

2016-2020

Stop TB Partnership Operational Strategy



TABLE OF CONTENTS

Abbreviations	2
Introduction.....	4
Operational Strategy 2016-2020	6
Stop TB Partnership.....	7
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 move towards ending TB.....	10
Goal 2: Support the development, replication and scale-up of innovative approaches (including the roll-out of new tools) to overcome systemic barriers in the fight against TB.	13
Goal 3: Facilitate world-wide, equitable access to TB medicines and diagnostics, including new tools, across public and private sectors.	15
Goal 4: Ensure the optimal and efficient functioning of the Secretariat.	18

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BRICS	Brazil, Russia, India, China, South Africa
CCM	Country Coordination Mechanism
CFCS	Challenge Facility for Civil Society
GCTA	Global Coalition of TB Activists
GDF	Global TB Drug Facility
FLD	First Line Drugs
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
MDR-TB	Multi-drug resistant tuberculosis
NGOs	Non-governmental organizations
SDGs	Sustainable Development Goals
SLD	Second Line Drugs
TB	Tuberculosis
UNOPS	United Nations Office for Project Services
WHA	World Health Assembly
WHO	World Health Organization

THE STOP TB PARTNERSHIP

An independent external evaluation of the Stop TB Partnership found that:

- 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.
- The **Stop TB Partnership** is the only organization serving as a convener and coordinator of the range of different actors working on TB control and it represents a relevant response to the current and future needs for TB control.
- The **Stop TB Partnership** 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 the **Global Drug Facility (GDF)**.
- 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.
 - Strengthened community engagement in various TB platforms.
 - Development of innovative approaches to case detection and TB service delivery through **TB REACH**.
 - Increased supply of quality assured TB commodities and reduced prices through **GDF**.

INTRODUCTION

The Operational Strategy 2016-2020 is to guide the work of the Stop TB Partnership Secretariat. At its 21st Board meeting in January 2012, the Stop TB Partnership Coordinating Board requested the development of a three-year Operational Strategy. This Operational 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 of 1 January 2016 through 31 December 2020. The Executive Committee has overseen the development of the Operational Strategy 2016-2020. During the process of developing the Operational Strategy 2016-2020, to gain an understanding of the strengths and weaknesses of the Operational Strategy 2013-2015, interviews were held with members of the Coordinating Board¹. In addition two workshops with all Stop TB Partnership Secretariat staff were held.

The Operational Strategy 2016-2020 focuses on a five year period and aligns with *The Global Plan to End TB 2016-2020: The Paradigm Shift* (“The Global Plan”). The Operational Strategy 2016-2020 positions the Stop TB Partnership to operate in the current development and TB landscape:

- New Sustainable Development Goals (SDGs) that will guide national policies and activities of international cooperation in the next 15 years, following the conclusion of the Millennium Development Goals. The SDGs call for ending the TB epidemic by 2030.
- The TB conversation at global level has successfully shifted with World Health Organization’s (WHO) new End TB Strategy and international acceptance of the vision to end TB rather than just control it. This requires a change in the mindset of countries and partners and a more ambitious approach in fighting TB.
- A new investment plan, *The Global Plan to End TB 2016-2020: The Paradigm Shift*, has been developed by the Stop TB Partnership which highlights eight areas where a paradigm shift is required and calls for rapid scale-up of investments and efforts to achieve the 90-(90)-90 TB targets and the research and development targets.
- The Global Fund to Fight AIDS, TB and Malaria (“the Global Fund”), which is the main external donor for TB programs, has successfully rolled out its new funding model and is currently developing its 2017-2022 Strategy.
- New diagnostic tools, new drugs and some new drug formulations for treatment of TB, including pediatric TB and MDR-TB have become available.

The Operational Strategy 2016-2020 addresses these developments:

- *The Global Plan to End TB 2016-2020* is aligned with the Sustainable Development Goals and the End TB Strategy.

¹ Interviews were held with: Aaron Oxley, Amy Bloom, Austin Obiefuna, Cheri Vincent Delia Clayton, Erika Arthun, Joanne Carter, Lisa Leenhouts-Martin, Lucica Ditiu, Mario Raviglione, Paula Fujiwara and government representatives.

- By ensuring *The Global Plan to End TB 2016-2020* is funded and implemented - as the core of the Strategic Objectives - the world will be on track to reach these targets and milestones.
- A proper roll-out of *The Global Plan to End TB 2016-2020* and regular monitoring of investments and achievements will ensure the proposed targets are reached. Strategic Goals 2 and 3 are intimately linked to the achievement of this.
- Working to achieve a fully replenished Global Fund as well as the optimization of the TB portfolio as outlined in Strategic Goal 1.
- Objectives and activities under Strategic Goals 2 and 3 drive the efforts of the Secretariat to ensure that innovation in service delivery as well as new tools are implemented.

OPERATIONAL STRATEGY 2016-2020

The Operational Strategy 2016-2020 has four goals – three strategic (Goals 1, 2 and 3) and one operational (Goal 4). Activities which fall under Goal 4 are cross-cutting and support the achievement of Goals 1, 2 and 3.

- 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 move 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's TB portfolio towards reaching the Global Plan targets.
- Goal 2:** Support the development, replication and scale-up of innovative approaches (including in 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 Operational Strategy outlines the Secretariat's strategic priorities from 2016-2020. Given the resource constraints facing the Secretariat, this strategy continues the significant prioritization and streamlining of current activities which took place under the previous Operational Strategy.

The achievement of the Operational Strategy 2016-2020 would require a fully funded Secretariat.

STOP TB PARTNERSHIP

The Stop TB Partnership was established by the World Health Assembly (WHA) in May 2000, following the Ministerial Conference on Tuberculosis and Sustainable Development in Amsterdam, the Netherlands. It has grown steadily since then and now comprises more than 1,400 organizations, including donors, national and international organizations, government and non-governmental organizations (NGOs), affected communities, and academic institutions working together to reduce the toll of tuberculosis (TB) worldwide and ultimately achieve a world free of TB.

The Stop TB Partnership operates through a Secretariat hosted by the United Nations Office for Project Services (UNOPS) in Geneva, Switzerland. In addition to this, the Stop TB Partnership operates through various platforms including the Global Coalition of TB Activists (GCTA) and the Stop TB Partnership Working Groups. The Stop TB Partnership has nine Working Groups and sub-groups including: TB/HIV, Global Laboratory initiative (GLI), Childhood TB, Public-Private Mix (PPM), Global Drug Resistant TB Initiative (GDI), TB Infection Control, New Drugs, New Vaccines and New Diagnostics. A set of Standard Operating Procedures for the Working Groups and sub-groups was developed and is being implemented. The Stop TB Partnership Secretariat (the “Secretariat”) is governed by a Coordinating Board that sets strategic direction for the global fight against TB and provides oversight of the Secretariat which is led by an Executive Secretary.

The Stop TB Partnership and the Secretariat has a strong comparative advantage in global advocacy efforts as a neutral voice in TB advocacy including resource mobilization, with the ability to amplify the voices of partners. The Secretariat facilitates and links partners with common areas of interest and creates a platform to facilitate consensus and coordinate advocacy approaches. Engagement with the Global Fund is a top priority for the Partnership, given that the Global Fund provides three-quarters of the external financing for TB. The Secretariat is uniquely positioned to influence Global Fund policy, strategy and financing discussions to leverage additional TB resources for countries and ensure the continuity of those resources and the efficiency and effectiveness during implementation.

The Secretariat has three teams whose main work is devoted to ensure that countries programmes and partners receive support to properly fight TB: Challenge Facility for Civil Society, TB REACH, and the Global Drug Facility.

The Challenge Facility for Civil Society (CFCS) provides grants to technically sound and innovative interventions to support the engagement of communities in national tuberculosis (TB) responses, especially in countries supported by the Global Fund. During Rounds 3, 4 and 5, CFCS saw 2,800 community volunteers trained, 2,000 TB patients supported during TB treatment and over 1,000 defaulters put back on treatment, 30,200 people were identified

and sent for TB testing, 1.2 million people were reached in total with different activities (awareness sessions, support, behavior-change communications) and 22.8 million people reached through media. Round 6 grantees focused on Global Fund related activities including training (i) Country Coordination Mechanism (CCM) members on TB, (ii) affected communities to monitor and evaluate Global Fund TB grants, (iii) TB representatives on CCMs to strengthen their engagement with their CCM counterparts (iv) affected communities to become members of CCMs, and increased representation of TB on CCMs. In total six Rounds of grants through the CFCS have been awarded since 2007, with more than USD 2.1 million to 121 grantees in 41 countries.

TB REACH was launched in January 2010 with a multi-year grant support from Global Affairs Canada. It provides short-term and fast-track grants to projects that aim to achieve early and increased TB case detection using innovative approaches in populations that are poor, vulnerable and have limited access to care. Between October 2010 and September 2015, TB REACH has provided USD 102 million in support to 142 projects in 46 countries. Over 1.83 million people, many of whom previously did not or could not access care, have received treatment for TB in project areas in collaboration with the National TB Programs. In the last cycle of Global Fund applications, countries incorporated the strategies from over 30 TB REACH grants into their Concept Notes, ensuring that innovations proven successful with TB REACH Funding were adopted and scaled by national governments and other donors.

The Global Drug Facility (GDF) is a critical component of the Stop TB Partnership Secretariat. It is the largest supplier of quality assured TB drugs and diagnostics worldwide in the public sector. GDF is also a unique TB medicines procurement mechanism supporting country supply systems. GDF has a key role in the procurement of first line drugs (FLDs) and paediatric TB drugs, and is the sole procurement mechanism for Second Line TB drugs (SLDs) for the Global Fund. GDF has worked to increase the supply of TB commodities at reduced prices and in 2013 was able to reduce the price of several SLDs by up to 27% compared to 2011 prices. The various price reductions on SLD treatment regimens from 2011-14 have resulted in savings of USD 1.3 million in the first half of 2014 alone.

The Stop TB Partnership has an unparalleled track record in facilitating collaboration among partners

- The Coordinating Board is led by the Minister of Health of South Africa. Board meetings are regularly attended by Ministers of Health and heads of international agencies.
- The Stop TB Partnership has over 1,400 partners in 107 countries.
- Nearly 200 representatives of government, civil society, private sector, and research organizations were brought together to provide input in developing *The Global Plan to End TB 2016-2020*.

Stop TB Partnership's work with the Global Fund – making a sustainable difference

An independent external evaluation of the Stop TB Partnership found that the Partnership's heightened engagement with the Global Fund has contributed to a **greater** focus on TB with **significant contributions** in terms of mobilizing resources for TB, timely funding for country TB programmes, and strengthened engagement with TB communities.

Stop TB Partnership contribution to mobilize additional resources for TB

- The Stop TB Partnership is found to have played a key facilitating role in supporting domestic fundraising by bringing together the Ministers of Health of the five BRICS countries and generating momentum, high-level leadership and commitment to cooperation on TB by these countries.
- BRICS countries – which collectively account for around 45% of global TB cases – have raised more than 95% of their annual TB funding requirements themselves.
- Contributions to the development of the proposal and grants on the regional initiative on mining in Southern Africa and regional initiative on MDR-TB and health systems in Eastern Europe.

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 MOVE TOWARDS ENDING TB

Sub-Goal 1: Ensure TB is high on the political agenda through increased dialogue and engagement with political decision-makers and influences, and a strong unified community.

Vision for Success

The Stop TB Partnership is the essential global advocacy platform which has advanced the development and implementation of *The Global Plan to End TB 2016-2020*. Partners, including WHO (at HQ, Regional and Country level), collaborate in sustained and strategic ways contributing actively to key initiatives and discussions facilitated by the Secretariat.

The Secretariat ensures coherent, integrated advocacy messaging targeted to donors, countries, media and other stakeholders. The Secretariat complements and supports partners in their advocacy and resource mobilization efforts by building on its own comparative advantage such as sensitizing and engaging with political and corporate leaders to have more informed policy dialogues and to facilitate resource mobilization.

Objective A: Identify and meaningfully engage strategic partners at global, regional and country levels and increase the dialogue with and engagement of leaders and key influencers.

Objective B: Develop and deliver coordinated global advocacy messages for and with TB partners.

Objective C: Encourage and strategically support the Working Groups, Global Coalition of TB Activists (GCTA), Global TB Caucus, patients and community networks and other relevant platforms.

Sub-Goal 2: Increase the financial resources available for implementation of the Global Plan 2016-2020.

Vision for Success

Increased financial resources are made available for TB through traditional, bi- and multi-lateral and non-traditional donors as well as from domestic financing. The replenishments (in 2016 and 2019) the Global Fund are successful with additional financial resources made available, both to the Global Fund for its programming and for TB specifically. The Stop TB Partnership leverages funding from the Global Fund and other donors to support countries to increase their domestic support to TB programmes

Objective A: Facilitate tracking of progress of key elements of the Global Plan, including of financial resources.

Objective B: Promote the increase of domestic resources for TB interventions, including in BRICS.

Objective C: Advocate and provide support for a fully replenished Global Fund in 2016 and 2019.

Objective D: Increase financial resources for TB through innovative partnerships with traditional and non-traditional donors and partners, including the emerging markets, high net worth individuals, private sector companies, etc.

Sub-Goal 3: Maximize the impact of the Global Fund's TB portfolio towards reaching the Global Plan targets

Vision for Success

The Stop TB Partnership further expands its role and engagement with the Global Fund Board and Secretariat. Partners including WHO at HQ, Regional and Country level, and the different teams in the Secretariat, including GDF, TB REACH, CFCS, as well as GCTA work together to maximize the impact of the Global Fund's TB portfolio. The Global Fund develops and implements strategy and policy which are conducive to ending TB. TB affected communities are actively engaged and heard in the Global Fund's decision-making processes.

Successful interventions for the CFCS and TB REACH are sustained and scaled-up with long-term funding.

Objective A: Work with partners through different platforms (e.g., disease specific Situation Rooms, Core Group², GCTA and other community, human rights and gender networks) to maximize the success, impact, (including reaching the targets) as well as transition and sustainability of the Global Fund TB portfolio

Objective B: Influence Global Fund policy and strategy development to ensure an optimal environment for TB including through community and civil society engagement, and Global Fund Board constituencies.

Objective C: Work with country stakeholders in Global Fund supported countries to optimize the use of available resources for impact and sustainability.

Objective D: Strengthen TB community systems and responses through the Challenge Facility for Civil Society and other initiatives and platforms.

² The Core Group is Stop TB's platform to engage with key partners on critical Global Fund decisions and issues. There are over 100 members composed of advocates, civil society and community members, donors, health care providers, policymakers, private foundation, private sector, program implementers, researchers, and technical partners. Spotlight issues include Global Fund strategy development, TB disbursements, TB-friendly allocation and eligibility policies, market-shaping strategies, and the replenishment of the Global Fund.

TB REACH

TB REACH was established in 2010 with generous support from the Global Affairs Canada, and subsequently from UNITAID, the UN Foundation, and the Lilly MDR-TB Partnership.

TB REACH provides grants to in-country partners for testing new interventions and tools aimed at increasing the number of people who are diagnosed and treated for TB, decreasing the time to appropriate treatment and improving treatment success rates.

TB REACH combines fast-track, results-based financing and rigorous, external monitoring and evaluation to produce results, so others can scale-up successful approaches and maximize their own investments.

IMPACT AND RESULTS

- Between October 2010 and September 2015, TB REACH has provided USD 102 million in grants to support 142 projects in 46 countries.
- Over 1.83 million people have received TB treatment in project areas (through September 2015) – a 67% increase since the start of 2014.
- More than 30 approaches first piloted by TB REACH will continue or scale-up with investments from the Global Fund, other donors or national governments.

GOAL 2: SUPPORT THE DEVELOPMENT, REPLICATION AND SCALE-UP OF INNOVATIVE APPROACHES (INCLUDING THE ROLL-OUT OF NEW TOOLS) TO OVERCOME SYSTEMIC BARRIERS IN THE FIGHT AGAINST TB.

Vision for Success

TB REACH has helped improve TB diagnostic, treatment and care delivery by demonstrating and documenting the impact of innovative approaches. It has become the primary mechanism through which new interventions and tools are tested in 'real world' settings for effectiveness to expedite their rapid introduction and prioritization for scale-up. In order for TB REACH to achieve its goal, full support is maintained from a diversified funding base.

Best practices and lessons learned from TB REACH, CFCS projects and any other will be documented and widely shared.

Create other complementary platforms to identify and develop new ideas to catalyze enthusiasm in the TB space.

Objective A: Promote innovation in TB service delivery and new tools through TB REACH and other initiatives.

Objective B: Generate evidence based practice and knowledge sharing around the implementation of innovative approaches in TB care delivery and the roll-out of new tools.

Objective C: Support the scale-up of effective, innovative approaches from TB REACH and other initiatives by mobilizing domestic and/or external funding.

GDF's contribution to the global scale-up of TB medicines and diagnostics

From October 2014 to September 2015, GDF delivered US\$ 248 million worth TB products to 97 low- and middle-income countries of which 72%, 19% and 9% were for second-line medicines, first-line medicines, and diagnostics, respectively.

GDF launchpad to support rational roll-out of bedaquiline under the USAID donation programme

GDF's supply-demand coordination facilitated access to bedaquiline in more than 30 countries during the first 6 months of the USAID bedaquiline donation programme.

GDF's market-shaping work resulted in dramatic cycloserine price reduction

GDF's multi-pronged market approach led to a 55% price decrease in 2015 for cycloserine – a key medicine used to treat MDR-TB.

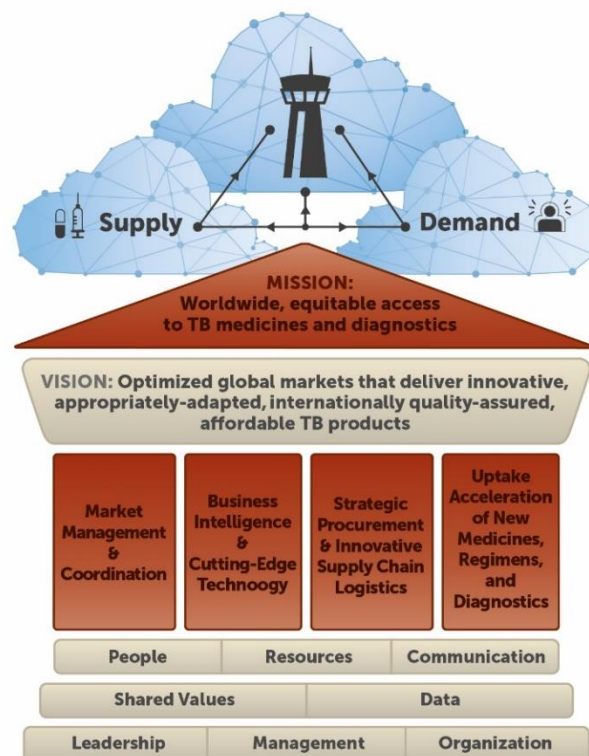
GOAL 3: FACILITATE WORLD-WIDE, EQUITABLE ACCESS TO TB MEDICINES AND DIAGNOSTICS, INCLUDING NEW TOOLS, ACROSS PUBLIC AND PRIVATE SECTORS.

Mission

GDF’s mission is to support and promote worldwide, equitable access to TB medicines and diagnostics.

Vision for Success

All people requiring TB diagnostics and medicines are able to access them. Global markets are optimized to meet public health needs. Markets are able to reliably deliver innovative, internationally quality-assured, appropriately-adapted, affordable, sustainably-priced TB medicines and diagnostics. Investments in research and development continue according to target product profiles, with a shift from single-drug-medicine to regimen development, clear specifications for multiplatform diagnostics, and a more coordinated end-to-end approach across the entire portfolio of TB products. International organizations coordinate long-term, targeted technical assistance to countries in a manner that ensures supply chains get products to the places where people seek care. Global and national finances are sufficient to support the introduction and scale-up new TB innovations as they emerge from the pipeline. Countries transition from Global Fund TB financing in a manner that not only ensures ongoing access to TB services in country, but also supports global market strategies. Stakeholders work transparently and collaboratively in a coordinated fashion towards collective goals to avoid duplication, leverage resources, and optimize efficiency



Objective A: Manage and coordinate market activities across all stakeholders for the full portfolio of TB medicines, regimens, and diagnostics

Key Activities

- Expand situational analyses to identify and quantify market inefficiencies and drivers of inefficiency and conduct the analyses on a regular basis;
- Develop conceptual frameworks for what the “ideal” TB market niches should look like with regards to size, shape, segmentation, and function. Use these frameworks to set common market goals and monitor progress towards these goals and update on a regular basis;
- Design and implement tailor-made market dynamics interventions to achieve desired market changes through a transparent and coordinated multi-stakeholder process. Develop models to determine which markets will benefit from consolidation versus fragmentation as these markets evolve;
- Convene regular multi-stakeholder meetings to achieve consensus on clear, measurable market goals, map and coordinate market activities, and share progress reports towards these goals.

Objective B: Develop state-of-the-art business intelligence and data-driven approaches through early adoption of cutting-edge technology.

Key Activities

- Create and implement a business intelligence system to provide dynamic, portfolio-level, end-to-end visibility across product lifecycles, leveraging new tools and open source technology to optimize data collection, transformation, integration, and usability;
- Design cross-portfolio tools to estimate and predict both public and private market sizes for TB medicines and diagnostics across market niches and product lifecycles;
- Enhance country-based quantification through sustained, targeted technical assistance and improvements in quantification tools and early warning systems in coordination with on-the-ground partners;
- Generate and share regional and global demand forecasts for TB medicines and diagnostics using a standardized methodology that is widely accepted by key stakeholders; and
- Identify new data streams and conduct rigorous analytics to estimate the impact of past, current, and future TB market interventions towards the creation of an evidence base for policy decisions.

Objective C: Undertake strategic procurement and execute innovative logistics solutions for TB medicines and diagnostics.

Key Activities

- Identify and utilize the best procurement and logistics levers to facilitate competition (in markets deemed large enough to be competitive) and procurement mechanisms to sustain a segment where there is an absence of market. Create better pull mechanisms for competition and a more proactive approach for go-to-market strategies;
- Conduct ongoing supplier mapping of new and existing drugs; and share the intelligence with partners who can identify incentives and implement strategies to attract new suppliers,

maintain existing suppliers of internationally quality-assured medicines at the lowest, sustainable price.

- Utilize GDF’s existing tools (strategic rotating stockpile and flexible procurement fund) and develop new, innovative tools to optimize procurement efficiency and expedite delivery of products to countries;
- In select GDF priority countries, identify and design optimal supply chains that actually flow to the public and private places where people seek products and services with uninterrupted, efficient movement of products – using country dashboards to benchmark progress; and,
- Implement a progressive enterprise resource planning system connected to a real-time logistics control tower to allow end-to-end supply chain visibility and a better understanding of demand from the point of use.

Objective D: Accelerate the uptake of new TB medicines, regimens, and diagnostics using GDF “launch pad” in close collaboration with TB REACH and Stop TB Partnership Working Groups on new TB medicines.

Key Activities

- Maintain a portfolio watch list of all potentially useful technologies that are likely to enter the market over the next 5-10 years; develop and monitor end-to-end views of product life cycles that link road maps to next generation of products. Use this to identify and address bottlenecks in “real-time”;
- Create pre- and peri-launch plans for emerging products on the GDF TB portfolio watch list in collaboration with product developers, early-adopters, donors, and other stakeholders;
- Provide targeted phase-in, phase-out technical assistance, including country-specific models for regulatory, policy, and supply chain frameworks that support both introduction of new TB products and efficient phase-out of old TB products;
- Monitor uptake of newly-launched TB products to create “evidence packages” that showcase not only product adoption successes, but also challenges encountered with product adoption.

GOAL 4: ENSURE THE OPTIMAL AND EFFICIENT FUNCTIONING OF THE SECRETARIAT.

Vision for Success

The Stop TB Partnership Secretariat is recognized as operating in a cost-effective, efficient and sustainable manner that allows it to achieve the objectives of the first three goals. A significant component of the annual budget is from long-term donor agreements allowing the Secretariat to plan responsibly. The Secretariat recruits, retains and promotes motivated and high-performing, highly skilled, professionals from around the world and seeks to ensure representation of staff members from high TB-burden countries. The Secretariat's workforce reflects its core values and culture of gender equality and awareness and non-discrimination of other differences. The added value and impact of the Secretariat is clearly articulated, documented and shared transparently.

Objective A: The Secretariat, well-supported by UNOPS, is lean, cost-efficient, operates and is managed in an effective manner.

Objective B: The Secretariat is adequately staffed, is gender balanced and staff are drawn from diverse cultural backgrounds.

Objective C: The Secretariat has systems in place for managing financial resources and risk, is sustainably funded through a number of donors committing to multi-year grants.

Objective D: Governance mechanisms of the Stop TB Partnership operate in an efficient, effective and transparent manner (including the Coordinating Board, Executive Committee, Finance Committee as well as any other Ad-Hoc Committees of the Board).

Objective E Demonstrate, strengthen and share the Secretariat's clear added value and impact.

THE SECRETARIAT

An independent external evaluation of the Stop TB Partnership found that:

- The work of the Secretariat is impressive, especially in light of the resources available.
- Represents positive and improving value for money to its donors.