

Stop TB Partnership Secretariat 2003 Progress Report

For the Stop TB Partnership Secretariat (“Secretariat”) the year 2003 can be characterized as one of striking a balance between taking stock and reorientation. The period after its inception, following the Amsterdam declaration in 2000, was one of rapid action on all key fronts to generate momentum in the thematic areas for ensuring measurable progress.

The independent evaluation of the Stop TB Partnership undertaken during the year confirmed that it was adding “major value” and that it “built, and is sustaining, an effective umbrella network that brought diverse groups together under a common vision”. Independent evaluation of the Global Drug Facility, also completed during 2003, described it as making a significant contribution to the effort of controlling TB. However, both these evaluations emphasized the need to move away from the “start-up” phase and adopt a more business-like approach.

The activities of the Secretariat in 2003 laid the cornerstones for establishing a viable management structure and efficient business processes on the one hand and undertaking high-priority work in all relevant spheres on the other. The main achievements of 2003 and the challenges the Partnership faces are set out below.

I. Enhancing advocacy, communications and social mobilization

The Secretariat made a determined effort in 2003 to boost activities across a broad spectrum of operations in areas of advocacy, communications and social mobilization. It took the strategic step of broadening the scope of stakeholder involvement by holding an expert consultation, hosted by the Ministry of Health of Mexico, on Social Mobilization. Fifteen leading experts in programme communication took part in the meeting, which launched the establishment of a strategic framework for building communication capacity at country level to support DOTS expansion. This was followed by the second *ad hoc* Committee meeting on the TB epidemic in Montreux, Switzerland, in September 2003.

The annual meeting of the Stop TB Advocacy and Communication Task Force was held in Johannesburg, South Africa. It approved a comprehensive 2004–2005 work plan for global advocacy; national/sub-national level communication; and a joint TB/HIV campaign with UNAIDS and other partners. A 10-member “core group” was constituted to strengthen the planning, coordination, implementation, and reporting capacity of the Task Force.

Principal activities for mainstreaming TB control and increasing the outreach to the TB community are as follows:

a. Advocacy

A number of high-profile global advocacy events held, the main ones were:

- A “Hit TB for a 6!” campaign to link tuberculosis with the Cricket World Cup tournament in March 2003.
- Two media events on World TB Day, 24 March 2003, to commemorate the “10/10” milestone (10 million patients cured under DOTS in 10 years). One was held at Portcullis House, Westminster, London, featuring Dr LEE Jong-Wook, the WHO Director-General elect, and Hon. Clare Short, then UK Secretary of State for International Development. Another, held at the National Press Club in Washington, DC, featured Hon. Tommy Thompson, the U.S. Secretary of State for Health and Human Services, Dr Anne Peterson, USAID Assistant Administrator for Global Health, and Dr Ken Castro, Centres for Disease Control and Prevention.

Other notable activities linked to World TB Day were: (i) a World TB Day opinion-editorial in the *International Herald Tribune*, signed jointly by LEE Jong-Wook and World Bank President James D. Wolfensohn; (ii) a 25-minute documentary film, *The Return of TB*, focusing on the re-emergence of TB in Eastern Europe, which was broadcast on national television in Kosovo, the Netherlands, and Slovakia; (iii) mass distribution of a high-quality WTBD '03 information pack with the theme "DOTS Cured Me - It Will Cure You Too!"; and (iv) production and distribution of a Highlights Report, with narrative and visual documentation on WTBD '03 activities in 51 countries across all six WHO regions.

- A joint two-year initiative with UNAIDS was launched to promote a collaborative approach to fighting the growing pandemic of TB/HIV co-infection. It included:
 - formulation of a strategic framework for TB/HIV advocacy with key objectives, messages, audiences and milestone events in 2003–2004;
 - production of two audiovisual products for TB/HIV advocacy;
 - organization by Results USA and Results Canada of a 5-week tour of Canadian and U.S. cities for Mr Winstone Zulu in September–October 2003, which generated reports on national television in Canada, and in local newspapers and radio stations in many of the sites visited.
- A visit organized by Results USA took two U.S. Senate aides and one U.S. Congressional aide to India in early December 2003 for briefings, meetings and site visits to assess the success and impact of DOTS expansion. The aides received a powerful first-hand education on DOTS, the Global Drug Facility (GDF) and the need for new tools. It will strengthen the corps of “TB champions” in the U.S. Congress who promote funding support for global TB control efforts.

b. Social mobilization

In the course of 2003, the following milestones were achieved with respect to the communication for behavioural impact (COMBI) projects to accelerate DOTS case detection in key high-TB-burden countries.

- preparation of a COMBI Best Practices handbook;

- preparation of indicators and data collection mechanisms to evaluate COMBI impact;
- completion of planning, budgeting, administrative arrangements, and technical assistance and advocacy materials to begin implementation of COMBI projects in Kenya and in Kerala State in India in 2004;
- completion of COMBI action planning exercise with a view to implementing activities in selected areas of the country in 2004.

c. Information products

- The online Image Library was launched in January 2003. The International Union Against TB and Lung Disease (IUATLD), which provides matching funding, manages it. The Library's web site had 22,612 visitors – 55% were from the USA and 25% were from countries of the European Union.
- With support from the American Lung Association, work started on revamping the Stop TB web site.
- Monthly e-communiqués and weekly web alerts were produced on schedule, together with a series of “countdown alerts” distributed every 10 days in the run-up to WTBD '03, with guidelines, information and materials for Stop TB constituents.

II. Partnership building

The Secretariat continued to build and sustain a broad network of partners. It established a Partnership architecture, which commands broad support and is being used to increase political commitment. This network seeks to build the Partnership edifice at three levels: global, regional, and national. During 2003 the efforts of the Secretariat were specifically aimed at enhancing the political will and generating national resources for implementing the detailed Global Plan to Stop TB. Critical, but longer-term, work continued on new diagnostics, drugs and vaccine developments.

a. Meetings of the Coordinating Board and its working committee

- The Coordinating Board, meeting in Brasilia in April 2003, reviewed progress since its last meeting in Cape Town. It focuses on achievements with respect to global DOTS expansion, and progress in the four top high TB burden countries, and agreed on further high level missions to high-burden countries. It discussed, and agreed to, the evaluation of the Partnership and the GDF. It approved greater engagement in the field of poverty and TB as a mainstream Partnership activity and discussed possible areas of collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) on Technical Review Panel, GDF, and TB/HIV.
- The Board met in The Hague in October. It deliberated on the findings of the second ad hoc Committee on the TB epidemic and agreed to prepare a plan for implementing its recommendations. It reviewed the funding shortfall for the GDF and decided on next steps. It agreed on a higher profile for the Advocacy and Communications Task Force to Stop TB. A decision was made to separate the Target Budget and the Operational Budget, the former providing fundraising targets for the Coordinating Board and the latter being the working budget based on available funds and known commitments from donors. Other issues discussed were resource mobilization, social franchising, and operations of the Trust Fund.

- The Board met again by teleconference in December 2003. It approved the operational work plan and the associated budget, and agreed to the terms of reference for the Resource Mobilization Task Force and subject to resources being available, to the recruitment of a Resource Mobilization Officer.
 - The working committee of the Coordinating Board met nine times to provide operational support to the Secretariat, addressing such issues as recruitment of the Executive Secretary, links with GFATM, regular review of the GDF, external evaluations of the Stop TB Partnership and GDF, and the Stop TB Trust Fund.
- b. Maintaining and strengthening the Global Partnership**
- At the global level, the Partnership had 278 members at the end of 2003, comprising 139 NGOs, 69 government organizations, 11 intergovernmental organizations, 31 academic institutions, 9 commercial organizations and 19 others.
 - A Partnership directory was compiled to facilitate networking.
 - The second ad hoc Committee on the TB epidemic convened by the Partnership Working Group on DOTS expansion held its meeting and presented its report, which will feed into the work of the Millennium Development Goals Project.
 - The Stop TB Partnership Secretariat continued to strengthen its links with the GFATM through the Stop TB Partnership and a memorandum of understanding was developed for formalising these links. At present the links comprise:
 - observer status for GFATM at Stop TB Coordinating Board and Technical Review Committee (TRC) meetings, and meetings of the Green Light Committee;
 - reporting of all Coordinating Board decisions on GDF grants to the GFATM Secretariat;
 - membership of three GFATM Technical Review Panel members for TB on the TRC of the GDF;
 - sending of all GDF country and monitoring visit reports to GFATM Fund portfolio managers;
 - participation by GDF staff in the regional meetings of GFATM;
 - regular dialogue between GDF staff and GFATM portfolio managers to explore collaborative approaches to drug procurement and technical assistance.
 - *Guidelines for workplace TB control activities* were prepared and extensively distributed at the Africa Summit of the World Economic Forum (WEF) .
 - Work was undertaken, in collaboration with the WEF, for corporate sector representation on the Coordinating Board and on corporate sector secondments to the Board.
 - The Stop TB Secretariat supported and participated in the meetings of the Working Groups on DOTS Expansion (The Hague), DOTS-Plus (Paris) for MDR-TB, and TB/HIV (Montreux), Drugs (Paris), Diagnostics (Paris), and Vaccines (Geneva).

c. Building of regional and national partnerships

- Guidelines for building national partnerships were prepared and widely disseminated.
- A high-level mission visited Indonesia to strengthen the National Stop TB Partnership in Indonesia, known as *Gardunas Indonesia*. The political momentum generated by this partnership created provincial chapters of the national partnership to ensure that local experience, expertise, and resources are all brought to bear in the fight to control TB.
- In the Russian Federation an initiative to bring all stakeholders together was taken by the federal government with support from international Stop TB Partners. The High-Level Working Group (HLWG) to Stop TB comprises leaders from the federal and regional governments (Ministries of Health and Justice), academia, NGOs, WHO, and civil society. This partnership developed appropriate proposals for policy-makers to create a conducive environment for the detection and cure of TB patients in different provincial settings.
- The regional partnership for WHO's South-East Asia Region, covering all 11 countries, was launched in November 2003 in Bali.
- As part of its ongoing activities to reach out to the business sector, the Global Health Initiative of the World Economic Forum set out to develop an Indian Business Alliance to Stop TB in collaboration with the Revised National TB Control Programme and WHO. The Alliance was set up in the autumn of 2003 with the aim of increasing the quantity and quality of Indian corporate sector engagement in the management of TB. It provides an innovative way for the Indian Government to work as a true partner with the business sector to control TB.

d. TB and poverty

A systematic analysis of TB and poverty was undertaken, and a final report on the findings was published in 2003. The work undertaken highlighted the immediate needs as being:

- mainstreaming a pro-poor approach in TB control, particularly DOTS expansion, by reducing barriers to access, increasing case detection and facilitating treatment completion for the poorest through targeted interventions;
- addressing knowledge gaps on poverty and TB, such as population baseline, prevalence of TB amongst different groups, the impact of different health financing mechanisms, and the long-term impact of patients;
- disseminating new knowledge of successful pro-poor approaches in different settings.

The findings and strategic directions for the way forward are collected on the CD-ROM *TB and Poverty*. Based on the recommended strategy a proposal for establishing a Network for Action on TB and Poverty was approved. The Network will aim to make DOTS expansion more inclusive by making a special effort to reach out to the poorest and most marginalized groups in the countries covered by it. This will be done through innovative and interactive interventions that will factor in a wide

variety of civil society and social development interests and use the support of DOTS expansion technical experts. The proposal awaits funding for implementation.

III. Increasing access to drugs

a. Global TB Drug Facility (GDF)

In 2003, the work of GDF continued to evolve making it an effective partner in TB treatment. The GDF was evaluated positively in April 2003, the evaluation report stated that “GDF has demonstrated proof of the concept as an innovative and high-impact model for increasing access to TB drugs”. The report emphasized that GDF was successful in large part because of “the STB Partnership’s commitment, funding and technical support”. Since its creation, GDF has provided a total of 1.9 million patient treatments.

During 2003, GDF, originally designed to provide drug grants to countries, continued its evolution into an organization providing three services: (i) grants, (ii) direct procurement, and (iii) catalogues of approved manufacturers and products. These now make up the core of GDF support to countries and represent a continuing evolution of GDF in response to country and partner needs.

Grants

In 2003, GDF approved 514,939 patient treatments to 19 countries. The main beneficiaries of GDF grants continue to be low-income countries (per capita GNP below US\$ 1,000) that fulfil the GDF “Conditions of Support”. Lower-middle-income countries with a per capita GNP below US\$ 2,995 are also eligible. During 2003, GDF worked with countries to encourage future grant applications, where appropriate, and supported the transition of those with current three-year grant commitments to other GDF services to ensure that gains made by the countries in TB control through enhanced drug quality, procurement, and pharmaceutical management are sustained after the expiry of the grants.

Direct Procurement Service

The Direct Procurement Service, launched in 2002, enables governments and NGOs that do not need grants to purchase GDF drugs to benefit from the cost savings, quality assurance and technical assistance provided by GDF. Organizations and countries buying drugs through the GDF Direct Procurement Service make a clear commitment to follow WHO-approved treatment regimens in DOTS programmes and to provide the drugs free of charge to patients.

Eleven countries took advantage of the Direct Procurement Service in 2003, placing orders for more than 471,981 patient treatments at an estimated value of US\$ 6 million. In November 2003, the Philippines alone set a precedent with its US\$ 4.4 million order, with funding from the World Bank.

Catalogue of Approved TB Products and Manufacturers

In 2003 first edition of *The GDF Catalogue of Approved TB Products and Manufacturers*, also known as “the white list,” was published in collaboration with the WHO Department of Essential Drugs and Medicines on the Procurement. At present this catalogue has seven manufacturers and aims to facilitate access to TB

drugs of acceptable quality through assessment of products and manufacturers for compliance with WHO-recommended standards.

Products

During the period under review, GDF and partner organizations continued to press ahead with the next generation of TB patient treatments. The Stop TB Patient Kits of the GDF – one for Categories I and III and a second for Category II – were produced and successfully field-tested. Each kit contains a full course of treatment and uses only fixed-dose combination tablets. Use of these will enhance rational drug treatment as all drugs will be available in the appropriate dosages and quantities. The development of the Patient Kit is expected to be an effective tool in advancing DOTS treatment regimens.

b. Green Light Committee (GLC) activities

In 2003, GLC scaled up its activities improving access to second-line TB drugs to treat MDR-TB and promoting their rational use. GLC thus became a catalyst for DOTS expansion in some countries. Its work focused on review of applications, monitoring visits and technical assistance to DOTS-Plus pilot projects, and assistance to WHO on policy-making with respect to MDR-TB management. The success of the DOTS-Plus initiative and the GLC mechanism was instrumental in Ely Lilly launching a US\$ 70 million initiative to transfer the technology for the manufacture of two key second-line drugs (cycloserine and capreomycin) in low- and middle-income countries (China, India, and South Africa)

Convergence between the GLC and GDF continued during 2003 and is expected to be completed over the next year and a half. It is based on a recommendation of the Stop TB Working Group on DOTS-Plus for MDR-TB at its second meeting in Tallinn in 2002. During the year the GLC reviewed 15 applications and approved seven of them; since its creation the GLC has approved access to second-line drugs for 4,700 patients.

Clearance by GLC is now mandatory for a country seeking funds from GFATM for procuring second-line TB drugs.

IV. General management of the Secretariat

a. Planning and human resources

- Two work plans were prepared for the biennium 2004–2005, one for resource mobilization and the other for operations; these were presented to and adopted by the Coordinating Board in December.
- Dr Nils Billo, Executive Director of IUATLD, served as the interim Executive Secretary until October 2003, when Dr Marcos Espinal was selected in a transparent and consultative manner to head the Secretariat for servicing the Partnership.
- A Partnership Resource Administrator was selected to manage the resource mobilization and financial management processes.
- The GDF team was strengthened by the appointment of three new staff for grant application review, monitoring, and administrative support.

- The Communication and Advocacy team was augmented by additional staff to deal with issues relating to GDF and the Partners Forum
- The partnership team was enhanced by the appointment of two administrative support staff.

b. Resource mobilization

The independent external evaluation pointed out the need for considerable strengthening of the resource mobilization and the finance functions in the Secretariat.

Concrete steps were taken during the year to generate more resource and to put resource mobilization for the Partnership, including GDF, on a sound footing. The following activities were taken in the two areas:

- Resources totalling US\$ 21 million were mobilized during the year.
- A resource mobilization strategy was prepared by an independent consultant in December 2003.
- A Resource Mobilization Task force (RMT) was set up following the independent evaluation of the Stop TB Partnership and a resource mobilization strategy was prepared by an independent consultant. The task force held its first meeting in November when it discussed and adopted a set of terms of reference for itself.
- On 19 December, Novartis and GDF signed a memorandum of understanding under which Novartis will donate drugs for half a million patient kits, valued at over US\$ 7 million. This donation marks the first time a major pharmaceutical manufacturer has supplied TB drugs to GDF at no cost. It is hoped that other manufacturers will follow the example of Novartis and make similar commitments.
- The funding gap for the GDF was closed by contributions for CIDA and the Government of Japan, however, substantial resources still need to be mobilised for the Partnership Secretariat and the GDF for 2004 and 2005.

VI. Challenges

The growth of the Stop TB Partnership over the past few years is evident from the increasing number of active partners and from the initiatives at regional and country levels. It was acknowledged as adding major value in the World Bank report *Rising to the Challenges*, which described the progress towards the Millennium Development Goals for health.

The support expressed by the principal current donors indicates that the Partnership is on its way to building trust among its constituents. The challenge is to retain a strategic focus on the one hand while retaining active engagement with the critically important country processes on the other in order to meet the targets set for TB control.

At present, not many countries have reached the World Health Assembly targets for 2005 for the control of TB. Much more will need to be done if the targets are to be met on time and, more importantly, if the 2015 Millennium Development Goals are to be met.

Encouraged by the experiences and productivity of the Western Pacific Region, regional partnerships have been initiated in Africa, South-East Asia, and Europe. Other regions are building on this experience to provide a platform for discussion among partners.

Strong commitment to sustaining the Global Stop TB Partnership has been expressed by partners. The Partnership's mission and strategy continue to command the support they deserve. However, to ensure that the Partnership becomes an effective and efficient vehicle for achieving the goals for TB control and realizing the targets, the following specific concerns need to be addressed:

a. Building regional and national partnerships

The global Stop TB movement needs to become a driving force in developing countries by building national partnerships that will provide the platform for national stakeholders to become involved in the fight against TB. The Stop TB movement must expand beyond the traditional boundary of a purely technical approach to a holistic one that galvanizes entire communities to control TB. To ensure the success of the few regional and national partnerships that are in place, the global partnership has to help strengthen their fragile structures and nascent processes. These partnerships also will have to be equipped with the necessary tools to effectively mobilize the communities they serve in the fight against TB.

In several high-burden countries, the traditional fairly narrow focus of interagency coordination will be expanded to include other non-traditional partners. A group of 5 to 10 such national partnerships, with broad stakeholder participation in high-burden countries, will be created in the next 2 years. The Stop TB Partnership published guidelines for the building of effective partnerships and will actively support their establishment in countries as its strategic response to meeting the 2005 targets.

b. Securing sustained donor support in a timely manner

Changes in donor funding priorities and the establishment of new financing mechanisms such as the GFATM have intensified competition for limited resources, and have increased uncertainty over funding flows for the Partnership. The Partnership has recognized that advocacy and resource mobilization need to be handled more effectively. Task Forces have been set up for both areas and specific action plans will be developed for both. The specific requirements are to broaden the donor base considerably, introduce systems and processes that are transparent and make the functioning of the Secretariat effective and efficient, and develop instruments that cater to the reporting needs of a wide range of donors.

c. Establishing a viable structure for delivering results

A viable structure needs to be set up to ensure that the Secretariat can effectively service the needs of the Partnership. This will require: (i) a clear division of responsibilities among its various constituents and an arrangement that uses a strong mechanism for integrating their work, (ii) business process review, and (iii) implementation of an appropriate personnel policy. The Executive Secretary will take the necessary operational steps to achieve these objectives. It will be necessary to align Partnership demands with the strategies of its functional units. Steps will be taken to establish a mechanism that integrates vertical authorization and control requirements with the horizontal process-led changes for creating "long-term value"

by the Partnership. A more business-like approach will be introduced to streamline the functioning of the Secretariat.

d. Supporting the functioning of the working groups

The challenge here is to give active support to the highly valued and important work done by the six working groups, and to devise and put into operation a mechanism for bringing together the diverse, but highly focused, groups to build synergy-driven gains. It should be borne in mind that some of the working groups were not conceived at the time of building the Partnership structure but constituted existing activities that were co-opted into the Partnership. Nonetheless, they cover the main areas of TB control, with respect to both operations/implementations of adopted strategies for TB control on the one hand, and research and development on the other. The Secretariat prepared a discussion paper for the meeting of the Chairs of the working groups in April 2003. It highlighted the importance of paying attention to the six working groups through which much of the work of the Partnership will be accomplished in the long term. The recommendations of that meeting now need to be operationalized.

e. Evolution of the GDF

Recognizing the important contribution of the GDF and the vital role the Partnership plays in its success, the Facility will need to be repositioned and made more attractive to donors and countries to ensure that at least 25% of TB patients globally are being treated with high-quality TB drugs at an affordable price. The target is to have 3 million patients on first-line treatment under the DOTS expansion programme. Selected services provided by GDF, such as direct procurement, need to be marketed carefully to extend their use. Efforts will be needed to re-brand the GDF with the message that it offers three services best received as a package, but of value individually for those countries that are ready. Specific steps will have to be taken to ensure that all GDF-supported countries and GLC-approved projects have adequate technical and drug management assistance to ensure rational use of drugs. The use of fixed-dose combinations will have to be promoted vigorously to ensure that one-fifth of all GDF clients are using these in patient kits. The phase-out strategy for the services of GDF in countries coming to the end of their grant support period will need to be implemented with care to ensure that mechanisms for accessing high-quality drugs in a timely manner remain available to such countries. Links with GFATM will need to be further strengthened to ensure that the much-valued services of GDF are available to countries that need them.