



The Stop TB Partnership



ANNUAL REPORT 2009



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Abbreviations

Organizations and other entities

ACSM	Advocacy, communication and social mobilization
AFRO	World Health Organization Regional Office for Africa
AMRO	World Health Organization Regional Office for the Americas
CFCS	Challenge Facility for Civil Society
CIDA	Canadian International Development Agency
CGI	Clinton Global Initiative
CREATE	Consortium to Respond Effectively to the AIDS/TB Epidemic
DCVRN	Developing Countries' Vaccine Regulators Network
DEWG	DOTS expansion working group
DFID	United Kingdom Department for International Development
EMRO	World Health Organization Regional Office for the Eastern Mediterranean
EURO	World Health Organization Regional Office for Europe
EXPAND-TB	Expanding Access to New Diagnostics for TB [project]
FIND	Foundation for Innovative New Diagnostics
GDF	Global Drug Facility
GLC	Green Light Committee
GLI	Global Laboratory Initiative
GRAVIS	Gramin Vikas Vigyan Samiti
HFFG	Hope for Future Generations
KANCO	Kenya AIDS NGOs Consortium
NGO	nongovernmental organization
PEPFAR	[US] President's Emergency Plan for AIDS Relief
PPM	public-private mix
RESIST-TB	Research Excellence to Stop TB Resistance
SEARO	World Health Organization Regional Office for South-East Asia

STAG-TB	Strategic and Technical Advisory Group for Tuberculosis
TAG	Treatment Action Group
TBTEAM	Tuberculosis Technical Assistance Mechanism of the Stop TB Partnership
TBVACSIN	Tuberculosis Vaccine Trial Sites Network
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNITAID	An international funding facility set up to accelerate treatment of HIV/AIDS, malaria and tuberculosis in developing countries
USAID	United States Agency for International Development
WHO	World Health Organization
WPRO	World Health Organization Regional Office for the Western Pacific

Technical terms

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus Calmette-Guérin
DOTS	The basic strategy that underpins the Stop TB Strategy
DST	Drug susceptibility testing
GRADE	Grading of Recommendations, Assessment, Development and Evaluation
HIV	Human immunodeficiency virus
LED	Light-emitting diode
MDR-TB	Multidrug-resistant tuberculosis
TB	Tuberculosis
TB-HIV, TB/HIV	Tuberculosis and human immunodeficiency virus co-infection and/or co-epidemic
XDR-TB	Extensively drug-resistant tuberculosis





Dr. Marcos Espinal

Message from the Executive Secretary

With 2009 at an end we are approaching an important watershed. The year 2010 is the halfway mark for the Global Plan to Stop TB 2006-2015.

In this time of economic uncertainty, many worry that we can't do everything we planned – so what will we sacrifice? Where do we cut?

Some may be asking these questions, but I will not. I believe we should not lower our sights one bit. Rather, we should broadcast far and wide irrefutable arguments for more and better TB control now. The fight against TB is more than a humanitarian cause – it is also a smart investment, at a time when many investments seem insecure.

A little more than a year ago a World Bank research report found that countries with the world's highest numbers of TB cases could earn significantly more than they spend on TB diagnosis and treatment if they signed onto the Stop TB Partnership's Global Plan to Stop TB. The study, which was commissioned by the World Bank on behalf of the Stop TB Partnership and funded by the Bill and Melinda Gates Foundation made abundantly clear that the economic benefits of TB control are greater than the costs. Most highly affected countries could gain nine times or more their investments in TB control.

The study was published a year ago, but we have only begun the work of persuading decision-makers everywhere that fighting TB is a matter of economic survival for many, many countries. It's our job to convince them. If we don't, budgets for TB control and research will almost certainly be cut.

The greatest hope for fulfilling the goals of the Global Plan lies in the growing strength of the Partnership. The number of partners in Stop TB grew from 463 in 2005 to some 1200 as of December 2009. And 2009 saw the launch of six new national partnerships -- in Afghanistan, the Dominican Republic, Morocco, Nigeria, Swaziland and Syria.

The year 2009 also saw a major landmark in the history of the Stop TB Partnership. More than 1300 people gathered at the Centro de Convenções SulAmérica in Rio de Janeiro, Brasil, in March for the 3rd Stop TB Partners' Forum. It was the largest single gathering of partner organizations from around the world working together on the global fight against tuberculosis in history.

Their vigorous and enthusiastic efforts at the forum engendered the Rio Recommendations -- which will give guidance to the Coordinating Board, Working Groups, Constituencies, Secretariat and other partnership bodies on actions required to address the concerns and priorities of Stop TB Partners for the next five years.

The Forum reaffirmed the engagement of our Partners to meet the goals of the Global Plan. But we still must advocate more vigorously to bridge the funding gap.

In 2010 and 2011 US\$6.8 billion and US\$ 7.3 billion will be needed for the fundamental elements of TB control and research and development for new tools, respectively. But current funding is insufficient. We anticipate that in 2010 the funding gap for basic TB control alone will be more than US\$2 billion. Increased financial commitment is needed urgently, from both donors and affected countries.

As we step boldly into 2010, I wish to congratulate partners and other friends for their achievements and thank them for their tireless efforts and dedication to stopping TB.



At the Third Stop TB Partners' Forum convened in Rio de Janeiro, Brazil, more than 1200 people engaged in the global fight against tuberculosis (TB) by sharing successes, identifying barriers and inspiring each other to progress to a new level in the global fight against TB

Executive summary

The Stop TB Partnership developed great momentum in 2009. In March, at the Third Stop TB Partners' Forum convened in Rio de Janeiro, Brazil, more than 1200 people engaged in the global fight against tuberculosis (TB) by sharing successes, identifying barriers and inspiring each other to progress to a new level in the global fight against TB. The Partners' Forum generated the *Rio Recommendations*, 85 concrete recommendations to guide the Partnership's future development and accelerate progress towards achievement of the *Global Plan to Stop TB 2006–2015*.

The Partners' Forum coincided with World TB Day, for which the Partnership launched a groundbreaking blog to allow partners around the world to announce their news, report on events, and share posters, photos, videos and other materials relating to the World TB Day campaign, *I am stopping TB*. In 2009, partners once again developed innovative ways to commemorate the day, with the Eastern Mediterranean Partnership to Stop TB taking the lead by organizing a Million Youth March, mobilizing 1.8 million young people in 20 countries to raise their voices against TB.

The Partnership's base expanded dramatically in 2009. By the end of the year, the number of partners reached a total of 1191 worldwide, an increase of 30% over 2008. Community capacity to undertake TB advocacy is mounting, with the TB-affected constituency now more present than ever; 11 new community representatives were elected to the Partnership's working groups and Coordinating Board in 2009, for a total of 16 community representatives. This increase will ensure stronger two-way communication of concerns and priorities between the TB-affected community and the Partnership's governing mechanisms.

Areas of particular focus in 2009 were drug-resistant TB and TB/HIV co-infection, both of which were addressed and prioritized at the Partnership's

Coordinating Board meetings in March and November, and at the Partners' Forum.

In April, multidrug-resistant and extensively drug-resistant TB (MDR/XDR-TB) were the focus of a meeting of ministers from high MDR/XDR-TB burden countries in Beijing, China, convened by the World Health Organization (WHO) and the Chinese Government. The Bill & Melinda Gates Foundation and the Chinese Government announced a US\$ 33 million project for further research on diagnostics and treatments for MDR/XDR-TB, and improving surveillance. In May, the 62nd World Health Assembly passed a resolution to strengthen measures to make access to MDR/XDR-TB diagnosis and quality treatment universal, and endorse strict quality standards for the provision of anti-TB drugs. The international momentum continued in June, when MDR-TB was the focus of the fifth annual Pacific Health Summit, and also in September, when several health ministers attending the 59th session of the WHO Regional Committee for Africa spoke passionately about the potential threat of drug-resistant TB on the continent. Diagnosis of MDR-TB also received a boost from the EXPAND-TB (Expanding Access to New Diagnostics for TB) project, a multi-partner collaboration in 27 priority countries aimed at accelerating diagnostic capacity for TB and MDR-TB at the country level using new rapid diagnostics.

The deadly duo of TB and HIV co-infection was addressed at the G8 Summit in July; leaders pledged to increase efforts towards universal access to HIV/AIDS prevention, treatment, care and support by 2010, with particular focus on prevention and integration of services for TB/HIV. That same month, a Partnership delegation paid a high-level visit to South Africa, during which the country's health minister stressed the importance of addressing co-infection. In September, Dr Jorge Sampaio, the UN Secretary-General's Special Envoy to Stop TB, updated the Clinton Global Initiative on TB/HIV advances, including: the adoption of TB/

HIV response as one of the nine priorities of the new UNAIDS administration; a call from the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, that all projects proposed for HIV must address TB and vice versa; and support from the Gates Foundation for joint TB/HIV advocacy and further field research through the Consortium to Respond Effectively to the AIDS/TB Epidemic (CREATE).

The Global Drug Facility (GDF) continued to provide life-saving, high-quality TB medicines and diagnostic products to countries in need. In 2009, GDF delivered more than 2.4 million anti-TB treatments, bringing the total number of patients treated through GDF to more than 16.5 million since its launch. GDF also provided diagnostic kits for detection of drug-susceptible TB to 15 countries that placed orders, and delivered approximately US\$ 1 million worth of diagnostic equipment for the detection of MDR-TB to 5 countries. The strategic rotating stockpile of MDR-TB drugs serviced 39 countries in 2009. GDF also provided technical support to national TB control programmes, mainly through country missions; it undertook 88 missions to 64 countries in 2009.

In 2009, GDF's grant service delivered more than 1.2 million adult treatments and more than 373 000 paediatric treatments, with a combined value of over US\$ 33 million. The service also received 59 orders from 18 countries for adult first-line anti-TB drugs, and 53 orders from 42 countries for paediatric first-line anti-TB drugs, with a total value of over US\$ 21 million. Twelve countries, using funds provided by UNITAID, placed grant orders for second-line anti-TB drugs to a value of over US\$ 4.2 million; and 13 countries received deliveries with a total product value of nearly US\$ 5.7 million.

Through its direct procurement service, GDF delivered adult first-line medicines worth about US\$ 26.6 million to 57 countries. GDF also saw a steady increase in the volume of second-line anti-TB medicines procured.

In 2009, 38 countries purchased anti-TB second line medicines worth over US\$ 22.3 million through direct procurement, an increase over US\$ 17.6 million in 2008.

In an uncertain financial climate, intensified resource mobilizations efforts resulted in contributions to the Secretariat totalling US\$ 92 million in 2009, representing a 15% increase over 2008. Financial resources were prudently managed, in line with international accounting and financial standards and the rules and regulations of WHO.

The Partnership's working groups continued to move forward with their ambitious agendas in 2009. This includes the DOTS expansion working group supporting TBTEAM (Tuberculosis Technical Assistance Mechanism of the Stop TB Partnership) which assisted countries to prepare Global Fund Round 9 applications. Nearly 60% of the countries receiving assistance were successful in their applications, with 32 countries securing US\$ 500 million over 2 years. The TB/HIV working group continued to catalyse expansion of TB/HIV collaborative activities, such as taking the lead in coordinating a work plan relating to the *Joint Action for Results: UNAIDS Outcome Framework 2009-2011*, which includes TB/HIV as one of nine priority areas. Meanwhile, the Global Laboratory Initiative (GLI) played a leading role in the launch of EXPAND-TB and continued to provide guidance in many forms on various aspects of laboratory strengthening.

Finally, the Partnership continued to build its visibility and public awareness of TB; the Stop TB Partnership website, www.stoptb.org, continued to draw a broad worldwide audience in 2009. Football icon and Stop TB Ambassador Luís Figo was also enlisted to star in both a public-service announcement and an animated version of the *Luís Figo and the World Tuberculosis Cup* educational comic book. His fellow Ambassador, Anna Cataldi, continued her important advocacy work with a special focus on the Eastern Mediterranean Region.

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Stop TB Partners' Forum

The 3rd Stop TB Partners' Forum—the 'general assembly' of the Stop TB Partnership—took place in Rio de Janeiro, Brazil, from 23 to 25 March 2009. With more than 1200 participants from nearly 70 countries, including the 22 tuberculosis (TB) high-burden countries, the Partners' Forum was the largest gathering of Stop TB partners to date. Attendees included high-level representatives from countries with a high burden of TB, donor countries, multilateral and intergovernmental organizations, civil society, affected communities, foundations, corporations, as well as research and academic institutions.

According to the Partnership's *Basic Framework*, the Forum's role is threefold:

- to consolidate and increase support for and commitment to the work of the Partnership;
- to review and comment on the overall progress of the Partnership;
- to serve as a forum of information exchange on progress, problems and challenges in relation to the work of the Partnership.

Although the Forum is not a decision-making body, it provides critical inputs on the strategic direction of the Partnership as a whole. The agenda for the 2009 Forum was based on input received from partners who participated in an e-forum during September and October 2008.

During the 2009 Forum, thematic sessions were held along seven 'tracks', providing a platform for partners to share experiences and learn from best practices: Financing TB; From Research to Retooling; Increasing Access and Equity; TB and Health Systems Skills-Building; Addressing the Needs of Neglected Populations; Empowering Communities; and Engaging All Care Providers. A marketplace area at the Forum provided a convivial space for groups to

display their accomplishments, network with fellow partners, organize performances, share literature and more. The Speaker's Corner offered a chance for any participant to share a perspective or idea by giving a five-minute talk.

Civil society representation was strong, with activists issuing a *Rio Communities Declaration* to highlight priorities and catalyse action. The declaration states that:

"We, members of civil society, particularly people who are infected and affected by and engaged in the fight against TB, issue this Declaration to call urgent attention to the fact that:

- despite being curable, each year TB kills nearly two million people worldwide;
- MDR/XDR-TB is on the rise and receives inadequate or inappropriate responses;
- mandatory hospitalization is not necessarily the most effective care for TB and even MDR-TB;
- responses to TB/HIV co-infection remain too weak;
- financial resources and commitments remain insufficient;
- rights-based responses are few and the needs of the most marginalized continue to be unmet;
- meaningful civil society participation in policy and program development and implementation remains weak.»

A key outcome of the Forum was the *Rio Report*, created in response to the Stop TB Partnership Coordinating Board's request for an "action-oriented output document" that included specific

recommendations for accelerating progress towards achievement of the *Global Plan to Stop TB 2006–2015*. To gather these recommendations, the Forum Steering Committee and the Partnership Secretariat formulated a ‘Rio Recommendation’ process whereby partners were asked to provide clear recommendations that would be posted online for comment. Following close of comments, the Secretariat compiled all 85 recommendations and prepared a response on behalf of the Partnership. This response included a progress report in relation to some of these recommendations, and advice as to which Partnership bodies would be most suited to address others. The recommendations are grouped into five key areas:

- socially marginalized groups;
- enhancing community access and involvement;
- engaging the private sector;
- strengthening strategic alliances and capacities;
- accelerating new tools development and deployment.

The 85 recommendations and the response from the Partnership are contained within the *Rio Report*. Visual arts were also in evidence at this open and dynamic Forum. *Art to Stop Tuberculosis*, an exhibition of contemporary artworks depicting TB, opened during the Forum. An exhibition of photographs by world-renowned photojournalist James Nachtwey focusing on XDR-TB was also shown during the Forum, as was a premiere screening of *Finding Dr. Schatz*, a documentary depicting the relationship between Inge Auerbacher, a child survivor of the Holocaust stricken with TB, and Dr Albert Schatz, the co-discoverer of the miracle drug, streptomycin, that saved her life.

The Forum also saw the launch of *Images to Stop Tuberculosis*, a powerful and innovative new photo exhibition inspired by the significant global interest in the *Images to Stop Tuberculosis Photo Award*. An exciting line-up of photographers, including international celebrities as well as emerging young talent from developing countries, captured both suffering and hope among those affected by TB in locales as diverse as Afghanistan, Cambodia, Russia and the United States of America (USA). The images were exhibited in a mix of styles and formats and complemented by valuable information about TB.







Governance

The Stop TB Partnership Coordinating Board met in Rio de Janeiro, Brazil in March 2009 and again in Geneva, Switzerland in November 2009. During the year, the Executive Committee of the Coordinating Board also held quarterly teleconferences. The key decisions and outcomes of all these meetings are outlined below.

At the 16th Coordinating Board meeting in Rio de Janeiro in March, the Board:

- endorsed the Rio Recommendations process to enable Partners to make recommendations on the future development of the Stop TB Partnership with the aim of accelerating progress towards achievement of the *Global Plan to Stop TB 2006–2015*;
- mandated the Partnership Secretariat to produce the *Rio Report*, inclusive of recommendations and lessons learned from the 3rd Partners' Forum;
- urged high-burden MDR-TB countries to develop and commit to five-year national strategies for rapid scale up of the management of MDR-TB, as well as agreeing on a message of support from the Board to be delivered at the MDR/XDR-TB ministerial meeting in Beijing;
- agreed that the best means to engage health ministers from high-burden HIV-TB countries for follow-up on the HIV-TB Global Leaders Forum's Call for Action was through a special session at the 59th Session of the WHO Regional Committee for Africa meeting;

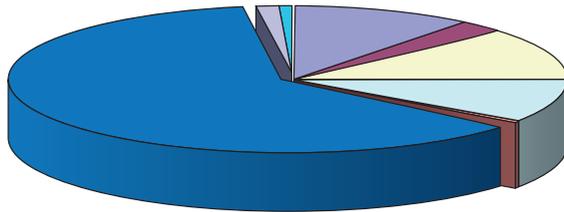
- endorsed the approach of the Stop TB Partnership's 'research movement';
- accepted the Retooling task force's request for dissolution and the creation of a sub-group on 'new approaches and new tools' within the DOTS expansion working group.

At the 17th Coordinating Board meeting in Geneva in November, the Board:

- was addressed by Dr Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS);
- requested the development of a compact to facilitate continued interaction between UNAIDS and the Partnership in support of a clear road map to reduce the number of deaths from TB/HIV co-infection;
- agreed to review the structures and modus operandi of the variety of relevant bodies currently in place within the Partnership to facilitate action on MDR-TB at the country level;
- reviewed the Partnership's private-sector strategy and agreed to establish a focal point to support further development of this constituency;
- endorsed and adopted the 3rd Partners' Forum *Rio Report*, including the Partnership's response to the Rio Recommendations.

Figure 1b. Partners: Overview by sector.

Partners: Overview by sector



- Academic/research institution
- Charitable/philanthropic Foundation
- Corporate sector
- Governmental agency
- Intergovernmental organization
- International health partnership
- Nongovernmental organizations
- Patient activist group
- UN system organization/specialized agency

Partner engagement

Partner overview

The Stop TB Partnership reached a total of 1191 partners by the end of 2009, an increase of 30% over the previous year. The predominant group of partners

remains civil society, as nongovernmental organizations (NGOs) count for around 700 partners. The following figures show a detailed breakdown of partners.

Table 1. *Partner types.*

TYPE	COUNT
Academic/research institution	128
Charitable/philanthropic foundation	28
Corporate sector (health)	102
Corporate sector (non-health)	37
Governmental agency (donor)	9
Governmental agency (ministry of health)	50
Governmental agency (national TB programme)	46
Governmental agency (other)	12
Intergovernmental organization	2
International health partnership	2
NGO–international development	47
NGO–international faith-based	8
NGO–international health	73
NGO–international TB	30
NGO–national development	256
NGO–national faith-based	9
NGO–national health	218
NGO–national TB	108
Patient activist group (international)	4
Patient activist group (national)	12
United Nations system organization/specialized agency	10
	1191

National Stop TB partnerships

The Stop TB national partnership network continued to grow in 2009. Six national partnerships were launched—in Afghanistan, the Dominican Republic, Morocco, Nigeria, Swaziland and Syria—for a total of 32 partnering initiatives in all six WHO regions and half of the TB high-burden countries.

This is an important development because national partnerships are an innovative way to bring together actors from different sectors of society, allowing each to fill an appropriate role.

Communication with and among national Stop TB partnerships was improved by the development of a dedicated website, the establishment of a Google group and a meeting of the network of national Stop TB partnerships.

Stop TB materials on national partnering initiatives were developed to help build capacity and provide technical assistance to countries. The materials were presented during meetings of national TB programme managers in the WHO regional offices for the Americas and South-East Asia. In addition, support on the partnering process was provided to India, Kenya, Morocco, Nigeria and the Republic of Korea.

Partner best practices: examples from the field

International faith-based organization: **World Vision**

World Vision has been working alongside communities for over 60 years and has been instrumental in linking governments, civil society and communities to work in partnership for more effective programming.

Based on the premise that it is every national government's responsibility to maintain and improve public health through the development of systems and policies, World Vision is building on existing strengths and filling gaps in national TB programmes. World Vision works with national counterparts within the parameters of existing strategic plans rather than creating new programmes.

World Vision's approach focuses on:

- **empowerment:** reaching communities with information on TB symptoms and treatment; supporting community groups that carry out TB control tasks;
- **engagement:** training health care providers on effective TB diagnosis and treatment; establishing linkages among health care providers, particularly those active in HIV and TB, to identify and test potential TB patients;
- **treatment:** improving the accessibility of the DOTS programme; taking steps to ensure compliance and full treatment;
- **advocacy:** encouraging all levels of government to support TB control activities; supporting national TB strategies.

Particular areas of emphasis include training volunteer networks to improve timely diagnosis and treatment of TB, targeting women for health promotion and awareness raising, and facilitating access to health services for rural women.

World Vision's TB programming has made important contributions to increasing cure rates among people infected with TB, reducing transmission and new infections, and reducing the negative effects of non-compliance with treatment programmes, such as the development of drug-resistant strains of TB.



Country-level nongovernmental organization:
Hope for Future Generations

Hope for Future Generations (HFFG), one of the Stop TB Challenge Facility for Civil Society (CFCS) grantees, is a community-based, national NGO focusing on women and children’s well-being in Ghana. HFFG focuses on organizing sensitization meetings for community leaders, women’s groups and religious leaders.

The Ghana Health Service set HFFG the task of working in five remote communities near the town of Ajumako. HFFG’s long history of working on health issues and community mobilization allowed it to readily include TB activities into its regular programmatic work, ensuring the continuation of TB activities beyond the CFCS grant. Community members were already aware of TB; now they were further empowered to take action by organizing activities themselves and reporting back to HFFG, which continued to work closely with community chiefs, ‘mother queens’ and schools. HFFG also trained community-based volunteers who organized house-to-house visits and drama performances to educate families. Its activities contribute to the national TB programme strategy by increasing access to treatment and TB/HIV activities.

Private sector: Kempinski Hotels

Kempinski Hotels is a company that manages 62 hotels in Europe, Asia, the Middle East and Africa. It believes that both guests and employees need to be protected from infectious diseases, which is why it supported the Luís Figo Stop TB campaign in 2008 and 2009. A campaign postcard was placed on each guest’s pillow during the evening ‘turndown service’ and the *Luís Figo and the World Tuberculosis Cup* educational comic book was made available in every Kempinski Kids Club. This campaign raised the awareness of guests, drew the attention of potential donors for the Stop TB Partnership, and provided access to a wider public through information on the company’s website. At the same time, Kempinski launched an internal awareness and training programme for staff on what TB is and what they could do to combat it; this knowledge would also make it possible to respond to guest queries about the awareness campaign.

World TB Day 2009 was celebrated in every hotel, with hotel staff observing a minute of silence together, sometimes while showing the Luís Figo ‘Moment of Silence’ public service announcement. Kempinski also participated in the 3rd Stop TB Partners’ Forum in Rio de Janeiro, Brazil, addressing the forum on behalf of the corporate sector during the opening ceremony under the motto, “Inspire”. In 2010, Kempinski, as a group of people and as a company, will continue its commitment to stopping TB.



The Challenge Facility for Civil Society in 2009

The Stop TB Partnership’s Challenge Facility for Civil Society (CFCS) is a funding mechanism that provides grants to community-based organizations engaged in advocacy and social mobilization activities seeking to raise awareness and empower communities to become part of the solution in the fight against TB.

In 2009, the Stop TB Coordinating Board mandated the Partnership Secretariat to conduct an internal review of the first two rounds of CFCS—which awarded 45 grants in 23 countries, amounting to USD 867 120—to assess and improve the performance of

the grant-giving mechanism.

The internal review included a desk review and site visits to 10 grantees in Ghana, India and Kenya to assess the outcome of advocacy, communication and social mobilization activities implemented. Results show that grantees contributed to finding potential TB cases in their communities and referring them to health centres for testing, in addition to creating vast awareness about TB in the target communities (see Figures 2a and 2b). The activities most frequently implemented were advocacy seminars and capacity building training

Figure 2a

Results reported by grantees*	Round 1	Round 2
Number of people trained	2 384	1 715
Number of cases referred for testing	653	1 988
Number of patients identified	170	184
Number of defaulters traced	140	1
Number of educational material printed	32 000	77 700
Items of educational material distributed (approx.)	19 300	60 500

*Taken from reports sent by grantees. These are not total numbers as not all grantees reported figures.

Figure 2b

Target audience*	Round 1	Round 2
Members of a community	13	11
Broad public	8	8
Educators / schools	5	5
Policy-makers / staff from national TB programme	7	3
Local / community leaders	3	2
TB patients and former (cured) patients	5	6
People living with HIV/AIDS	6	8

*most frequent audiences targeted (taken from reports sent by grantees).

sessions for TB activists, awareness and sensitization sessions in communities, and the design and production of educational material. Grants also supported patients to continue treatment, or trained community volunteers on TB, or supported national TB policy, for example on TB/HIV collaborative activities.

Gramin Vikas Vigyan Samiti (GRAVIS), a first-round grantee in India, organized screening camps in TB-prone locations and referred almost 200 people for testing, of whom 78 turned out to be infected with TB and were linked to the DOTS programmes at their nearest primary health centre. GRAVIS increased the knowledge of its staff—as well as village health workers, peer educators and women from self-help groups—about TB and its treatment. It also developed very good relationships with the district TB programme, and networked with local community-based organizations and self-help groups

to successfully implement its awareness raising and advocacy activities.

The efforts of another first-round grantee, the **Kenya AIDS NGOs Consortium (KANCO)**, resulted in the mainstreaming of TB into the HIV-related activities of at least 15 NGOs in Nakuru, Kenya. KANCO's activities resulted in a demand for more staff from partner NGOs to be trained in TB. NGOs that received KANCO's capacity building started TB support groups and organized a TB/HIV forum for their communities.

Second-round grantee **Integrated Development in Focus**, an NGO based in Ghana, won the TB Survival Prize 2009 for its innovative and empowering campaigns in communities affected by TB and MDR-TB.

The call for proposals for the third round of grants was announced in December 2009.





In 2009, the combined efforts of Stop TB Partners paid off in significant progress on political commitment. An ambitious agenda for political advocacy in donor and affected countries revealed the strengths of partners working together in a common effort.

Political advocacy

In 2009, the combined efforts of Stop TB Partners paid off in significant progress on political commitment. An ambitious agenda for political advocacy in donor and affected countries revealed the strengths of partners working together in a common effort. The following are highlights of these efforts in 2009.

Memorandum of understanding with the Global Fund

In February 2009, Dr Marcos Espinal, Executive Secretary of the Stop TB Partnership, and Dr Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, signed a memorandum of understanding regarding cooperation between the two organizations.

The memorandum articulates specific objectives for cooperation in core activity areas, including support to Global Fund grantees by GDF and the GLC; coordination of technical assistance through TBTEAM; and monitoring and evaluation.

Statement from ministers and leading development partners on implications of the financial crisis for TB

At the 3rd Stop TB Partners' Forum in March 2009 (see page XX), health ministers from countries affected by TB and representatives of partner organizations welcomed the progress made in the fight against TB, committing to making dedicated funds work as efficiently as possible. On World TB Day, the ministers asked the global community not to turn away from funding commitments and to ensure that everyone plays a part in stopping TB.

Ministerial meeting of high-MDR/XDR-TB burden countries

Ministers from high-MDR/XDR-TB burden countries met in Beijing, China from 1–3 April 2009 to address

the alarming threat of TB drug resistance. Countries attending the meeting were urged to develop national plans to prevent and control the spread of drug-resistant TB.

“Call it what you may – a time-bomb or a powder keg,” said WHO Director-General Dr Margaret Chan at the opening. “Any way you look at it, this is a potentially explosive situation.”

On the occasion of the meeting, the Bill & Melinda Gates Foundation and the Chinese Government announced a US\$ 33 million project for further research on diagnostics and treatments for MDR/XDR-TB and improving surveillance. “Because of its skill, its scale, its TB burden, its love of innovation, and its political commitment to public health, China is a perfect laboratory for large-scale testing of new tools and delivery techniques to fight TB,” said foundation co-chair Bill Gates. The project will initially cover 20 million people and then be expanded to 100 million people over five years.

World Health Assembly resolution on prevention and control of MDR/XDR-TB

In May 2009, the 62nd World Health Assembly passed resolution WHA 62.15, “Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis”. The resolution strengthens measures to make access to MDR/XDR-TB diagnosis and quality treatment universal, and endorses strict quality standards for the provision of anti-TB drugs and efforts to limit their misuse. Research for new TB diagnostics, medicines and vaccines is prioritized under the resolution through support for extra financing. According to the resolution, WHO will also work with its Member States to develop national TB response plans that will prevent more people from getting drug-resistant TB, and diagnose and treat those who do.

Pacific Health Summit: Focus on MDR-TB

The fifth annual Pacific Health Summit was held from 16–18 June 2009 in Seattle, USA and brought together world leaders in global health, science, industry and policy around the theme “MDR-TB: Overcoming Global Resistance”.

Call for TB/HIV commitment from G8 leaders

In their joint declaration issued in July 2009 entitled *Responsible Leadership for a Sustainable Future*, the leaders of the G8 countries pledged to implement further efforts towards universal access to HIV and AIDS prevention, treatment, care and support by 2010, with particular focus on prevention and integration of services for HIV/TB: “We will combine this with actions to: combat TB and malaria... In this regard, we stress the importance of addressing gender inequality.”

High-level visit of Stop TB partners to South Africa

A Partnership delegation paid a high-level visit to South Africa in July 2009, greeted by Deputy President Kgalema Motlanthe, and meeting at length with Health Minister Dr Aaron Motsoaledi, with whom they discussed the findings of the recent TB programme review led by WHO and several partners. The review found that management of TB had significantly improved in South Africa since 2005, and Dr Motsoaledi expressed his confidence in the ability of the country’s health system to continue to respond to the TB pandemic even in the context of HIV and AIDS.

“We wish to stress that TB is curable even in the context of co-infection with HIV but additional measures to ensure that HIV patients are tested for TB, and TB patients are tested for HIV, must become the norm,” said Dr Motsoaledi. Deputy President Motlanthe said he would propose that the South African National



AIDS Council also focus its attention on TB.

Special session on TB at the 59th WHO Regional Committee for Africa

In his remarks at the 59th session of the WHO Regional Committee for Africa in September 2009, Dr Jorge Sampaio, Former President of Portugal and the UN Secretary-General’s Special Envoy to Stop TB, praised African health ministers for progress they have made on TB. In the course of this special session on

TB control, participants looked at progress achieved since the 2005 Regional Committee's African TB emergency declaration.

Several ministers made passionate speeches about the potential threat of drug-resistant TB on the continent, the need to strengthen the laboratory network to better diagnose TB, and the need to develop and build the capacity of health workers to address all aspects of TB in the African Region. All ministers expressed strong support for strengthening partnership across the region to fight TB.

Dr Sampaio and the Stop TB delegation took this opportunity to hold a series of meetings with the health ministers of Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, Swaziland and Zimbabwe. The object of the meetings was to offer support and practical assistance from Stop TB partners in the delivery of national TB control agendas. The delegation included Dr Mario Raviglione, Director of the WHO Stop TB Department; Carol Nyirenda, representing communities affected by TB. on the Stop TB Partnership Coordinating Board; Dr Jeremiah Chakaya, Vice-Chair of the Board; and Dr Marcos Espinal, Executive Secretary of the Stop TB Partnership. Dr Hiroki Nakatani, WHO Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Diseases, also supported the delegation and was present for a number of its activities.

UN Special Envoy's report on his commitment with the Clinton Global Initiative

In 2008, Dr Sampaio formally endorsed a commitment with the Clinton Global Initiative (CGI) to increase engagement of global leaders in supporting coordination of TB and HIV services, and to ensure that their health ministries implement nationwide programmatic scale up and capacity-building for these combined services.

In September 2009, reporting back to the CGI, Dr

Sampaio pointed to several important advances over the past year:

- A ministerial session on TB, including integrated approaches to TB and HIV at the 59th Regional Committee for Africa meeting.
- The adoption of TB/HIV response as one of the nine priorities of the new UNAIDS administration.
- Intensified support from WHO.
- A call from the Board of the Global Fund that all projects proposed for HIV must address TB and vice versa.
- Preparation by the World Bank of a project with African countries hard-hit by HIV that aims to improve their integrated public health laboratory networks.
- Support from the Gates Foundation for joint TB/HIV advocacy and further field research through the Consortium to Respond Effectively to the AIDS/TB Epidemic (CREATE).
- Scaling up of civil society action for integrated service delivery.

Renewed commitment from Spain to the global fight against TB

Mrs Soraya Rodríguez, the Spanish Secretary of State for International Cooperation, announced in November 2009 that the Government of Spain would continue funding the global fight against TB in line with the country's strategic plan for the period from 2009 to 2012. Secretary Rodríguez made her announcement on the occasion of a debate organized by Spanish NGO Planeta Salud and the Stop TB Partnership, which brought together Spanish parliamentarians,

the scientific community and civil society. Dr Marcos Espinal, Executive Secretary of Stop TB Partnership, opened the session with Secretary Rodriguez.

New report on funding for TB research

The Treatment Action Group (TAG) and the Stop TB Partnership released a report in December 2009 showing that lack of funding is the main obstacle to progress in developing a highly sensitive and quick blood or urine test for active TB, new TB drugs and an effective TB vaccine. The *2009 Report on Tuberculosis Research Funding Trends 2005–2008* found that research funding for TB increased just 7% between 2007 and 2008.

The report also noted an unexpected trend. In 2008, for the first time since TAG began reporting on TB research funding, philanthropic grants outstripped government funding for TB research. A single foundation—the Bill & Melinda Gates Foundation—donated more funds for TB research in 2008 than all public agencies combined.

Global investment in TB research and development decelerated in the three years following the launch of

the *Global Plan to Stop TB 2006–2015*. Between 2006 and 2007 investment rose by US\$ 56 million to a total of US\$ 474 million, but between 2007 and 2008 investment rose by just US\$ 36 million, to US\$ 510 million.

“At this rate the world will invest less than a quarter of the \$20 billion TAG estimates is needed to be spent on TB research and development for the period covered by the *Global Plan*,” said Mark Harrington, Executive Director of TAG.

Senior scientists widely acknowledge that TB has been neglected. In a commentary on msnbc.com, Dr Anthony Fauci, director of the US National Institute of Allergy and Infectious Diseases, wrote: “It’s time to bring TB research into the 21st century. For the past 60 years we have treated TB patients with essentially the same therapeutic regimens. The only licensed vaccine against TB, the BCG [Bacillus Calmette-Guérin] vaccine, is more than 100 years old and does not prevent adult pulmonary (lung) TB, the most common and infectious form of the disease. Diagnostics for TB are antiquated, non-standardized, and imprecise ... Where is the outrage over such meagre progress?”

The Treatment Action Group (TAG) and the Stop TB Partnership released a report in December 2009 showing that lack of funding is the main obstacle to progress in TB research.



The United Nations Secretary-General's Special Envoy to Stop Tuberculosis

A path finding year on TB/HIV

During 2009 Dr Jorge Sampaio, the United Nations Secretary-General's Special Envoy to Stop Tuberculosis, engaged in political advocacy as described on and high-level missions, including to Kigali, Rwanda for the 59th session of the WHO Regional Committee for Africa where he addressed health ministers from 46 African countries. In the second part of his mission to Rwanda, Dr Sampaio and UNAIDS Executive Director Michel Sidibé together witnessed, first-hand, the delivery of integrated HIV and TB services during a visit to the Socio-Medical Centre in Biryogo, Rwanda.

On this occasion Mr Sidibé also emphasized that tackling TB and HIV jointly is a priority for UNAIDS and, as stated in the *UNAIDS Outcome Framework 2009-2011*, it is one of the nine key areas for achieving results with the final goal being no person living with HIV should die of TB.

World AIDS Day mission

Dr Sampaio visited Ethiopia and Kenya in a mission organized by the Stop TB Partnership in close collaboration with UNAIDS on the occasion of World AIDS Day (1 December).

His aim was to ask key stakeholders including governments to take an active role in helping people in need to gain access to accurate TB diagnosis and effective treatment.

The Special Envoy reiterated his request to African health ministers to set ambitious national targets and mobilize the funding necessary to reduce the number of people living with HIV who die unnecessarily of TB.

In Nairobi, Dr Sampaio attended an educational workshop for schoolchildren focusing on TB prevention and treatment. Mr Wilfried Lemke, the UN Secretary-General's Special Adviser on Sports, Development, and Peace, was also on hand, joining Dr Sampaio at a football tournament for boys and girls aged 12 to 14.

WORLD TB DAY
24 MARCH 2009



I AM Stopping TB

I am stopping TB. The staff at the clinic where I receive TB treatment are my partners; working together with them I know I can be cured.

Stop TB Partnership
www.stoptb.org



Communications, celebrities and events

Stop TB ambassadors

Luís Figo

International football star and Stop TB Ambassador Luís Figo scored one goal after another for the Stop TB Partnership in 2009.

In February, Stop TB launched a public-service announcement in which Figo observes a moment of silence for the thousands of people who die each day of TB. The film was translated into seven languages and aired by CNN International, Voice of America and AITV.

In June, the Partnership launched an animated version of the Stop TB Partnership's 2008 comic book, *Luís Figo and the World Tuberculosis Cup*, was broadcast to satellite television viewers in 80 countries. The animated cartoon was dubbed in six languages. It was also made available for download on the Partnership's web site and for viewing on YouTube.

Other highlights

In July, MTV Latin America launched a special report covering the 3rd Stop TB Partners' Forum and featuring Figo as an 'Agent of Change'. An interview with Figo ran for three weeks on the station and a special online report about Figo and his role as a Stop TB Ambassador was posted on *La Comunidad MTV Agentes de Cambio* on MySpace.

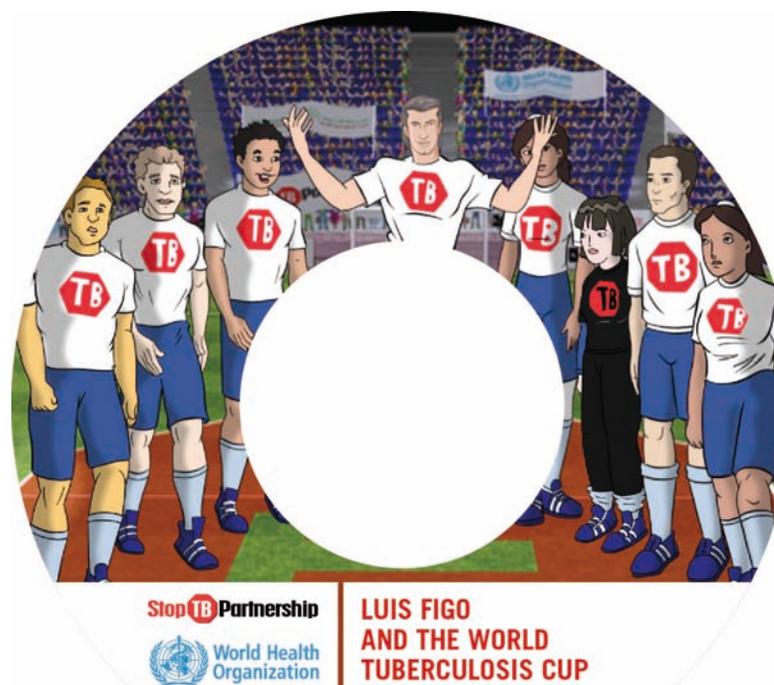
In October in Balti, Moldova, the Speranta Terrei NGO kicked off a nationwide TB awareness campaign built around the image and messages of Figo, including the launch of the comic book *Luís Figo and the World Tuberculosis Cup*.

Also in October, the Italian-language version of *Luís Figo and the World Tuberculosis Cup* had its official launch at the Pisatelli Primary School in Rome.

Anna Cataldi

Author and journalist Anna Cataldi set an uplifting tone to the opening ceremony of the 3rd Partners' Forum with her reading of the classic poem, *Invictus*, written in 1875 by English poet W.E. Henley, who lost his leg to TB in his youth. She also spoke at the launch of *Tuberculosis: voices of the unheard*, a book featuring photos of TB in Afghanistan by Riccardo Venturi. The book, which features a narrative by Ms Cataldi, was published by the WHO Regional Office for the Eastern Mediterranean.

Continuing her strong focus on TB in the Eastern Mediterranean Region, Ms Cataldi attended the launch of the Stop TB National Partnership Morocco in October. Also in attendance at the launch event in Rabat was Ms Yasmina Badou, Health Minister of Morocco.





Awards and prizes

Kochon Prize

Ms Lucy Chesire and Professor Stewart Cole shared the 2009 Kochon Prize, awarded annually to persons, institutions or organizations that have made a highly significant contribution to combating TB. The selections were announced at the opening ceremony of the World Conference of the International Union Against Tuberculosis and Lung Disease, held in Cancún, Mexico in December 2009.

Ms Chesire is a leading international advocate who has played a critical role in spurring awareness worldwide of the dangers of TB/HIV co-infection. She is a member of several advisory groups on TB/HIV and has been an international spokesperson for TB/HIV at many high profile events, including the HIV/TB Global Leaders' Forum in June 2008 and the Pacific Health Summit in June 2009.

Professor Cole, Director of the Global Health Institute at the Ecole Polytechnique Fédérale de Lausanne in Switzerland, is responsible for groundbreaking research

on *Mycobacterium tuberculosis*, the microorganism that causes TB. In 1998 Dr Cole directed a team that determined the complete genetic sequence of *M. tuberculosis*, work that has been fundamental for the development of new drugs, diagnostics and vaccines. His team is currently leading an international project to discover new drugs to treat TB. He is the former Scientific Director of the Institut Pasteur and a *Chevalier de la Légion d'Honneur* (Services to Science).

Stop TB Partnership Award for Excellence in Reporting on TB

This award, which is supported by the Lilly MDR-TB Partnership, recognizes outstanding reporting and commentary in print and on the web that materially increases the public's knowledge and understanding of TB and MDR-TB in countries affected by the disease.

Winners of the prize were recognized at an event held on the eve of the World Conference of the International Union Against Tuberculosis and Lung Disease in Cancún.

The first place winner was Charles Mpaka of Malawi. Mr Mpaka's winning article, 'A woman's face in

tuberculosis', appeared in Blantyre's *The Daily Times*. Second place went to Carlos Henrique Fioravanti of Brazil for his article, 'Mortal Drama', which was published in *Pesquisa* magazine. Third place winner Neway Tsegaye of Ethiopia was honoured for the article, 'TB Awareness and Treatment Challenges', which appeared in the *Addis Lissan* newspaper.

Images to Stop Tuberculosis Award

The Stop TB Partnership *Images to Stop Tuberculosis Award*, which is supported by the Lilly MDR-TB Partnership, seeks to obtain outstanding photos depicting TB prevention and treatment and community activity to raise awareness about TB.

The 2009 award winner was David Rochkind, a photojournalist from the USA. His portfolio, which depicts the daily tragedies caused by TB among gold miners in South Africa, was selected by an international jury from among 24 entries. Along with his award, he received a grant to produce a photo essay on TB.

Global communications

Website

The Stop TB Partnership website, www.stoptb.org, continued to draw a broad worldwide audience. There were 4 804 386 views of the site and 2 061 989 visits in 2009. These figures represent a 15% and 9% increase respectively over views and visits in 2008.

World TB Day: I am stopping TB

In 2009, people around the world observed the second year of the 2008-2009 World TB Day Campaign, *I am stopping TB*.

The campaign focused on celebrating the lives and stories of people affected by TB: women, men and children who have taken TB treatment; nurses; doctors;

researchers; community workers—all who have contributed to the global fight against TB.

The Partnership Secretariat launched a groundbreaking blog, www.worldtbd.org, where partners around the world announced news, reports on events, and shared posters, photos, videos and other materials relating to the campaign.

On 24 March, partners around the world commemorated World TB Day with a range of innovative events, with more than 1200 people present in Rio de Janeiro for the 3rd Stop TB Partners' Forum. A highlight of the Forum was the launch of the *Global Tuberculosis Control 2009* report at a press conference attended by Dr Michel Kazatchkine, Executive Director, the Global Fund; Mr Michel Sidibé, Executive Director, UNAIDS; Dr Hiro Nakatani, WHO Assistant Director-General; Dr Marcos Espinal, Executive Secretary, Stop TB Partnership; and Dr Mario Raviglione, Director, WHO Stop TB Department.

Regional highlight: The Million Youth March, Eastern Mediterranean Region

On the occasion of World TB Day 2009, a historic *I am stopping TB - Million Youth March* took place in the WHO Eastern Mediterranean Region. The campaign had a big idea behind it: each country in the region should rally committed young people—in numbers equivalent to the number of people becoming ill with TB each year—to participate in a walk or gathering to pledge to play a role in fight against TB. The aim was to have a million participants, which is roughly equivalent to the number of people with TB in the region.

Led by the Eastern Mediterranean Partnership to Stop TB, 20 of the region's 22 countries mobilized more than 1.8 million young people in total. The campaign provided an opportunity for youth to take the lead on organizing events at schools, colleges, universities and in the streets to raise their voices in support of TB patients and their families.



Working groups: main achievements

The Stop TB Partnership's working groups serve to ensure that action to combat TB makes the best possible use of existing resources, skills and funding. Working groups are organized around specific areas of activity:

- DOTS expansion
- TB and HIV
- MDR-TB
- New TB drugs
- New TB diagnostics
- New TB vaccines
- Global Laboratory Initiative.

2009 highlights included:

DOTS Expansion working group

The DOTS expansion working group aims to expand access to TB diagnosis and treatment. It is an inter-institutional arrangement between WHO, major financial and technical partners, national TB control programmes, GDF and community representatives.

- In 2009, the overall focus of the group was on achieving higher and earlier case detection and maintaining high cure rates.
- The establishment of three new subgroups—for advocacy, communication and social mobilization; human resource development for TB; and introducing new approaches and tools—now makes a total of six subgroups.
- The DOTS expansion working group

published its first quarterly newsletter, *DEWG Focus*, which aims to keep interested parties informed of the group's activities and share information, experiences and ideas on how to ensure equitable access to high-quality DOTS services for all people with TB.

- Support to countries was reinforced through TBTEAM, with a focus on supporting countries to draft applications for Round 9 of the Global Fund. As a result, 32 of the 54 countries (59%) that submitted Global Fund Round 9 proposals were successful, securing US\$ 500 million over 2 years.

Human resource development for TB subgroup

- The human resource development for TB subgroup was formally launched at the DOTS expansion working group's annual meeting in October 2009.
- The group will focus on the development of training materials for the management of TB (including MDR-TB and TB/HIV) at the district and supervisory levels; the documentation of good practices; and the provision of technical assistance for human resource development planning, implementation and monitoring to countries.

Advocacy, communication and social mobilization subgroup

- In 2009 the advocacy, communication and social mobilization subgroup (ACSM) produced good practices, documented how to work with the media for correct reporting of key TB messages and revised the ACSM indicators.
- Standard minimum criteria were set for ACSM consultants seeking inclusion in the TBTEAM

expert roster, to ensure quality and consistent technical assistance.

- The group supported the organization of a five-day European ACSM regional planning workshop in Belarus for countries with ACSM funding from the Global Fund: Belarus, Bulgaria, Georgia, Kazakhstan, Moldova, Romania. The Regional Workshop was the fifth of its kind, the first one having been held in Thailand in 2007.

TB and poverty subgroup

- The concept of 'free diagnosis' was promoted by the TB and poverty subgroup, with trials set up to increase access to TB and HIV services through close-to-community providers.
- Programme managers were also trained on equity and gender.
- The group pilot-tested the patient cost measurement tool.

Childhood TB subgroup

- The group completed systematic literature reviews to update *Childhood TB Guidance* (2006) as well as the guidelines on isoniazid preventive chemotherapy in HIV-infected children.
- Instructions were revised on the use of existing fixed-dose formulations.
- A childhood TB subgroup of the new diagnostics working group was established.

Public-private mix subgroup

- Grants were awarded by the group to national professional associations to prepare

International Standards for Tuberculosis Care implementation plans.

- The first consultation on engaging the business sector in TB control was organized, which included documenting workplace TB and TB/HIV programmes. The group documented its experience in engaging social security organizations in TB control, the supply and use of anti-TB medicines, public-private mix (PPM) scale up and PPM for MDR-TB management.
- Guidance was provided on measuring PPM contribution to TB control and linking hospitals.
- The analysis of PPM components of Global Fund grants was initiated.
- A PPM newsletter was regularly issued.

Introducing new approaches and tools subgroup

- The introducing new approaches and tools subgroup was established in 2009 to facilitate country planning to prepare for upcoming new approaches and technologies to improve case detection.
- The group also aims to promote operational research or pilot programmes to develop algorithms and approaches to improve case detection.

TB/HIV working group

This working group seeks to coordinate and monitor the global response to the HIV-associated TB pandemic, while collecting and sharing information and providing advice. It has one subgroup on infection control.

- The expansion of TB/HIV collaborative activities in more countries was catalysed by conducting several region-specific implementation workshops and sessions.
- A regionally focused working group meeting was held entitled, 'From Mekong to Bali: scale up of HIV/TB collaborative activities in Asia-Pacific', bringing together 127 people from 18 countries to share experiences and best practices to accelerate implementation of nation-wide scale up of collaborative HIV/TB activities.
- The group took the lead in coordinating a framework and work plan to ensure cohesion and achievement of goals by 2010-2015 among the different co-sponsors of the *Joint Action for Results UNAIDS Outcome Framework 2009-2011*, which includes TB/HIV as one of nine priority areas. TB/HIV indicators published in June 2009 were revised and harmonized with institutional collaboration among WHO, UNAIDS, the Global Fund and [US] President's Emergency Plan for AIDS Relief (PEPFAR).

Infection control subgroup

- An advocacy strategy was finalized for the adoption and dissemination of the WHO policy on TB infection control in health-care facilities, congregate settings and households.
- Substantial contributions were made to the development of a framework to plan, implement and scale up TB infection control activities at the country and facility levels.
- The group completed modelling of the costs to implement the WHO infection control policy in the 27 high-MDR-TB burden countries, plus an additional 9 high-TB burden countries.

MDR-TB working group

This working group seeks to reduce human suffering and mortality due to MDR-TB, through assistance to countries in implementing the MDR-TB component of the *Global Plan to Stop TB 2006-2015*. It has four subgroups.

- The group supported WHO and countries in the organization of the ministerial meeting on MDR/XDR-TB held in Beijing in April 2009.
- Its seventh meeting was held in Geneva in October, with the participation of 195 members from 35 countries, during which advance drafts of plans to implement the World Health Assembly resolution for MDR/XDR-TB were presented by 22 high-MDR-TB countries.
- A tool was developed for identifying gaps in capacity for scaling up MDR-TB activities, which will be used to support efforts of countries and partners.
- A retreat was held for partners involved in the response to MDR-TB to revise the current model of coordination between partners without compromising support for countries. With the endorsement of the Coordinating Board, a task force was created to review ways to improve the current model to scale up management and control of MDR-TB.

Research subgroup

- The research subgroup expanded and strengthened the RESIST-TB (Research Excellence to Stop TB Resistance) movement founded in 2008, which established a website, www.resisttb.org, and produced a strategic plan for MDR-TB clinical trials.

- A clinical trial protocol writing workshop was held in Amsterdam in October, resulting in three clinical trial protocols including budgets meant for advocacy and funding.
- The group facilitated the publication of 'The Cambridge Declaration: towards clinical trials for drug-resistant tuberculosis' by Marcos Espinal and Paul Farmer in the *International Journal of Tuberculosis and Lung Disease*.
- A discussion and resource webpage was established on the Global Health Delivery Online website to exchange data, experiences, and information on the epidemiology, diagnosis and management of MDR-TB,
- Its annual meeting was held back-to-back with the MDR-TB working group meeting in Geneva in October. A scientific symposium was also held on drug resistance at the World Conference of the International Union Against Tuberculosis and Lung Disease in Cancún in December.
- A number of papers were produced including a paper on research for the Beijing ministerial meeting in April; advocacy documents on MDR-TB research for the Pacific Health Summit in Seattle in June; and a concept paper to guide research proposals and advocacy for funding.

Green Light Committee subgroup

- GLC reviewed 53 applications and approved 13 389 patients for enrolment in treatment. By the end of 2009, 72 countries had received GLC approval and 52 had started implementation. Since its inception, GLC has reviewed 184 applications and approved 64 447 patients in 115 projects and 72 countries.

- The group held its first forum in Geneva in October, where 168 participants from 34 countries shared knowledge and promoted best practices.

New drugs working group

The purpose of this working group is to ensure that scientists, academics, pharmaceutical companies, donors, multilateral organizations and patients are working together to speed up the development of new drugs for TB. It has four subgroups: biology/targets, candidates, critical knowledge and tools, and clinical trials capacity.

- Core group and subgroup face-to-face meetings and teleconferences were conducted to define terms of reference, develop key initiatives and apply for funding.
- Public relations efforts included engaging with a public relations firm, Google and other partners.
- A campaign was developed to capture information from target-based screening campaigns (with the Special Programme for Research and Training in Tropical Diseases targets database), as well as an online resource to capture available TB knockouts and mutants (with the TubercuList database).
- A workshop on paediatric TB drug development in Washington-, DC in July was sponsored, as well as a workshop on establishing communication between TB trial groups in Cancún in December.
- A session on research working groups at the Stop TB Partners' Forum in Rio de Janeiro in March was organized.

- The group participated in the update to the *Global Plan to Stop TB 2010-2015*.

New diagnostics working group

This working group seeks to implement research, advocacy and operational activities in pursuit of the development of TB diagnostic tools.

- A scientific blueprint was published with input from all subgroups entitled, 'Pathways to better diagnostics for tuberculosis: a blueprint for the development of TB diagnostics'.
- The research component of the *Global Plan to Stop TB 2006-2015* was updated for the mid-term revision and a logical framework was developed for activities.
- A project funded by UNITAID covering 27 endemic countries was launched. This occurred in collaboration with GLI, the Foundation for Innovative New Diagnostics (FIND) and GDF.
- LED-fluorescence and front-loaded microscopy were endorsed by STAG-TB.

New vaccines working group

The aim of this working group is to bring together international groups with an interest in TB vaccine development, acting as a broker to promote synergy and to accelerate identification and introduction of the most effective vaccination strategy.

- A meeting of the task force on issues in clinical research was convened to discuss the definition of clinical endpoints for TB vaccine trials.

- A pilot programme was initiated to provide small grants in South Africa and Uganda for the development of community-based advocacy materials.

- A meeting of TB vaccine researchers and experts was convened to discuss and reach consensus on advancing live TB vaccines in clinical trials.

- Efforts to increase vaccine regulatory capacity in endemic countries continued to be supported by the group, particularly through collaboration with the African Vaccine Regulatory Forum and the Developing Countries' Vaccine Regulators Network (DCVRN), including the organization of a session on TB vaccines at the 10th DCVRN meeting in Havana, Cuba.

- Support was provided to the Tuberculosis Vaccine Trial Sites Network (TBVACSIN), a network of clinical investigators from TB vaccine trial sites in high-burden countries.

Global Laboratory Initiative

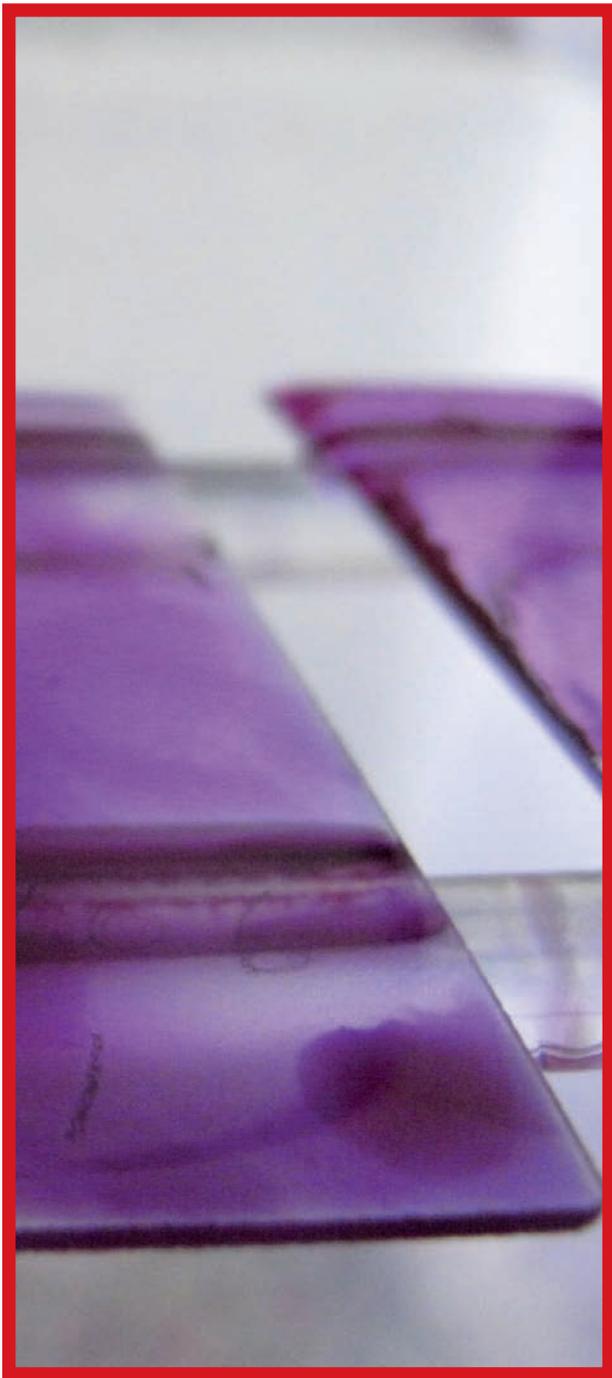
GLI works closely with national TB programmes, NGOs, technical and financial partners, and WHO offices at the country and regional levels to strengthen TB laboratory services.

- In 2009 GLI developed WHO policy guidance for a number of non-commercial methods for TB drug susceptibility testing (DST) that informs countries on the evidence base and provides policy recommendations on implementation.
- WHO policy guidance was provided for LED fluorescence microscopy and 'same-day-

diagnosis' of TB by microscopy that may reduce patient default from the diagnostic pathway.

- United States Agency for International Development (USAID) and other partners-w provided key laboratory tools including:
 - a comprehensive training package ('workshop in a box') for TB culture and DST;
 - a 'workshop-in-a-box' for country implementation of external quality assessment for acid-fast bacilli smear microscopy;
 - guidance and specifications for purchasing high-quality laboratory equipment;
 - standard operating procedures for TB test methods and processes;
 - technical manual for first- and second-line DST;
 - management information systems including data collection and spreadsheet software for a variety of laboratory processes.
- A GLI Roadmap for Ensuring Quality TB Tuberculosis Diagnostics Services within National Laboratory Strategic Plans was developed and launched. It provides guidance on strengthening policy and infrastructure for TB diagnosis within the framework of integrated national laboratory systems and strategic plans. Draft bio-safety guidance based on risk assessment of different TB laboratory processes was developed.
- GLI led the EXPAND-TB project, aimed at accelerating diagnostic capacity for TB and MDR-TB at country level using rapid, WHO-recommended new diagnostics in state-of-the-art laboratory services in 27 priority countries. EXPAND-TB is a joint collaboration between WHO, GLI, the Foundation for Innovative New Diagnostics (FIND) and GDF, with funding provided by UNITAID. In the first year of the project, laboratory infrastructure has been renovated in six African countries, allowing rapid transfer of new technologies procured with UNITAID funding—liquid culture, rapid speciation, molecular line probe assay—within integrated TB and HIV laboratory settings. Technology transfer is facilitated on-site, by long-term technical assistance and mentoring of laboratory staff at country levels. This is provided by a number of partners and technical agencies dedicated to laboratory strengthening.





Stop TB ‘Research Movement’

Recognizing that progress in TB control is hampered by insufficient tools, and in line with the WHO Stop TB Strategy, the Stop TB Partnership Board and the WHO Strategic and Technical Advisory Group for Tuberculosis (STAG-TB) aim to develop the Stop TB ‘Research Movement’ to engage stakeholders in a collaborative, concerted and strategic move to increase the scope, scale and speed of TB research. The two main objectives assigned to the movement are to provide:

1. leadership and advocacy to mobilize increased resources in support of a coherent and comprehensive global TB research agenda.
2. a forum for funders and implementers of TB research to coordinate plans and actions, with the result of ensuring that research needs are addressed, opportunities prioritized, and gaps filled.

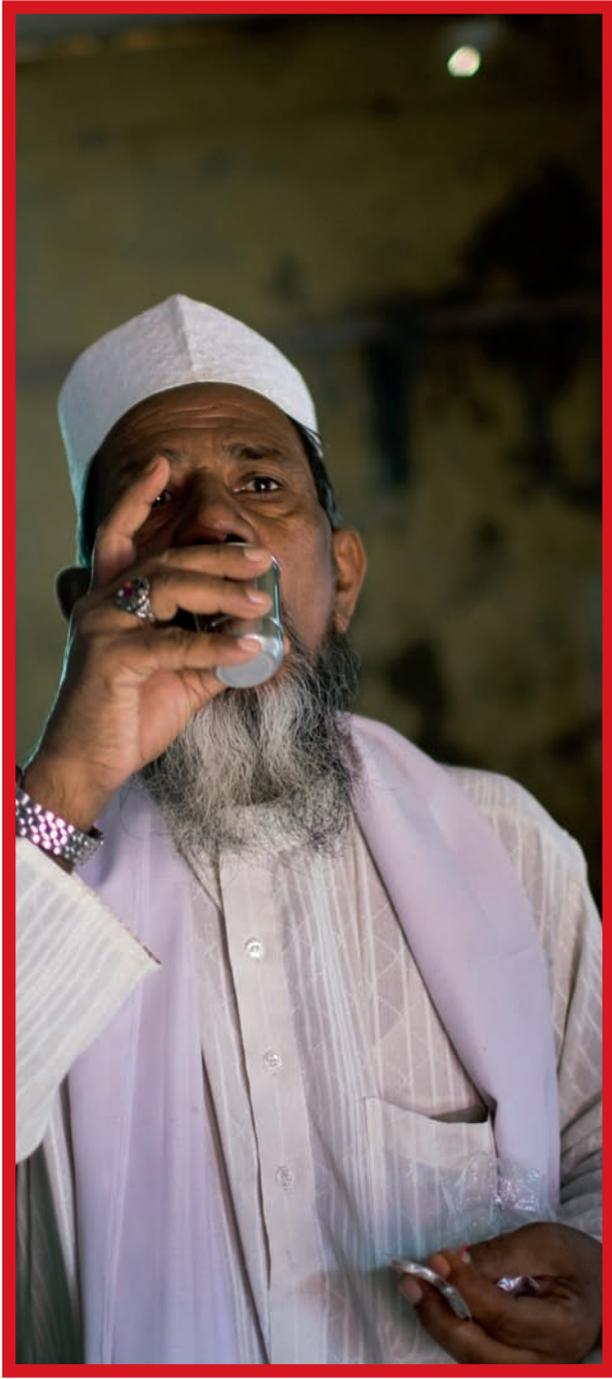
To help achieve these objectives, a series of activities have been conducted in close collaboration with Stop TB working groups and stakeholders.

In 2009, a strategic plan was developed that includes the creation of a related task force to bring together a large group of experts representing the various areas of research for TB; key stakeholders involved in research activity, research funding or advocacy; and patients’ representatives. The task force is being chaired by Dr Madhukar Pai, from McGill University in Montreal, Canada.

The task force contributed to a systematic review of TB research agendas. This way, they analysed the global landscape and evaluated both the scope of research questions being proposed in various programmes and the methods used to establish research priorities.

Another study is assessing the current state of operational research in TB including the types of research being conducted, populations investigated, methods, places, partners, funders and outputs. A workshop was held in Geneva in September with the working groups on new diagnostics, new drugs, new vaccines, MDR-TB, TB/HIV and childhood TB. Its objective was to evaluate progress in reaching Global Plan targets for research and development.





The Global Drug Facility

In 2009, the Global Drug Facility (GDF) delivered more than 2.4 million anti-TB treatments, bringing the total number of patients treated through GDF to more than 16.5 million.

GDF's mandate is to contribute to the realization of the TB-related Millennium Development Goals and to the eventual elimination of TB through the provision of timely, quality-assured and affordable anti-TB medicines and related supplies.

First-line medicines (adult and paediatric)

In 2009, through its grant service, GDF continued to provide quality support to countries in need of anti-TB medicines that were unable, through government or alternate funding, to secure the finances needed. GDF continued to provide grants of free adult anti-TB medicines to countries worldwide that were assessed by the GDF Technical Review Committee and approved by the Stop TB Partnership Coordinating Board. Additionally, with the support of UNITAID, GDF continued to provide high-quality paediatric anti-TB medicines as well as transitional grants to countries facing temporary first line anti-TB drugs shortfalls.

GDF also recorded growth in its direct procurement, not only for adult anti-TB medicines, but also for paediatric drugs, with the opening of the service to interested countries.

Grants of adult anti-TB medicines

In 2009, through GDF's grant services, 59 orders were placed by 18 countries. These orders had a total value of approximately US\$ 18.2 million. Furthermore, shipments valued at an estimated US\$ 30 million were delivered to 28 countries¹. In 2009, 1 212 466

¹ Includes countries that placed orders in 2008

patient treatments were delivered through GDF's grant service.²

Since beginning its grant programme in 2001, GDF has delivered approximately 11 495 737 adult patient treatments through its grant services.

Direct procurement of adult anti-TB medicines

In 2009, 87 direct procurement orders were placed by 52 countries with a value of US\$ 25 628 967, and GDF delivered shipments of adult first-line medicines to 57 countries³ with an all-inclusive value of US\$ 26 599 905. The direct procurement mechanism delivered 867 848 patient treatments in 2009.

Since its inception in 2001, GDF has delivered approximately 4 309 250 patient treatments to countries in need through its direct procurement service.

Paediatric anti-TB medicines

GDF's partnership with UNITAID has been instrumental in increasing the profile of combating tuberculosis in children and has directly contributed to more countries seeking to purchase quality anti-TB medicines in paediatric formulations.

The UNITAID paediatric tuberculosis project, launched in January 2007 and implemented by GDF, has allowed 58 countries in Africa, Central, South and South-East Asia, the Middle East and the Caucasus to receive quality-assured paediatric medicines.

In 2009, 53 orders for paediatric 1st line drugs with a total value of US\$ 2 846 172 were placed for 42 countries through GDF's grant service. GDF delivered

² Total patient treatments are recorded in the year that the first shipment is received

³ Includes orders that were placed in 2008

paediatric medicines with an all-inclusive value of US\$ 3 101 682⁴ to 45 countries. In 2009, 373 960 curative and preventive paediatric anti-TB treatments were procured through GDF's grant service.

New dosages anticipated: The initiative for better medicines for children has led to the examination by WHO of appropriate dose recommendations for anti-TB medicines, specific to the needs of children.

A systematic review of evidence for appropriate doses of first-line medicines for TB has been completed. Based on this review and consultations^{5,6}, the WHO recommendations for these medicines have been revised according to weight. Subsequent to the May 2009 approval of the recommendations of the WHO Expert Committee on selection and use of essential medicines, the Childhood TB guidelines are in the process of revision.

Second-line medicines

Grants of second-line anti-TB medicines

In July 2007, UNITAID agreed to fund the MDR-TB Scale-up Initiative, a joint project with the Global Drug Facility, the Green Light Committee and the Global Fund that aims to increase access to quality-assured second line anti-TB drugs to MDR-TB patients in eligible countries and positively impact the dynamics of the MDR-TB drug market. The successful implementation of this project will allow for MDR-TB patient treatments to be delivered to 17 countries between 2007 and 2011.

Since project inception, 15 of the 17 approved countries have placed orders through GDF's grant

⁴ Includes orders that were placed in 2008

⁵ http://www.who.int/selection_medicines/committees/expert/17/application/TB/en/index.html

⁶ http://www.who.int/selection_medicines/committees/subcommittee/2/TB.pdf

services. In 2009, 12 countries placed orders valued at US\$ 4 203 670, and 13 countries⁷ received deliveries totalling US\$ 5,688,264.⁸

Direct procurement of second-line anti-TB medicines

GDF continued to see a steady increase in the volumes of second-line anti-TB medicines procured through its direct procurement mechanism. In 2009, 38 countries purchased anti-TB second line medicines through direct procurement, an increase over the 33 countries who procured through direct procurement in 2008. The value of medicines procured also increased, from US\$ 17 562 399 in 2008 to US\$ 22 349 833 in 2009.

Strategic rotating stockpile for MDR-TB

In November 2008, UNITAID signed a letter of agreement with the Stop TB Partnership, initiating the MDR-TB Acceleration of Access project: a strategic rotating stockpile, building on the original MDR-TB scale-up initiative under which an original stockpile was approved for 800 patient treatments. The primary objective of the project is to increase the current stockpile level from 800 to 5 800 patient treatments. This increase is expected to allow for improved and accelerated service to patients enrolled under Green Light Committee-approved country projects/programmes.

The Strategic Rotating Stockpile for MDR-TB drugs was fully operational and servicing orders in 2009; 39 countries used it during the year. For the majority of anti-TB medicines in the stockpile, target volumes had been reached with the exception of capreomycin and kanamycin. GDF has taken action to remedy this situation in 2010.

⁷ Includes countries that placed orders in 2008

⁸ Includes countries that placed orders in 2008

Diagnostics

In 2007, GDF began providing diagnostic kits through its direct procurement service to assist country programmes with the detection of TB. Since then, GDF has seen steady growth in this area. In 2009, 15 countries placed orders for diagnostic equipment worth US\$ 1 291 809. Fifteen countries received deliveries of diagnostic kits in 2009 with a value totalling US \$1,698,288.⁹

Innovative initiative in grants for new diagnostics for detection of MDR-TB

GDF is a collaborator in the EXPAND-TB project, which seeks to narrow the huge diagnostic gap in MDR-TB control by expanding and accelerating access to new and rapid diagnostic technologies within appropriate laboratory services at country level, accompanied by the necessary know-how for technology transfer, and ensuring these new technologies are properly integrated within TB control programmes. EXPAND-TB aims to diagnose at least 129 000 patients with multidrug-resistant TB. In 2009, GDF delivered new diagnostic commodities valuing US\$ 966 298 to five countries.

Technical assistance through GDF missions

As part of its efforts to increase countries' capacity, GDF provides technical support to national TB programmes (NTPs), primarily via in-country missions. These missions monitor various aspects required to ensure successful implementation of NTPs according to the Stop TB Strategy and allow GDF to identify any existing bottlenecks within the supply chain that could affect the programme's level of care and the effectiveness of programme implementation. These missions are provided to countries using GDF's grant or direct procurement services, or to provide

information and assistance to countries considering using GDF's services. Four types of missions are conducted:

- pre-delivery country visits for countries that are approved or placed "under consideration" for GDF support,
- grant monitoring missions (annual visits to all grant-supported countries),
- direct procurement technical support missions for countries using the GDF direct procurement services,
- technical assistance/capacity building/ procurement supply management missions covering areas that fall outside the regular scope of a monitoring mission, such as training or information regarding services.

In 2009, GDF performed 88 missions to 64 countries in all six WHO regions, an increase over the 76 missions undertaken in 2008. Of these 88 missions, one was a pre-delivery country visit, 42 were grant monitoring missions, 33 were direct procurement technical support missions and 12 were technical assistance missions. There were 18 combined missions¹⁰ allowing for more efficient use of time and country resources.

GDF also held six workshops—in Bangladesh, Belarus, Brazil, Pakistan, Tunisia and Uganda—focusing on capacity building and drug management as well as the use of first- and second-line medicines.

Since 2001, GDF has provided a total of 432 missions to GDF-supported countries. Figure 3 shows the breakdown of these missions by WHO region.

⁹ Includes orders that were placed in 2008 and delivered in 2009.

¹⁰ Combined missions: Missions where multiple mission types (i.e. grant and direct procurement monitoring) occur during the same country visit.

The Secretariat maintained its close relationships with core donors by providing them regular technical and financial progress reports during the year.

Resource mobilization and financial management

Resource mobilization efforts got a substantial boost during the year when a new initiative designed and developed by the Stop TB Partnership, TB REACH, was accepted for funding by the Canadian International Development Agency (CIDA). The total funding approved by CIDA for this initiative was CAN\$ 120 million over a five-year period. Of this amount, CAN\$ 19 million was received during 2009.

Spain renewed its contribution to the Stop TB Partnership for another year by continuing its € 1 million grant for 2010. Due to non-availability of its year-end funds, Norway did not provide any contribution for 2009.

The Secretariat maintained its close relationships with core donors by providing them regular technical and financial progress reports during the year. New grant agreements were signed with the Kuwait fund and UNITAID for GDF procurement of anti-TB drugs and subsidies for the GLI working group.

Summary financial statements for the Stop TB Partnership as a whole and for GDF appear in Annexes 1 and 2, respectively. Some key financial points have been noted during 2009.

- The total income of the Secretariat was US\$ 93.8 million, which represents an increase of 17% over 2008, when total income was US\$ 80 million. From 2001 to 2009, the compound annual growth rate of income was 39.5%.
- Operating expenditure was US\$ 47 million in 2009, which was lower than in 2008, when total expenditure was US\$ 71 million. The

difference reflects a decline in orders placed by GDF and the fact that some funds were delivered later in the year than anticipated and could not be disbursed in 2009.

- Interest totalling US\$ 4 million was credited to the Stop TB Partnership Trust Fund in 2009.
- In-kind contributions totalled US\$ 1.7 million, reflecting donations by Novartis of anti-TB drugs for the United Republic of Tanzania.
- Expenditure by the Secretariat (excluding GDF) increased by 21% (to US\$ 19 million) in 2009 compared to 2008 due to: (i) an increase in partnership-building efforts; (ii) the Partners' Forum held in 2009; and (iii) increased funding for the working groups, which collectively received US\$ 2.1 million in 2009 compared to US\$ 411 000 in 2008.
- The GDF total cash income was down by 7% to US\$ 58.8 million due to a shift in exchange rates that resulted in a decline in funds received from the United Kingdom's Department for International Development (DFID) and reduced contribution from CIDA.

The carried-forward surplus was US\$ 46.5 million, which consisted of US\$ 2.7 million for the Partnership Secretariat, US\$ 15 million for the TB REACH programme and US\$ 28.8 million for GDF (US\$ 24.6 million of donor contributions received in the third and fourth quarters of 2009, and US\$ 4.2 million for first quarter 2010 operations). Both TB REACH and GDF surpluses have been allocated for use in 2010.

Annex 1. Stop TB Partnership Summary Financial Management Report		
Summary Statement of Income and Expenditure for the year ending 31 December 2009 (All figures in US\$ '000)		
	2008	2009
Voluntary contributions in cash		
Governments & their Agencies	52 085	57 004
Multilateral organizations*	23 532	24 028
Foundations and others	<u>2 129</u>	<u>3 257</u>
Sub-total	77 746	84 289
In-Kind		
In-kind contribution for drugs (Novartis)	<u>1 033</u>	<u>1 690</u>
Total Voluntary Contributions	78 779	85 979
Interest Income	1 017	4 094
Other Income		
WHO Support and Other Income	427	440
Prior Year Adjustment**	-	<u>3 351</u>
Total Income	80 223	93 864
Expenditure		
Partnership Building	8 517	12 793
Advocacy and Communication	3 278	2 803
Global Drug Facility (GDF)	55 537	28 300
TB REACH	-	74
General Management and Administration	<u>3 592</u>	<u>2 908</u>
Total Expenditure	70 924	46 878
Transfer to reserve	<u>300</u>	<u>400</u>
Surplus of income over expenditure¹	8 999	46 586
<p>* In the 2009 income contributions from UNITAID have been included in the funds received from Multilateral organizations instead of being made part of funds from Governments and their Agencies. Accordingly, the 2008 amount for contributions from Multilateral organizations has been restated in line with this classification approach, which will be used in future financial reports.</p> <p>** The prior year adjustment relates to aligning of the Stop TB Partnership financial management figures to published WHO accounts.</p> <p>1) Surplus of income over expenditure comprises US\$ 15 million set aside for TB REACH, US\$ 2.7 million for the Partnership Secretariat and US\$ 28.8 million for GDF (US\$ 15 million received in the fourth quarter of 2009 & US\$ 9.6 million received in the third quarter of 2009, and US\$ 4.2 million for its first quarter 2010 operations).</p> <p>N.B. This report does not include US\$ 47.9 million (US\$ 15.4 million in 2008) for income & expenditure related to GDF direct procurement, which are shown the GDF financial statement (Annex 2).</p>		

Annex 2. Global Drug Facility Summary Financial Management Report		
Summary statement of income, contributions received for direct procurement and expenditure for the year ending 31 December 2009 (All figures in US\$'000)		
	2008	2009
Income		
Government and their agencies - specified	39 200	33 956
Multilateral institutions	22 832	23 208
In-kind contribution for drugs from Novartis	1 033	1 690
Foundations	113	-
Total Voluntary Contributions	63 178	58 854
Other Income		
Income for direct procurement	15 463	47 979
Other income	114	30
Internal Transfers to GDF from contribution received by TBP Secretariat	-	636
Prior Year Adjustment****	-	-1 650
Sub-total	15 577	46 995
Total income	78 755	105 849
Expenditure		
Grant procurement of anti-TB drugs ¹	52 098	22 134
Direct procurement	15 463	47 979
Quality assurance and prequalification ²	140	469
Technical assistance, monitoring and salaries ³	3 068	4 123
Advocacy, communications and management ⁴	231	448
Indirect costs	982	764
Total expenditure	71 982	75 917
Funds transferred to GLI ⁵	-	1 126
Total of expenditures and fund transfers	71 982	77 043
Surplus of income over expenditure****	6 773	28 806
<p>*** The prior year adjustment relates to aligning of the Stop TB Partnership financial management figures to published WHO accounts.</p> <p>**** Balance of income over expenditure contains US\$ 24.6 of some donor contributions received in the third and fourth quarters of 2009 and \$4.2 million needed for operations initially in the new biennium. All of these funds have been allocated for use in 2010, including those needed for meeting expenditures in the opening quarter of 2010 till such time as funds become accessible in the WHO system after its year end financial processes have been fully completed.</p> <p>N.B. Items (1), (2), (3), (4) and (5) together amount to US\$ 28,300 thousands for 2009 and US\$ 55,537 thousands for 2008 showing the total direct expenditures of the Global Drug Facility indicated in Annex 1</p>		



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