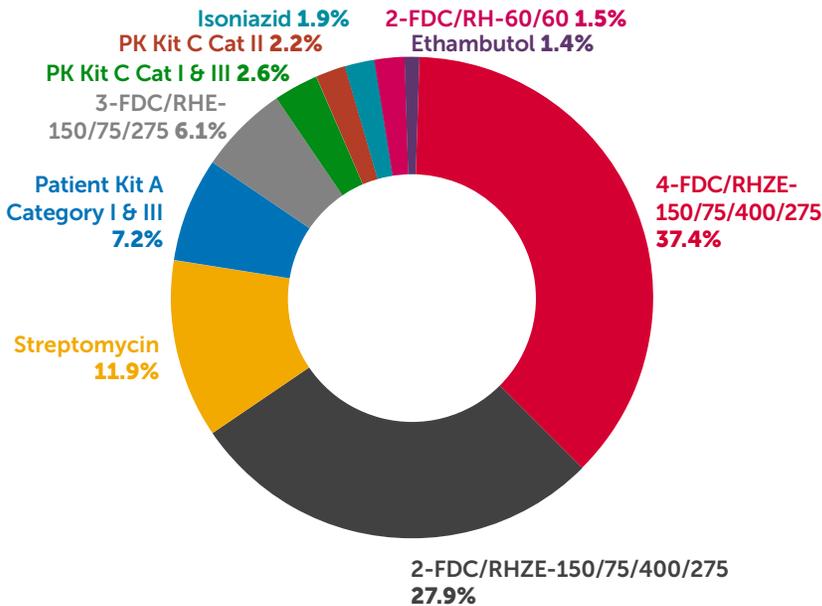
# Overview by product line

## FIRST-LINE DRUGS

In 2015, GDF has processed orders for FLD with a value of USD 49.8 million. In 2015, the top ten

FLD products accounted for 92% of GDF's total expenditure on FLDs.

FIGURE 6 - TOP 10 FLDS, 2015 (PROCUREMENT IN VALUE US \$ MILLION)



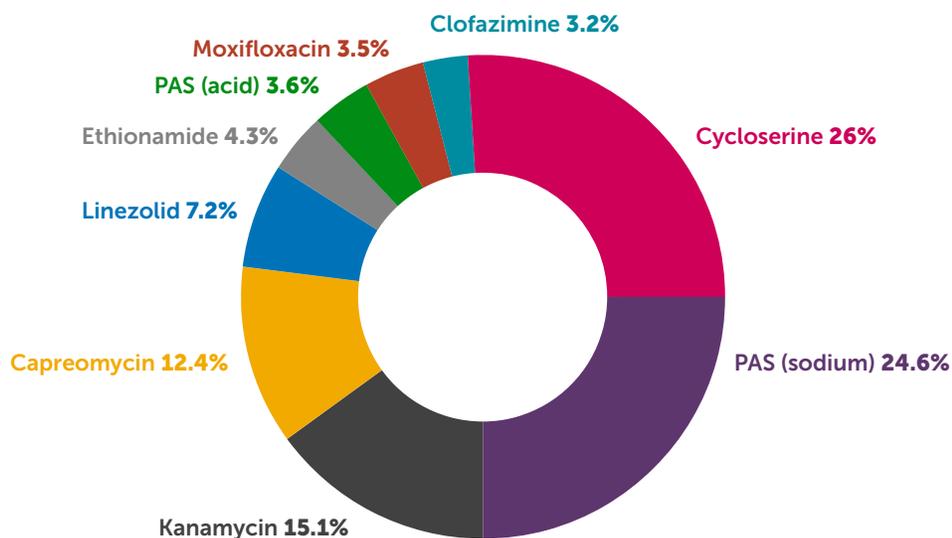
(Note: The figures presented here are only the value of goods procured for both adults and pediatrics and do not include the cost of freight, insurance, procurement, agent handling fees, quality control and pre-shipment inspection

charges. The procurement value is based on the GDF's dynamic Order Monitoring System, which reflects the most recent changes in delivery date and cancellation of orders. This provides a snapshot of up-to-date situation.)

## SECOND-LINE DRUGS

In 2015, GDF has processed orders for SLD with a value of USD 124.3 million. The top 10 SLD products accounted for 91% of GDF's total expenditure on FLDs.

FIGURE 7 - TOP 10 SLDS, 2015 (PROCUREMENT IN VALUE US \$ MILLION)



(Note: The figures presented here are only the value of goods procured for both adults and pediatrics and do not include the cost of freight,

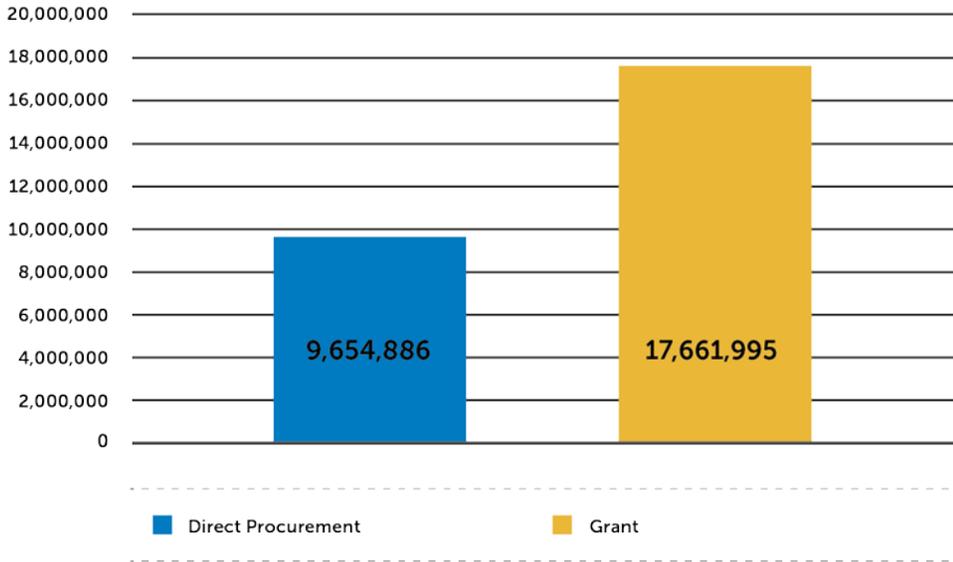
insurance, procurement, agent handling fees, quality control and pre-shipment inspection charges.)

## DIAGNOSTICS

In 2015, GDF provided new diagnostics for a total value of USD 27.3 million, with 65% being supplied through Grants (under the UNITAID Expand TB, Xpert project or TB REACH project) and 35% through Direct Procurement. During the year,

391 shipments of new diagnostic tools were to 52 countries. GDF made available for direct procurement all its diagnostics portfolio. Direct procurement represents 35% of the diagnostics procured value (Figure 8).

FIGURE 8 - VALUE OF DIAGNOSTICS ORDERED BY FUNDING SERVICE IN 2015



**QUALITY ASSURANCE**

GDF continued to address the constraints arising from the low number of quality-assured products through proactive engagement with manufacturers and close collaboration with various partners, such as the WHO Prequalification Programme, U.S. Pharmacopeia (USP), and the USAID-funded Promoting the Quality of Medicines (PQM) programme.

Following various events with manufacturers, potential suppliers of most demanded products<sup>1</sup> were identified and briefed on GDF policies and procedures. In the course of the year, GDF continued 100% batch testing of Kanamycin from one of the SRA authorized supplier and strictly followed its QA policy in regard to testing of WHO pre-qualified and ERP approved products.

From September 2015, GDF introduced testing of

all first-line products from another supplier due to the GMP issues identified during audits conducted by UN agencies. As of end of December 2015, the GDF FLD portfolio consisted of 25 quality assured products supplied by 15 manufacturers, while the SLD portfolio comprised of 37 quality assured products supplied by 33 manufacturers, representing all 5 groups of medicines currently recommended by WHO treatment guidelines for the treatment of multi and extensively drug-resistant forms of tuberculosis.

In April 2015, GDF through IDA entered into new agreement with Intertek, Italy for consignment inspections and sampling and SGS labs of Chennai, India for quality testing services for the procured medicines. These agreements are in force until the end of March 2018.

In 2015, over 500 pre-shipment inspections and 100 cases of product sampling were organized by

<sup>1</sup> These products include Kanamycin, Capreomycin, Clofazimine, Linezolid.

Intertek and SGS for all groups of products. Within this year, SGS conducted review of over 3300 Certificate of Analysis (CoA), critical review of CoA for 45 products, and performed 326 quality tests.

In 2015, five cases of product quality complaints, Out of Specifications (OoS) for first line drugs were reported to GDF. In two out of five cases, products were procured outside of the GDF mechanism and no further actions were required by GDF. The remaining three cases were thoroughly investigated. One of the cases was closed before end of the year and the product was released from quarantine. The root of OoS cause was confirmed as use of non-validated testing method. Final reports for two remaining complaints is still pending.

Due to criticality of the raised GMP issues for this supplier, GDF suspended further procurement of its products until further notice from the WHO Prequalification programme.

**PROCUREMENT AND SUPPLY OF NEW DIAGNOSTIC TOOLS**

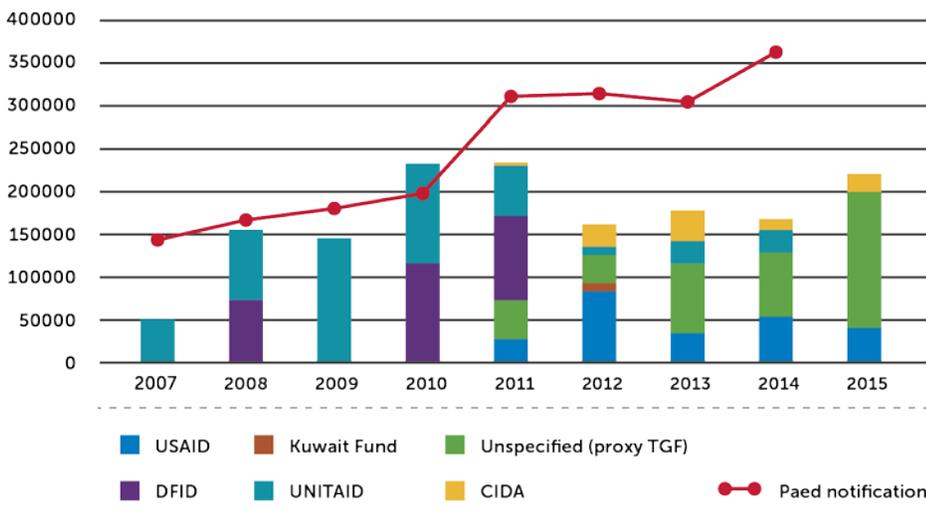
In 2015, GDF provided new diagnostics for a total value of USD 27.3 million, with 65% being supplied

through Grants (under the UNITAID Expand TB, Xpert project or TB REACH) and 35% through Direct Procurement. During the year, 391 shipments of new diagnostic tools were to 52 countries.

GDF's diagnostics portfolio consists of more than 500 different products, carefully selected, quality checked and verified for use in TB laboratories from a large market of available manufacturers and wholesalers. GDF has also served as a key platform for introduction of GeneXpert and new diagnostics through TB REACH, EXPANDx-TB and TB Xpert project, thereby enabling it to meet the requirements of TB laboratories anywhere in the world.

At the end of 2014, the procurement agent for the diagnostics portfolio (GIZ) informed GDF of its decision to discontinue their contract with GDF from March 2015. GDF's management decided to internalize GIZ activities and perform in-house procurement using UNOPS processes, rules and regulations. Following this decision, all long term agreements (LTA) with suppliers have been transferred from GIZ to UNOPS/GDF, and a new process and forms in line with UNOPS rules and regulations have been developed and approved.

FIGURE 9 - PEDIATRIC TREATMENTS SUPPLIED



**NEW PEDIATRIC FORMULATIONS**

In 2015, GDF worked with partners, such as the TB Alliance, WHO, Global Fund, Challenge TB and SIAPS, to map the preparedness of high-burden countries to uptake the new child-friendly pediatric formulations that were launched during UNION in December 2015. GDF, in particular, supported the analysis to: (a) determine country plans in forthcoming procurement cycles; (b) estimate the current pediatric formulations stock balance; and (c) identify any financial gaps. In July 2015, GDF

participated in the meeting facilitated by WHO and TB Alliance to share the findings of a landscape analysis and collectively develop country action plans.

In December 2015, GDF co-facilitated a symposium at the Union Conference, ‘Improving Access to Appropriate Pediatric TB Medicines’ and shared lessons learned from previous involvement with TB pediatrics, key supply challenges and need for action at the country level and how to procure new pediatric formulations from GDF.

**In Partnership with the Global Fund to Fight AIDS, TB & Malaria**

The Stop TB Partnership is engaged in several areas of collaboration with the Global Fund Secretariat, Board, Board Committees and partners. The diagram below shows the multiple

levels of engagement with the Global Fund, with the main purpose of ensuring TB friendly funding policies and allocations as well as maximizing impact of the Global Fund grants.

**STOP TB PARTNERSHIP ENSURES THE VOICE OF THE TB COMMUNITY AT LARGE IS WELL-REPRESENTED IN GLOBAL FUND PROCESSES**

**KEY HIGHLIGHTS**

- Partners Constituency **Board Member** since July 2014 to December 2015.
- SIIC Member** since April 2014 to April 2016.
- SIIC Focal Point** for key performance indicators and market shaping.



## REGULAR CORE GROUP CALLS ORGANIZED WITH KEY PARTNERS TO BOOST THE WORK OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

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### 100+ MEMBERS

**World Health Organization (WHO)**  
**United Nations Development Program (UNDP)**  
**UNAIDS**  
**UNITAID**  
**The World Bank**  
**Government of Canada**  
**USAID**  
**PEPFAR**  
**International Union Against Tuberculosis and Lung Diseases**  
**International Federation of Red Cross and Red Crescent Societies**  
**Results**  
**Médecins Sans Frontières (MSF)**  
**Global Coalition of TB Activists**  
**KNCV Tuberculosis Foundation**  
**Centers for Disease Control and Prevention (CDC)**  
**Treatment Action Group (TAG)**  
**Eli Lilly**  
**Bill and Malinda Gates Foundation**

### ONGOING SPOTLIGHT ISSUES

- ▶ 5th Replenishment Campaign
- ▶ 2017–2021 Strategy including the TB Targets
- ▶ Allocation Methodology
- ▶ Needs Assessment and Optimization
- ▶ Market Shaping Strategy
- ▶ e-Marketplace
- ▶ TB Disbursements and Absorption Capacity

### TB SITUATION ROOM

The TB Situation Room has actively delivered on its mission to ensure high-impact TB grants through the Global Fund funding model, and unlock TB grant bottlenecks to maximize impact. In 2015, the TB Situation Room has provided support and coordination for 27 countries. The TB Situation Room's early warning system, intelligence sharing, and rapid deployment of tar-

geted support has seen improved impact of critical funding for TB. This includes support for the funding model by ensuring concept notes prioritized for impact and effective and accelerated grant implementation. The Situation Room's data driven approach also provides key insights into the existing TB grant portfolio, with annual TB disbursements increasing.

With 28 Executive Committee meetings held in 2015, the TB Situation Room provides a harmonized forum for collaboration and collective action. Situation Room partners have held more than 27 in-depth discussions, collectively reviewed Concept Notes for 24 countries, and held three joint country missions on accelerating grant implementation with National TB Programme managers and stakeholders. The Situation Room also monitors key policy issues, with emerging lessons learned on effective grant implementation. The TB Situation Room has been a forerunner in providing best practices for others, with the Situation Room model now scaled up through additional disease specific Situation Rooms (HIV & HSS) and the Implementation Through Partnership (ITP) initiative. The TB Situation Room has proven itself as a model for strategic impact and a robust example of partnership in action.

Going forward, the Situation Room will continue its strategic work and respond to several shifting priorities in 2016. With a continuing focus on implementation, the TB Situation Room will again support countries as they receive allocations and begin developing the next cycle of new grants. This will be accompanied by a corresponding focus on policy and results, as Global Fund policies are updated. All Situation Room work will continue to be driven by a strong evidence base through its dashboard, in order to maximize impact for TB.

## Communications, Advocacy and Resource mobilization

The Stop TB Partnership's advocacy activities in 2015 focused on high-level engagement of key stakeholders, building commitment to the Global Plan to End TB 2016-2020, and supporting the advocacy efforts of our partners around the world.

### GLOBAL AND REGIONAL ADVOCACY

At the end of March 2015, the Stop TB Partnership played a key role in coordinating the 1st Eastern European Ministerial Conference on TB and drug-resistant TB. Under the Latvian presidency of the Council of the European Union from 1 January to 30 June 2015, the Latvian Ministry of Health, in cooperation with WHO Europe, The Global Fund to Fight AIDS, TB and Malaria, the Stop TB Partnership, the TB Europe Coalition and the European Commission, organized the 1st Eastern Partnership Ministerial Conference on TB and MDR-TB. Latvia has demonstrated impressive commitment in responding to drug-resistant TB within its own borders and is a great example for the TB community. With a well-established TB and MDR-TB control programme, it is often used as an example of best practices for other countries. The 1st Ministerial Conference provided an opportunity for Latvia to use the platform of its EU Presidency to lead Europe into a new era in the response to TB and HIV, and ensure that governments understand and act on their own domestic investments on TB interventions. The Riga Declaration on TB was endorsed at this meeting.

In March 2015, the Stop TB Partnership together with the Global Fund, organized a briefing that was hosted by the Permanent Mission of Canada and the Permanent Mission of Zimbabwe. Held at the Canadian Mission in Geneva, this briefing brought together Geneva-based health attaches for a dialogue on the fight against TB, including a discussion on the current work and future direction of the Stop TB Partnership. It was also an opportunity to thank Canada for their contribution to TB REACH, and to highlight

the Partnership's efforts to diversify the need for funding to other donors in order to ensure the continued success of the programme.

### HIGH-LEVEL ADVOCACY MISSIONS TO COUNTRIES

In April 2015, the Executive Director of the Stop TB Partnership conducted a high level mission to India as part of the Joint Monitoring Mission where she met with the Minister of Health and other top officials to discuss key TB challenges in India and opportunities for collaboration. A special area of work was around engagement with Member States from the European Region especially in the context of transitioning out of the Global Fund and increasing domestic investments as well as increasing profile and funding of TB in the European Union. Stop TB Partnership was one of the partners engaged, and the Partnership provided essential support during high level missions and meetings in Latvia, Turkey, Lithuania and Georgia, which included engagement with Ministers of Finance and Health. In addition, the Partnership worked closely with the WHO European Region, PAS, and TB Europe Coalition to support the Eastern European Regional Proposal to be funded by the Global Fund starting in January 2016.

In addition, the Executive Director met with the German Minister of Health in September 2015 to advocate for Germany's continued commitment to global TB efforts and the replenishment of the Global Fund to Fight AIDS, TB and Malaria. The Partnership worked closely with Stop TB Germany in the lead up to the meeting to ensure a coordinated approach. The Partnership has also worked closely with its partners in Japan to coordinate engagement of the government of Japan leading up to their 2016 Presidency of the G7. In October, the Executive Director met with Japan's Minister of Health, Yasuhisa Shiozaki to secure Japan's continued commitment to global TB efforts, and advocated for infectious diseases to be a key priority during their G7 Presidency.

## 2015 WORLD TB DAY

The theme for World TB Day 2015 was a continuation from 2014, calling for a global effort to reach, treat and cure the 3.3 million people who are missed by health systems. The call was preceded by numerous meetings and discussions with partners to ensure – to the best extent possible – alignment on messaging and efforts. Months ahead, a Messaging Framework and compendium of communications products were developed to include posters, t-shirts and a campaign document in all the six languages that were disseminated to partners. The Partnership also developed a set of infographics highlighting the global burden, the missing 3 million, impressive impact numbers for TB REACH and the Global Drug Facility, as well as an infographic showcasing the Partnership's engagement with the Global Fund.

The Stop TB Partnership led a global effort with partners on engaging through social media aggressively on World TB Day in an unprecedented initiative to multiply its reach. A suggested social media messaging document was sent to partners to disseminate ahead of World TB Day in order to ensure that only a united and strong voice will be heard in a crowded international global health space. This report gives an idea of the Stop TB Partnership's reach during the World TB Day week: <http://www.stoptb.org/webadmin/cms/docs/World%20TB%20Day%20Social%20Media%20Stats.pdf>

During that week, there were nearly 1000 tweets an hour and the Partnership reached more than 10 million unique viewers with the #worldtbd day hashtag. The @stoptb page reached more than 2.7 million accounts, giving exposure to more than 4.9 million people worldwide.

In a more internal initiative to highlight that there should be no stigma associated with TB, and that anyone could be infected with TB no matter where they live ahead of World TB Day, 47 colleagues working at the Stop TB Partnership Secretariat, UNOPS and the Global Fund under-

took an Interferon Gamma Release Assay (IGRA test) to determine if the person is infected with latent TB. It generated a lot of interest and opportunities for people to discuss TB, the infection and the active disease.

## STRENGTHENED COMMUNICATION ON TB

The monthly Stop TB Partnership communications e-newsletter reaches over 15,000 stakeholders through our core mailing lists. It contains all of the Partnership's top line news for the given month, news from the partners, key announcements, an opinion editorial, a consolidation of TB coverage in the media, a recommended read for the month and a listing of important upcoming events.

In November, the Partnership launched 'United to End TB: Every Word Counts' – the first language guide for partners and stakeholders working in TB. The language guide supports the call for change in the new Global Plan to End TB 2016–2020, which includes 'changing the mindset, language and dialogue on TB, as one of the key paradigm shifts required to reach the End TB goals.

Work on the TB identity project continued in 2015 which included bringing the new brand identity (the Red Arrow) to life through a targeted rollout programme of communication activities that will engage key audiences, drive desired behaviour and help achieve the goal of ending TB. The Red Arrow simply is a symbol for our goal: a world without TB. It represents our unwavering commitment to move forward with this mission until we reach the finish line. Because despite its devastating impact as the world's leading infectious killer, there is still the troubling fact that most people in the world think of TB as a disease of the past. The Red Arrow was developed with the input of thousands of partners in the TB community. The symbol belongs to no single organization, person, tagline or agenda. It represents our unity against TB, and it's in everyone's hand to shape, mold and give meaning to.

The Red Arrow officially launched in Cape Town in December at the 46th Union World Conference on Lung Health.

### **2015 KOCHON PRIZE**

Day by day, unknown and unrecognized people make miracles happen for those suffering because of TB. They are health workers, community workers, volunteers, researchers and all types of service providers. They battle restlessly with TB, and their efforts are making a huge impact in the lives of those affected by the disease -- but they are rarely recognized for their huge efforts and impact.

The theme for the 2015 Kochon Prize was voted on and chosen by Stop TB partners, focused on unrecognized/unsung heroes working in TB. It highlighted the critical role health workers,

community workers and volunteers play both in the developed world as well as in some of the poorest countries plagued with unimaginable shortages of health services and limited access to TB care.

The 2015 Kochon Prize was awarded to one organization and two individuals -- ASPAT-Perú, Dr. Natalya Vezhnina, and Ms. Naomi Wanjira – for their outstanding contributions in the fight against TB, which captured the spirit of the 2015 theme.

The Kochon Prize, which consists of a USD 65,000 award, has been presented annually for the past nine years to individuals and/or organizations that have made a highly significant contribution to combating TB. The Prize is fully funded by the Kochon Foundation, which is located in the Republic of Korea.

## **Board Leadership Engagement**

In December 2014, the Stop TB Partnership's engagement of BRICS governments resulted in TB being the top priority on the 2014 BRICS Health Minister's Meeting agenda in Brasilia, resulting in the BRICS Joint Communique outlining a series of commitments by the Ministers to take action on TB, including agreement to a set of 90-(90)-90 TB targets by Ministers, to collaborate on scientific research and innovations on diagnostics and treatment, and to develop a common approach to universal access to first line anti-TB medicines. The BRICS Health Ministers commitment to TB was reiterated in May 2015.

The Chair of the Stop TB Partnership Coordinating Board and Minister of Health for South Africa, Dr Aaron Motsoaledi, delivered a briefing on the TB and mining epidemic to African Ministers of Health at the World Health Assembly and to African UN Ambassadors in the UN General Assembly. The Stop TB Partnership in collaboration with the Global Fund also convened

mining companies on the sidelines of the World Economic Forum Africa in June 2015 to discuss their increased commitment and financial contributions to addressing TB among miners.

Minister Motsoaledi was mobilized throughout 2015 for various high-level advocacy engagements. The Minister represented the Partnership during the World Health Assembly in May 2015 and held bi-lateral meetings to discuss TB cooperation with Dr Li Bin, Minister for China's National Population and Family Planning Commission, and with Ministers of Health of Brazil, Russia and India, resulting in strong commitments by BRICS Ministers of Health to the proposed 90-(90)-90 global TB targets.

Minister Motsoaledi also represented the Partnership at the 2015 UN General Assembly that took place in September, where he met with key Ministers of Health, Ministers of Development and advocated for continued prioritization and resources for global TB efforts.

## Global TB Caucus

The Partnership put a focus and efforts on leading advocacy for the Global TB Caucus, a network of Parliamentarians committed to Ending TB, and played an important role in convincing over 650 Parliamentarians from 100 countries to join the Global TB Caucus. The Partnership developed and sent multiple advocacy calls to action to its networks, supported by template letters and advocacy materials for our networks to send to their Members of Parliament request-

ing them to show their support for Ending TB in their countries. Each of these advocacy mail outs resulted in large increases in the membership of the Caucus. The Partnership also sent out letters to the Speakers of the Parliaments in over 100 countries, asking them to request their fellow Parliamentarians to join, and translated letter into Russian and other languages to ensure strong responses.

## AMR

The Stop TB Partnership also put a major focus on advocacy messaging on TB and Anti-Microbial Resistance (AMR) in the first half of 2015, given that AMR was a major focus area for the German Presidency of the G7. The Partnership positioned TB as a major priority on the AMR agenda by engaging its network and partners to support AMR advocacy and aligning the AMR and TB agendas. This resulted in the Partnership joining

with Every Woman, Every Child, the Review on AMR convened by the UK Prime Minister, the UN Permanent Missions of UK, South Africa, Sweden and others to convene Member States at the United Nations in New York to advance action on AMR. The Partnership will develop additional advocacy materials on AMR and TB in 2016 and engage its partners to support the campaign for a UN high-level meeting on AMR.

## Tools to monitor progress

### REPORT ON TB RESEARCH FUNDING TRENDS

The Stop TB Partnership supported TAG's Report on TB Research Funding Trends which plays a critical role in monitoring global R&D levels and drives advocacy efforts for increased R&D. This year marks the 10th anniversary of the report and shows a continued downward decline of TB R&D funding and a continual exit of pharmaceutical companies from TB R&D.

### DEVELOPMENT OF COUNTRY DASHBOARDS – OUT OF STEP REPORT, IN PARTNERSHIP WITH MSF

The Stop TB Partnership and MSF completed an in-depth review of TB Policies in 24 countries

in September 2015, which involved the review of over 150 TB policy documents followed by validation and review of the data by National NTP Managers. The data collected and subsequent analysis will form the basis of the launch of the new report 'Out of Step: TB Policies in 24 Countries' at the 46th Union World Conference on Lung Health in Cape Town. The report will provide a valuable case study and learning tool to inform countries around the world on the status and scale-up their TB policies. The review will cover TB policies in five key areas: TB and DR-TB diagnostics, treatment, care, and regulatory policies. The report represents the first comprehensive review of TB Policies of its kind and has generated strong interest among key actors in the TB field. The results will also be

outlined in a peer reviewed academic paper which will be written in partnership with MSF.

## All United to End TB

The Stop TB Partnership needs to ensure that partners and key stakeholders come together in one joint effort towards ending TB, facilitating and catalyzing engagement and dialogue. Fighting TB cannot be the business of one organization alone, but needs the contributions of all those who can make a difference. The Stop TB Partnership provides an opportunity to be part of a global movement to help ensure TB receives the attention and resources it deserves. One aspect is all of us coming together under the same vision and mission. The other aspect is ensuring that we have the right messages, tone and we embark in appropriate advocacy efforts.

### STOP TB PARTNERSHIP WORKING GROUPS

- ▶ The Implementation Working Groups i.e. Global Drug-Resistant TB Initiative (GDI), Global Laboratory Initiative (GLI), TB Infection Control subgroup, Childhood TB subgroup and the Public Private Mix (PPM) for TB Care and Control subgroup are funded by USAID and as recommended in the Standard Operating Procedures for Working Groups (WGs), each group had submitted a work plan on how they work to fulfill their group's objectives in 2015.
- ▶ Besides the various events and progress on the work plans, one of the highlights of 2015 was the organizing of a GLI/GDI Joint Partners Forum for strengthening and aligning TB diagnosis and treatment held in April. Recommendations from the forum included the issue of the 'Call to Action on the Introduction of the New Anti-TB Drugs'.

- ▶ The Stop TB Partnership highlights the achievements of the WGs through biannual bulletins which can be accessed here: <http://eepurl.com/bQ3gWb>
- ▶ The Research/New Tools Working Groups i.e. Working Group on New TB Vaccines, Working Group on New Diagnostics, and Working Group on New TB Drugs were active in the development of the Global Plan 2016-2020 and have contributed to the research and development areas for TB, pipelines and needs of funding to advance the development and roll-out of new tools. The 4th Global Forum on TB Vaccines was held in China in April and this landmark event brought together nearly 300 researchers, product developers, policy makers, advocates and other stakeholders from more than 30 countries sharing the latest research and findings in the field to discuss the way forward for this critical research. The New Diagnostics Working Group in partnership with FIND organized an expert workshop on the development of best practices for performance and cost-effectiveness of tests targeting latest TB.

### DIRECTORY OF PARTNERS

The Directory of Partners continues to be updated and constitutes an online and easily accessible repository of a variety of information related to the Stop TB Partners. As of 31 December, the Stop TB directory counts a total number of 1432 active partners.

In 2015, the Stop TB Partnership started a new initiative to highlight the work of partners in the field which is shared in the monthly news-

letter. The work of two partner organizations have been highlighted so far – Concern Health Education, Ghana in identifying TB, and the Nepal Anti-TB Association for their work in the aftermath of Nepal's earthquake.

The Operational Strategy mandated the Stop TB Partnership to conduct an annual survey with partners in order to evaluate their satisfaction with the services and support provided by the Secretariat. The 2015 survey collected feedback and ideas on the services that partners want the Secretariat to provide, and to evaluate the successes and pitfalls of our work moving forward. The response rate from the survey increased to 22%, an increase versus last year but still lower than what we target. Highlights include:

- ▶ Importance of the Stop TB Partnership Secretariat in the global fight against TB – 92% responded with extremely and very important
- ▶ Extent of satisfaction with the Stop TB Partnership Secretariat's work – 70% of partners are completely satisfied or satisfied
- ▶ 88% of partners would recommend others to join the Stop TB Partnership

Two of the suggestions for improve of the Stop TB Partnership Secretariat's role include:

- ▶ The need for the Partnership to be more ambitious and aggressive if we are to make TB disappear as a public health concern by 2030
- ▶ The Partnership plays a key role on global TB advocacy, sensitizing world leaders and engaging them and the communities in the TB fight. The world needs leadership in this sense and that is what the Partnership has been doing. However, information does not always reach those in need due to language barriers and something must be done to address this.

**OVER 1000 PARLIAMENTARIANS  
FROM MORE THAN 100 COUNTRIES  
SUPPORTED THE GLOBAL TB CAUCUS**

**2015 KOCHON PRIZE  
WAS AWARDED TO 1  
ORGANIZATION AND 2  
INDIVIDUALS**

– unsung and unrecognized heroes  
making everyday miracles happen for  
people with TB

**GENDER ASSESSMENT TOOLKIT**

was developed, tested and rolled out in four countries

As of September 2015,  
**THE GDF FLD  
PORTFOLIO CONSISTED  
OF 25 QUALIFY  
ASSURED PRODUCTS  
SUPPLIED BY 15  
MANUFACTURERS,  
WHILE THE SLD  
PORTFOLIO**

**COMPRISED 37  
QUALITY ASSURED  
PRODUCTS  
SUPPLIED BY 33**

**MANUFACTURERS,**  
representing all 5 groups  
of medicines currently  
recommended by WHO  
treatment guidelines for the  
treatment of MDR and XDR-TB

**CHALLENGE FACILITY  
FOR CIVIL SOCIETY  
CALL FOR PROPOSALS  
FOR ROUND 7  
RECEIVED 482  
APPLICATIONS FROM  
55 COUNTRIES**

**USD 30 MILLION  
MOBILIZED  
TO SUPPORT  
INTERVENTIONS TO  
REDUCE TB AMONG  
MINERS**

through a regional grant  
from the Global Fund

**#CHANGETB  
CAMPAIGN  
LAUNCHED**

with a total of  
#ChangeTB reach  
of 2.3 million, and  
18 million timeline  
deliveries

Since 2010,  
**GDF HAS CONTINUED  
TO ADHERE TO QUALITY  
ASSURANCE POLICIES**

of other major global partners and  
monitor the quality of the anti-TB  
drugs and related diagnostics and  
therapeutic devices supplied by GDF

**OUT OF STEP REPORT  
IN PARTNERSHIP  
WITH MSF**

– an in-depth review of TB  
policies in 24 countries

**HIGH LEVEL  
DISCUSSION ON  
TRANSITION AND  
SUSTAINABILITY OF  
PROGRAMMES IN  
EASTERN EUROPEAN  
REGIONS**

**ENSURING A  
STRONG TB  
REPRESENTATION  
THROUGH GLOBAL  
FUND**

in Country Coordinating  
Mechanisms (CCMs) of 23  
countries

**GLOBAL FUND ONGOING SPOTLIGHT  
ISSUES**

- ▶ 5th Replenishment Campaign
- ▶ 2017-2021 Strategy including the TB targets
- ▶ Allocation Methodology
- ▶ Needs Assessment and Optimization
- ▶ Market Shaping Strategy
- ▶ e-Marketplace
- ▶ TB Disbursements and Absorption Capacity

**REPRESENTING  
THE TB  
COMMUNITY  
VOICE**

on all Global Fund  
related conversations  
and processes

**US\$ 8  
MILLION  
MOBILIZED**

to address health  
systems and MDR-  
TB issues in the  
Eastern European  
region

**UNPRECEDENTED BRICS ENGAGEMENT**

**51 NFM APPLICATIONS** with community  
systems components funded by the Global Fund

## SUMMARY FINANCIAL STATEMENTS 2014 AND 2015

The annual financial statement for the Stop TB Partnership for 2015 is given below. (Please note that the 2014 figures have been given as comparatives)

2014 and 2015 were rather special: 2014 was the last year of the Partnership being hosted by WHO and 2015 was the first year under the new hosting arrangement with UNOPS.

During 2015, the financial position of the Partnership was strengthened with continued support from its long term core donors including USAID, Canada, CDC and Gates.

Donor contributions increased by 54% to \$52.8 million and set the Partnership on the road to

long term financial sustainability.

The carried forward amounts include “encumbered funds” which are funds that have been received and set aside in earlier years for orders placed by GDF and TB REACH and for grants awarded by TB REACH. By their nature these orders and grants span more than one accounting period and funds relating to them have to be kept intact till used.

The need to encumber funds arises from an interplay of WHO and UN accounting financial rules and regulations with the complexity of GDF and TB REACH operations.

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**NOTE 1:**

“Carried forward from earlier years” includes resources received in prior years and “encumbered” that have been set aside in those years to meet known liabilities when they materialize in future.

**NOTE 2:**

“Prior year adjustments” for income in 2015 arise as financial data relating to certain items of income, while recorded in a given year, belong to an earlier accounting period.

**NOTE 3:**

“Prior year adjustments” for expenditure in 2015 arise as financial data for certain items of expenditure, while recorded in a given year, belong to an earlier accounting period.

SUMMARY STATEMENTS OF INCOME AND EXPENDITURE FOR THE YEAR  
ENDING 31 DECEMBER 2014 AND 2015 (ALL FIGURES IN US\$,000)

FINANCIAL RESOURCES AVAILABLE TO THE PARTNERSHIP		2014	2015
Carried forward from earlier years (Note 1)	A	140,931	77,961
<b>INCOME RECEIVED IN 2014</b>			
Governments and their Agencies		15,936	33,505
Multilateral Organizations		16,465	15,617
Foundations and Others		1,983	1,273
<b>Sub Total: Direct Income for the year</b>	<b>B</b>	<b>34,383</b>	<b>50,395</b>
<b>OTHER INCOME AND ADJUSTMENTS</b>			
GDF Fees		-	742
Prior year adjustments (Note 2)		-	1,343
Investment income (Interest on funds under UNOPS)		-	318
<b>Sub Total: Other Income and Adjustments</b>	<b>C</b>	<b>-</b>	<b>2,404</b>
<b>Total Income for the year</b>	<b>D (B+C)</b>	<b>34,383</b>	<b>52,799</b>
<b>Total resources available for the year</b>	<b>E (A+D)</b>	<b>175,314</b>	<b>130,760</b>
<b>EXPENDITURE</b>			
Partnership Building		4,413	4,393
ACRM		2,619	1,022
TB REACH		22,064	17,708
Global Drug Facility (GDF)		63,440	25,917
General Management and Administration*		4,817	3,801
Prior year adjustments (Note 3)		-	3,679
<b>Total Expenditure for the year</b>	<b>F</b>	<b>97,353</b>	<b>56,521</b>
<b>Balance carried forward to next year</b>	<b>E-F</b>	<b>77,961</b>	<b>74,239</b>

\*Includes Stop TB Operational costs and UNOPS costs for the services it provides as host to the Partnership, namely: LMDC, CMDC and PSC

# 08 | Leadership

**Dr Lucica Ditiu**

Executive Director of the Stop TB Partnership

**Dr Suvanand Sahu**

Deputy Executive Director of the Stop TB Partnership

**MEMBERS OF THE BOARD****Dr Aaron Motsoaledi**

Minister of Health, South Africa  
Chair

**Dr Joanne Carter**

Executive Director, RESULTS USA  
Vice Chair

**DONORS****Ms Cheri Vincent**

US Agency for International Development (USAID)  
United States of America

**Ms Gloria Wiseman**

Global Affairs Canada  
Canada

**Ms Delna Gandhi**

Department of International Development (DFID)  
United Kingdom

**TB AFFECTED COUNTRIES****Mr Antonio Brito**

Member of Congress  
Brazil

**Ms Li Bin**

Minister of National Health and Family Planning Commission of China  
Ministry of Health of the People's Republic of China  
China

**Mr Shri Anshu Prakash**

Joint Secretary  
Ministry of Health and Family Welfare  
India

**Dr Nazira Abdula**

Deputy Ministry of Health  
Mozambique

**MULTILATERAL ORGANIZATIONS****Dr Mario Raviglione**

Director, Global TB Programme  
World Health Organization  
Switzerland

**Ms Miriam Schneidman**

Lead Health Specialist  
World Bank  
United States of America

**Mr Michel Sidibe**

Executive Director  
United Nations Programme on HIV/AIDS (UNAIDS)  
Switzerland

**Dr Mark Dybul**

Executive Director  
The Global Fund to Fight AIDS, Tuberculosis & Malaria  
Switzerland

**\*Mr Lelio Marmora**

Executive Director  
UNITAID  
\*non-voting member

**TECHNICAL AGENCIES****Dr Susan Maloney**

Global TB Coordinator, Centers for Disease Control and Prevention (CDC)  
United States of America

**Dr Paula Fujiwara**

Scientific Director, International Union Against Tuberculosis and Lung Disease (TheUnion)  
France

**Dr Kitty van Weezenbeek**

Executive Director, KNCV Tuberculosis Foundation  
The Netherlands

**FOUNDATIONS**

**Ms Erika Arthun**

Bill and Melinda Gates Foundation  
United States of America

**PRIVATE SECTOR**

**Dr Evan Lee**

Eli Lilly  
Switzerland

**DEVELOPING COUNTRY NGO**

**Mr Austin Obiefuna**

Executive Director, AFRO Global Alliance  
Ghana

**DEVELOPED COUNTRY NGO**

**Mr Aaron Oxley**

Executive Director, RESULTS UK  
United Kingdom

**COMMUNITIES AFFECTED BY TB**

**Mr Timur Abdullaev**

Uzbekistan

**Mrs Thokozile Beatrex Nkhoma**

Malawi

**WORKING GROUPS**

**Dr Mel Spigelman**

Co-Chair, Working Group on New Drugs  
United States of America

**Dr Charles Daley**

Chair, Global Drug Initiative Working Group  
United Kingdom

**HOST ORGANIZATION**

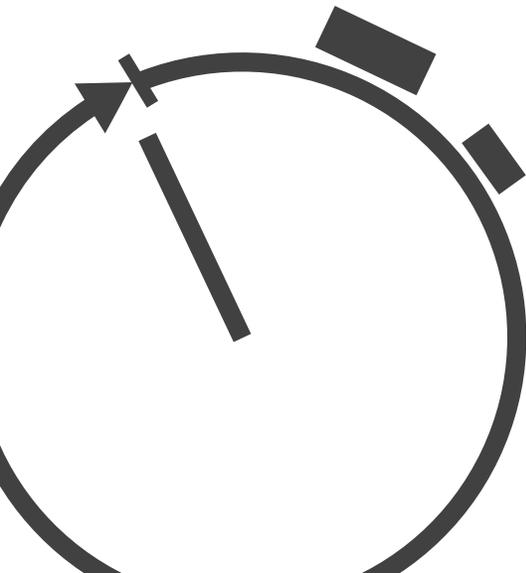
**\*Mr Moin Karim**

UNOPS  
\*non-voting member

# 09 | Funders

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

**BILL & MELINDA GATES FOUNDATION**  
**GLOBAL AFFAIRS CANADA**  
**CENTERS FOR DISEASE CONTROL AND PREVENTION, USA**  
**DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, UK**  
**ELI LILLY & COMPANY**  
**UNITED NATIONS FOUNDATION**  
**USAID**  
**THE GLOBAL FUND TO FIGHT AIDS, TB & MALARIA**  
**KOCHON FOUNDATION**  
**UNITAID**  
**WORLD BANK**



# Annex | The Secretariat

## Who we are: People and faces at the Stop TB Partnership working towards ending TB



**Lucica Ditiu**  
Executive Director  
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Total number of staff representing 20 countries: 48

♀ **Total women: 28**  
♂ **Total men: 20**

### EXECUTIVE DIRECTOR'S OFFICE



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**Caoimhe Smyth**  
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---

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**WE MUST  
CHANGE OUR  
MINDSETS  
TO END THE  
TB EPIDEMIC  
BY 2030.  
IF WE LEAVE NO  
ONE BEHIND,  
TOGETHER WE  
WILL REACH  
THE FINISH LINE.**





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