

STOP TB PARTNERSHIP

Coordinating Board Meeting

New York, 19-20 September 2016

Executive Director: Lucica Ditiu

Foreword



Stop TB Partnership Secretariat Staff

Honorable Ministers, Ladies and Gentlemen, Dear Friends, Colleagues and Members of the Coordinating Board.

DR. LUCICA DITIU
Executive Director

Good morning, and welcome to our 28th meeting of the Coordinating Board in New York.

We are almost 10 months into 2016 and this year is of crucial importance. This is the first year of the Global Plan to End TB 2016-2020 and we need to impose the rhythm and intensity of efforts that will lead us to achieving our targets. I feel that we are going in the right direction.

The launch of the Global Plan at the last Board meeting has

meant that we have worked this year to continue to get it endorsed at the highest political levels and discussed worldwide. In June, in New York, at the UN High-Level Meeting on HIV/AIDS, the Political Declaration adopted by Heads of State at the meeting included a commitment to funding and implementing the targets in the Global Plan and the Plan's 90-(90)-90 targets. For this, we are very grateful for the work with our partner from UNAIDS in making this happen, and in looking forward to our future collaboration to increase the

scale up of TB/HIV integration. In Addis Ababa, just last month, during a special TB session led by our Chair, the African Ministers of Health endorsed the Global Plan, the targets and the African Framework for ending TB with a commitment to increase domestic TB allocations. This is a big step forward, but the first in front of very many to come.

To accelerate our efforts and to bend the curves of TB incidence and mortality as we should, we need to be smart and innovative. I have hope that we will be able to discover, fund and

scale innovative approaches in TB detection and care now that we announced the replenishment of TB REACH through a five-year award of CA\$ 85 million from the Government of Canada. The Bill & Melinda Gates Foundation and the Indonesia Health Fund have given supplementary funding towards TB REACH for the first time and, with the team working hard on its implementation, we hope to have selected our new grantees by the end of the year and move forward at a sustained pace.

Our GDF team – in partnership



with other partners, especially the Global Fund Secretariat and under the leadership of country programmes worked hard, with dedication, professionalism and flexibility, and ensured that all commodities are supplied in a timely fashion and no drug stock outs are recorded, that anti-TB medicines are available at the most competitive prices and that the new drugs and regimens are available to early implementers.

We all agree that nothing can be achieved unless we put the people affected by TB at the center of all work and efforts, and we accelerated the work we do in this area by our Challenge Facility work and on ensuring that the gender and human rights centric interventions are becoming the norm for TB programmes. We continued to support and enhance the work with vulnerable groups and key populations, to roll out the gender assessment tool and support meetings, ca-

capacity building and interaction of people affected by TB.

All this is good, but we have a long way to go to reach the 2020 targets of the Global Plan in order to ensure we are on track to end TB by 2030. We will very carefully monitor the commitments we made in the Global Plan – the paradigm shift, the financial investments, the 90-90-90 targets, the TB policies, the R&D investments. But the efforts and the work needs to scale up tremendously in countries and we must ensure that we all work in synchronization and with amazing coordination to make a difference. We have some good opportunities now, with a very good replenishment of the Global Fund, availability of new drugs and new regimens and a renewed spirit and mindset. What we need to give a full push is a very high level discussion of heads of states and governments about TB. And this is the vision of our Chair, Mi-

nister Motsoaledi – a UN high level meeting on TB in 2017. I think we have all learned from him to be bold, dynamic, fresh and one step ahead of times so I am fully onboard to work hard, together with our Secretariat and partners to make this happen in the year to come. And, we hope we can count on your support as well.

I am grateful to work under your leadership, especially the extraordinary leadership of Minister Motsoaledi and Joanne Carter over the past three years and blessed to have them for another three-year term. I am grateful to work with you all in the Board – as we are all working under the same goals and we are all in this together. It is not an easy environment we operate now, but if we keep in our hearts that the work we do serves all those suffering from TB and that we are accountable for saving their lives, we will end TB. **We will do it.**

Board & Secretariat

The Coordinating Board reappointed the Current Chair, Minister Motsoaledi and Vice-Chair Dr Joanne Carter for a second three-year term until the end of 2019 at the conclusion of the last Coordinating Board meeting held in Cape Town, in December 2015.



From L to R: Dr Lucica Ditiu, Minister Aaron Motsoaledi, Dr Joanne Carter

Key Performance Indicators of the Stop TB Partnership Secretariat 2016 - 2020

The Stop TB Partnership Coordinating Board requested the development of the first ever set of Key Performance Indicators (KPIs) for the Operational Strategy 2016-2020 (decision point 27-5).

Key Performance Indicators were developed based on input from the Secretariat, Executive Committee and Board members.

The KPIs will be presented tomorrow to the Coordinating Board for approval.

Standard Operating Procedures between the Stop TB Partnership and UNOPS

The Stop TB Partnership Coordinating Board approved the Standard Operating Procedures (SOPs) at the 26th Coordinating Board meeting in Paris, France in April 2015 (Decision Point 26-3).

The approval was based on the understanding that the SOPs are a living document and are intended to be updated as needed.

Following a year of operations within UNOPS, the Secretariat and hosting agency recognized the need to update the SOPs to better reflect the realities of operation, rules and regulations.

The SOPs will also be presented tomorrow to the Coordinating Board for approval.

UNOPS Internal Audit: Review of hosting services provided to Stop TB Partnership

The Secretariat received the highest possible rating of achievement.

Earlier in 2016, the UNOPS Geneva Office was subject to two audits: One by the UN Board of Auditors, conducted by auditors from the National Audit Office of the UK, and one by UNOPS Internal Audit and Investigation Group.

The latter included a review of all the hosting services provided to the Stop TB Partnership. We are pleased to report that the auditors found that the level

of internal control of the UNOPS Geneva Office over the activities was solid and achieved the highest possible rating of 'Satisfactory' against the three possible audit ratings that can be given: Satisfactory, Partially Satisfactory or Unsatisfactory.

There were recommendations for the need for additional transactional and oversight support in the UNOPS office for the management of the Long-

Term Agreements, establishment of orders, as well as tracking of receipts. UNOPS and Stop TB Partnership have already begun to implement the recommendations, which will further strengthen the capacities and controls of the service delivery. The audit reports are publicly available at <https://www.unops.org/english/About/accountability/IAIG/Pages/default.aspx>.



"I sold my gold chain so I could go to see the doctor. After he told me I had TB, he said that it was a very bad disease and that I shouldn't go outside. But although I was weak, I wanted to keep working for my community, so I pretended that I wasn't sick."

MANITA PANDEY "TB Journeys"

Governance

The Executive Committee guided our work, including the development of KPIs

During the reporting period, the Executive Committee has held seven teleconferences. The main areas in which the Executive Committee has provided oversight were: the development of the Key Performance Indicators to measure the implementation of the Operational Strategy 2016-2020, updating the Stop TB Partnership Standard Operating Procedures, planning for the Stop TB Partnership 28th Coordinating Board meeting, and Global Fund allocation and deliberations.

The Finance Committee held two calls as well as a face-to-face meeting in Washington DC, USA in September 2016.

The Finance Committee has reviewed the quarterly expenditure reports, reviewed the Annual Financial Statements for 2014 and 2015, and discussed the approach to invest cash available for different maturities with the UNOPS investment committee to optimize the Partnership's income from its available resources.

The Annual Financial State-

ments for 2014 and 2015 will be presented to the Coordinating Board for its approval tomorrow. The Stop TB Partnership's accounts with WHO have been closed during the

year with WHO agreeing to the resource that had accrued to it over the years it had been hosted by WHO. This resulted in a transfer of USD 78 million to UNOPS.



From L to R: Mr Aaron Oxley, Mr Austin Obiefuna, Ms Maria Noel Vaeza

★★★1518★★★
ACTIVE PARTNERS

**A HUGE COMMITTED
AND HIGHLY AMBITIOUS
SECRETARIAT TEAM**

UNOPS INTERNAL AUDIT
Highest possible rating of
achievement

**THE
PARADIGM
SHIFT** 2016-2020
Global Plan to End TB

Global Plan to End TB 2016-2020: The Paradigm Shift launched

20 companies have joined the
Private Sector Constituency
(PSC)
**NOW COUNTS OVER
★ 120 MEMBERS ★**

**FIRST-EVER JUDICIAL
WORKSHOP ON TB,
HUMAN RIGHTS AND LAW
IN AFRICA**

TB PEOPLE
Launch of the very first network of people with experience of TB in the Eastern Europe and Central Asia region

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



GDF JUMPSTARTS ACCESS TO NEW DRUGS
- delamanid and bedaquiline - with innovative public-private partnerships

**ZERO TB INITIATIVE
LAUNCHED**



Since 2008, GDF has contributed to active case-finding by procuring diagnostics worth US \$135 million to more than 82 countries

TB JOURNEYS

First ever compilation of survivor stories published

Developed
**STOP TB PARTNERSHIP
SECRETARIAT KPI'S
2016-2020**

**2016-2020 OPERATIONAL
STRATEGY DEVELOPED**

KOCHON PRIZE AWARDS

FRANCOPHONE MEMBERS OF PARLIAMENT
sign cooperation agreement to lead on fight against TB

**UNITE TO END TB
CAMPAIGN**

**END
TB**

**STOP TB
PARTNERSHIP
SECRETARIAT
STANDARD OPERATING
PROCEDURES
REFRESHED**

**GLOBAL PLAN TO END TB
ENDORSED BY GLOBAL
AND NATIONAL LEADERS
AT THE 2015 UNION
CONFERENCE,**
UN High Level Meeting on HIV/AIDS in New York, WHO Regional Committee Africa and WHO Regional Committee for SEARO

GDF

From January to June 2016
**64 ORDERS HAS BEEN
PLACED WITH SUPPLIERS
AND 149 SHIPMENTS
DELIVERED TO COUNTRIES**
(total value of US \$13.9 millions)

GLOBAL TB CAUCUS

hosted by Stop TB Partnership Secretariat - more than 1400 Parliamentarians from 130 countries

**LAUNCHED REGIONAL TB
NETWORKS IN AFRICA,
THE AMERICAS, THE
ASIA-PACIFIC, AND
EUROPE**

and a linguistic network covering Francophone nations



**TB REACH
SUCCESSFULLY
REPLENISHED FOR ALMOST
CAD 100 MILLION**

10 GRANTEES FUNDED
through Round 7 of the Challenge Facility for Civil Society

**2015 REPORT ON TB
RESEARCH FUNDING
TRENDS PUBLISHED**

**MINI GUIDES
FOR KEY POPULATIONS
LAUNCHED FOR:**
Children; drug users; miners; mobile populations including migrants, refugees and internally displaced persons; prisoners and incarcerated populations; urban slum dwellers; rural poor; people living with HIV; and, health-care workers



**MOU WITH
GLOBAL FUND SIGNED**

**WEEKLY WORK WITH
THE GLOBAL FUND
SECRETARIAT ON TB
SITUATION ROOM**

**RESOURCE NEEDS FOR
TB DEVELOPED WITH THE
GLOBAL FUND FOR THE
NEXT FUNDING CYCLE**



RED ARROW LAUNCHED

and rolled-out with more than 18,000 pins distributed so far

**DEVELOPING A
FRAMEWORK FOR
KEY POPULATIONS
AND SUB-NATIONAL
DISAGGREGATED DATA
ANALYSIS AND USE**

**REPRESENTING THE TB
COMMUNITY VOICE**
on Global Fund processes
and committees

**TB REACH DEVELOPING
AN MOU WITH THE
GLOBAL FUND**

on how to scale-up and incorporate learnings from TB REACH projects into Global Fund grants

**ADDITIONAL FUNDING
FROM PSC MEMBERS**
mobilized

**PRELIMINARY WORK ON
INNOVATIVE FINANCING
AND SOLUTIONS TO
ADDRESS BARRIERS**



As of September 2016,

THE CURRENT NUMBER OF PATIENTS ON BEDAQUILINE UNDER PROGRAM CONDITIONS IS 5234. GDF HAS DELIVERED 1722 BEDAQUILINE PATIENT TREATMENTS TO 37 COUNTRIES VIA THE USAID BEDAQUILINE DONATION PROGRAM; AND IS CURRENTLY PROCESSING ORDERS FOR MORE THAN 2900 BEDAQUILINE PATIENT TREATMENTS TO BE DELIVERED OVER THE COMING MONTHS.

**HIGH LEVEL MISSIONS
IN INDIA, INDONESIA,
NIGERIA**

concrete outcomes on scaling up TB interventions and maximizing impact of Global Fund investments

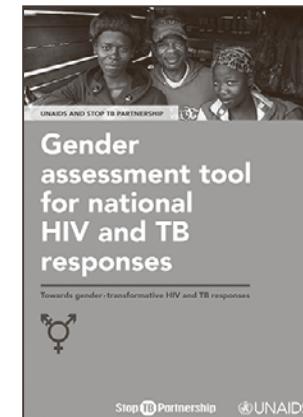
**INTRODUCTION/UPTAKE
OF NEW PEDIATRIC
FORMULATIONS**

GDF launched the new child-friendly adequately dosed pediatric formulations in December 2015

**2015 OUT OF STEP
REPORT ON TB
POLICIES LAUNCHED**

**QUALITY ASSURANCE OF
GLOBAL FUND TECHNICAL
ASSISTANCE ON
COMMUNITIES, RIGHTS
AND GENDER DEVELOPED**

**FINANCIAL ACCOUNTS
WITH WHO CLOSED AND
2014 AND 2015 FINANCIAL
STATEMENTS FINALIZED**



Gender assessment tool for national HIV and TB responses launched and piloted

**ENGAGED WITH THE
GLOBAL FUND ON
IMPLEMENTATION
THROUGH PARTNERSHIP
(ITP) PROJECT**

to improve country grant absorption



Global Plan to End TB 2016-2020: The Paradigm Shift launched and endorsed by global and national leaders



From L to R: Dr Lucica Ditiu, Ms Zolelwa Sifumba, Minister Aaron Motsoaledi, TB activist, Ambassador Eric Goosby

The Stop TB Partnership's Global Plan to End TB 2016-2020: The Paradigm Shift was launched virtually on 20 November 2015, and

then through a press event in Cape Town on 30 November 2015 in what was to be a landmark in TB for public health.

It was endorsed by global and national leaders at the 46th Union World Conference on Lung Health in Cape Town, during the 2nd Global

TB Summit ended with nearly 50 parliamentarians of the then 650-strong Global TB Caucus having met across three days to discuss what they can do collectively and individually to support the roll out and funding of the Global Plan to End TB 2016-2020 in order to end the TB epidemic.

It has most recently been endorsed by Ministers of Health at the WHO Regional Committee Meetings for Africa and SEARO.

"Shakespeare once said 'A horse does not know what a win is so therefore it keeps running because of the pain given by the rider' Our husbands kept working under extreme conditions but soldiered on with the hope that one day things will get better, but it has never been so. All we request is proper care for miners, retirement funds, pension schemes."

MAGGY GAMA "TB Journeys"



Board leadership engagement

Board Chair and Vice Chair support several high level TB advocacy events and missions

Minister Motsoaledi and I travelled to Japan in January for the International Conference on Universal Health Coverage and the Global Fund's Fifth Replenishment preparatory meeting. During a high-level panel session with Mr Bill Gates, Minister Motsoaledi highlighted the need for innovations in addressing TB and HIV and showcased how the Partnership's TB REACH program was driving innovations on the frontlines. We also met with key political leaders in Japan to outline the importance of their continued leadership on TB as Chair of the G7 Group of Countries.

In February our advocacy efforts on

TB and mining came to fruition when The Global Fund and a group of ten Southern African countries signed a landmark \$30 million grant to pioneer innovative models to reduce high rates of TB in the mining sector. Miners in the Southern Africa region have some of the highest rates of TB infection in the world and the Partnership had a driving role in advancing this issue, starting in 2011 when Minister Motsoaledi brought the issue to the attention of Heads of

State in the Region.

Minister Motsoaledi and I travelled to Washington to mark World TB Day on 24 March and met with leaders in the US Government to thank them for their continued leadership in global TB efforts. Joined by our Board Vice-Chair Dr. Joanne Carter and Board member Ms Cheri Vincent, we met with the

Assistant Administrator for Global Health, USAID, Ambassador Deborah Birx, U.S. Global AIDS Coordinator, and Dr. Paul Farmer, co-founder of Partners in Health.

In May the Government of Canada announced a renewed investment of CA\$ 85 million for the Stop TB Partnership's TB REACH initiative from 2016-2020. The Bill

in Geneva, the Secretariat in collaboration with the Permanent Mission of India and the World Intellectual Property Organization (WIPO), organized a cultural event and gala dinner to 'Unite to End TB' on 21 May at WIPO HQ. The event was a great success with a turnout of more than 180 guests including Ministers, Ambassadors from 16 countries and heads of multilateral organizations.

The Partnership coordinated the TB community's engagement in the lead up to the 2016 UN High-Level Meeting on HIV/AIDS to ensure strong commitments for joint action on HIV/AIDS and TB. In April, we organized a side-event with UNAIDS at the Civil Society Hearings for the High-Level Meeting. Stop



From L to R: Ambassador Eric Goosby, Minister Isaac Adewole, Dr Lucica Ditiu, Minister Aaron Motsoaledi

newly appointed USAID Administrator Dr. Gayle Smith, and held meetings with the White House National Security Council, the Senate Foreign Relations Committee, and other key Members of Congress.

Minister Motsoaledi also received a TB Champion award from USAID during a high-level World TB Day event joined by global health leaders including Dr. Jim Kim, President of the World Bank, Dr. Ariel Pablos-Mendez, As-

& Melinda Gates Foundation also pledged US\$ 7 million to fund TB REACH and The Indonesia Health Fund pledged US \$1.5 million to support TB REACH's Indonesian efforts. Minister Motsoaledi and other Board members played a critical role in making the case for these investments, which will ensure TB REACH continues its critical work in supporting new innovations in the fight against TB.

On the occasion of the Sixty-Ninth World Health Assem-

ble, TB Partnership Coordinating Board members Mr Austin Obiefuna and Ms. Thokozile Phumizile called on over 100 attendees from civil society to unite in the response to HIV/AIDS and TB and ensure TB was included as a key priority.

Strong engagement by Minister Motsoaledi and other Board members led to TB being included as a top priority in the outcomes of the UN High-Level Meeting on HIV/AIDS held in June 2016. The Political Declaration adopted

by Heads of State at the meeting included a commitment to funding and implementing the targets in the Global Plan to End TB, and the Plan's 90-(90)-90 TB targets. WHO and the Stop TB Partnership co-organized a Ministerial panel during the High-Level Meeting convened by the UN

Special Envoy for TB Dr. Eric Goosby, to highlight joint actions needed against TB and HIV.

The Global Plan has continued to be widely endorsed at the highest political levels. In August Ministers of Health from the Africa Region attended a special session on

TB organized by the Stop TB Partnership and WHO in Addis Ababa, Ethiopia. Under the leadership of Minister Motsoaledi, who presented the keynote address, the Ministers of Health endorsed the Global Plan to End TB and the 90-(90)-90 targets, and made a commitment to increase do-

mestic TB spending and ensure their TB policies are in line with international recommendations.

High level advocacy missions to countries

Advocating for the implementation of the Global Plan and scale-up of TB interventions

In March, I and the Deputy Executive Director attended the World TB Day event in India, where I met with the Honourable Minister JP Nadda and senior government officials, civil society partners, and other stakeholders leading the fight against TB in India.

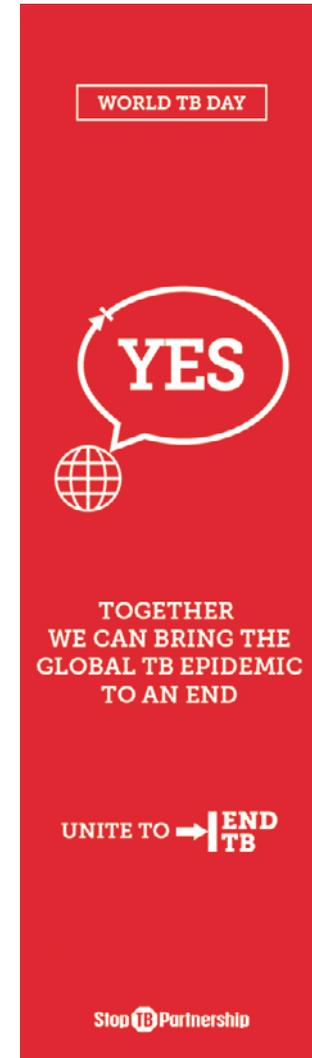
The Minister launched several new initiatives on TB in a high level event in Delhi. This was an excellent opportunity to strengthen our partnerships in India and resulted

in new collaborations and partnerships to support India's TB efforts. We also discussed concrete ways for the accelerated procurement of GeneXpert and bedaquiline for the benefit of Indian people affected by TB. I held discussions with Dr Soumya Swaminathan, head of Indian Council of Medical Research on the steps for the start of the Zero TB Initiative in Chennai. I met the Regional Director of WHO SEARO who expressed her commitment and support

for a new approach to scale up the TB response in the Region in order to achieve impact in line with the targets of the WHO End TB Strategy and the Global Plan to End TB. During my visit and alongside the India event, WHO SEARO invited other countries in the Region who committed to fast track the TB responses in their countries in line with the new agenda to end TB as an epidemic. Our team has since then engaged with WHO SEARO to create opportunities for further advocacy and elevation of ambition levels of countries in the Region.

In April 2016, the Deputy Executive Director visited Mozambique and met with the Deputy Minister of Health as well as participated in a Global Fund convened meeting for countries in the Region. The Deputy Minister was made aware about the low absorption rate of the Global Fund TB grant and action points were discussed and agreed to speed up implementation.

In April, I travelled to Indonesia for a joint mission with the Global Fund to Fight AIDS,



TB and Malaria. The main purpose was to have a discussion with the Minister of Health of Indonesia on the Global Fund TB grant and to ensure that funds are put to best use for TB affected people. It was a successful meeting, also for strengthening the relationship and engagement with the NTP manager and team as well as the most senior staff in the Ministry of Health. I also met with Mr. Arifin Panigoro, Chair of the Stop TB Partnership Indonesia, the Honourable Dude Yusef, a Member of

Parliament leading TB efforts among parliamentarians. The mission resulted in opportunities to strengthen TB efforts and align partners behind the Global Plan to End TB.

In May I travelled to Nigeria with Ambassador Eric Goosby, UN Special Envoy for TB to participate in the first National TB Conference organized by Stop TB Partnership Nigeria, which garnered major media coverage on television, radio, and print. We met with the Wife of the President, Her Excellency Mrs Aisha Muhammadu Buhari, the Minister of Health, the Senate Committee on Health, the House Committee on AIDS, TB and Malaria, and other key groups engaged in TB efforts. I am grateful to our partners in Nigeria for their efforts to raise the political profile of TB, and especially the First Lady of Nigeria for her outstanding leadership.

In July, I joined Minister Motsoaledi in Durban, South Africa to attend the TB2016 and AIDS 2016 conferences. Minister Motsoaledi delivered keynote speeches at both conferences where he spoke about the work of the Part-

nership and the Global Plan to End TB. I presented the Global Plan and the need for increased TB investments to Parliamentarians from nearly 20 African countries at the

on countries TB policies which was displayed in the main exhibition hall at the AIDS2016 conference.

In August I travelled to Addis Ababa, Ethiopia with Mi-

the paradigm shift called for in the Global Plan. We were delighted that the Ministers of Health endorsed a motion supporting the Global Plan to End TB, the 90-(90)-90 tar-



launch of the African TB Caucus, where the Global Plan to End TB and the 90-(90)-90 targets were also endorsed. We also launched the **Step Up for TB Campaign** with MSF which asks countries to update their TB policies in line with global guidelines within 500 days. The launch featured a large wall poster map

minister Motsoaledi, where we partnered with Dr. Matshidiso Rebecca Moeti, WHO Regional Director for Africa, to convene a special session on TB during the WHO AFRO Health Ministers Meeting. We presented the case for increased domestic investments in TB to the Ministers and outlined the actions needed to implement

gets, and the need for increased domestic financing for TB.

I also undertook missions to key TB donor countries, including Japan, United States, France as well as the UK, in order to brief our key donors and partners on the work of the Stop TB Partnership, the Global Plan to End TB and the financial resources needed.

World TB Day 2016

This year's World TB Day campaign ran under the strong and action-oriented tagline 'Unite to End TB'.

As with previous years, the Secretariat led on the high level efforts through five consultative teleconferences with the Core Communications Partners to jointly decide on the theme. Partners working in TB from all over the globe chose this dynamic and unifying rallying call that allows for both strong mobilization on the ground and high level advocacy. This campaign draws on the goals set out in the Global Plan to End

TB, the roadmap to accelerating impact on the TB epidemic and reaching the targets of the WHO End TB Strategy. The Secretariat developed the set of campaign materials in the six official UN languages (English, French, Spanish, Arabic, Chinese and Russian). These were free to use and were available for download for local production through its website: http://stoptb.org/events/world_tb_day/2016/materials.asp

UNITE TO
→ END TB



Her Excellency Ms Aisha Muhammadu Buhari, the 1st Lady of Nigeria with Dr Lcica Ditiu

The 'Unite to End TB' theme was celebrated extensively and here are some of the highlights and 'unusual' actions undertaken by non-traditional actors:

a. IN BARCELONA, the city government illuminated the city hall in red and with the World TB Day logo.



b. IN RIO DE JANEIRO, the lighting of key monuments which were illuminated in red by Christo Redentor, the Moorish Castle of the Oswaldo Cruz Foundation and the Metropolitan Cathedral was dedicated to World TB Day at the initiative of the Ministry of Health.



c. IN WASHINGTON D.C., global health leaders joined together to pledge their support to end TB by 2030 in a USAID-hosted event attended by over 400 people. USAID presented the TB Champion Award to Minister Motsoaledi for his leadership in fighting TB and success in scaling up TB efforts in South Africa. An award was also presented to Dr. Paul Farmer, co-founder of Partners in Health for the work that the organization has done treating TB and MDR-TB affected people and supporting the poor. Ambassador Jalil Abbas Jilani, Ambassador of Pakistan to

the United States, accepted the third award on behalf of the Ministry of Health of Pakistan.



d. THE PARTNERSHIP SUPPORTED PAULINA SINIATKINA, a Russian TB survivor and artist through her 'Hold Your Breath' art exhibit which portrayed her experience with the disease and the stigma surrounding TB. The exhibit opened in Moscow on World TB Day. Mr Timur Abdullaev, Community Representative on the Stop TB Partnership Coordinating Board, spoke at the opening on behalf of the Stop TB Partnership.



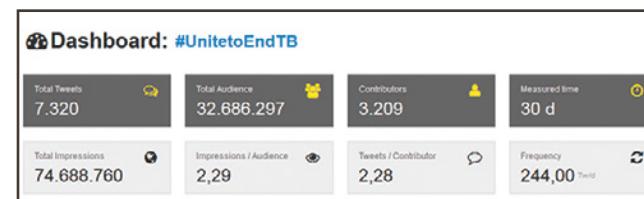
e. IN GENEVA, SERVETTE FOOTBALL CLUB, the city's leading football club supported World TB Day by welcoming the Stop TB Partnership to their home match against FC Breitenrain on 24 March 2015. Before kick-off, the stadium's giant screen displayed a World TB Day campaign advertisement developed by the Partnership. Secretariat staff were at the game to hand out Red Arrow pins to arriving football fans and answer questions about TB and the Partnership. Staff also collected donations from fans. The Secretariat also raised funds through the three canteens where the Secretariat is based over the lunch hours. Proceeds from both the football match and the canteens will go towards a special award that will be given to a deserving recipient at the October Liverpool Union Conference Stop TB Partnership Town Hall Meeting.



f. MANY HIGH PROFILE PERSONALITIES MARKED WORLD TB DAY with the former UK Prime Minister David Cameron and US Presidential Candidate Hillary Clinton taking to Twitter themselves on World TB Day. Other leaders such as Michel Sidibe, the famous actor Amitabh Bachchan, and UN Secretary-General Ban Ki-moon all tweeted through their official accounts.



g. THIS YEAR'S WORLD TB DAY ALSO SAW UNPRECEDENTED SOCIAL MEDIA REACH, especially on Twitter and Facebook. Through the #UniteToEndTB hashtag, we reached over 32 million people. The full report can be read here: <http://bit.ly/2c9ht8u>



WORLD TB DAY

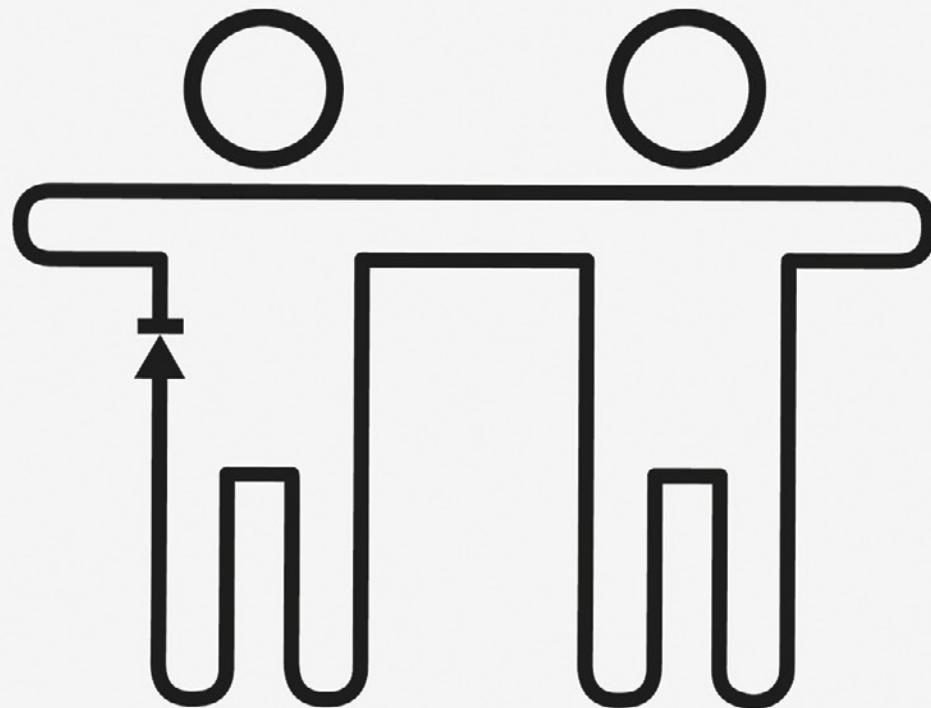
OUR TIME IS NOW



SUPPORT THE GLOBAL PLAN TO END TB BY 2030

UNITE TO → END TB

UNITE TO → END TB

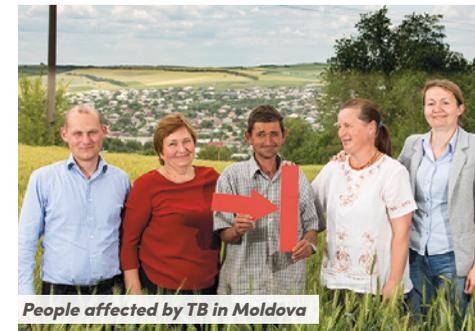


WORLD TB DAY

Stop TB Partnership

Launch and the roll out of the Red Arrow

The Red Arrow was launched on the margins of the 46th Union World Conference on Lung Health in Cape Town, 4 December 2015.



People affected by TB in Moldova

It is a symbol for our solidarity towards a world without TB. The arrow represents our unwavering commitment to move forward with the mission until we reach the finish line to End TB.

The Red Arrow was worn at the community TB march by hundreds of people who marched the streets of Cape Town calling for leaders around

the world to end TB. It was powerful to see how a symbol unified activists, political leaders, researchers and people affected by TB against a common cause.

We commissioned the production of over 20,000 Red Arrow pins and over the course of the last ten months, we have distributed nearly 18,000 Red Arrow pins to more than 400 partners. It has been given out to participants in major TB events around the globe.

The Red Arrow has featured prominently in this year's World TB Day campaign materials – this includes on all the web and social media channels (Facebook, Twitter, Vimeo, Instagram), on posters, infographics, call to action logos, flyers, brochures and the community toolkit. The Red Arrow will continue to be a key feature on all World TB Day related activities for many years to come.



"My message to other people with TB is simple: take the treatment and be done with it. And then, after being cured, become an activist and help others with TB. We have to spread activism, just like TB is spreading through society. We have to make activism a disease. Once we get over TB, we cannot and we should not forget about it as if it was a bad dream. We have to remember the experience and support others."

TIMUR ABDULLAEV
"TB Journeys"

Global TB Caucus

With the support of the new Secretariat hosted and supported by the Stop TB Partnership, the Global TB Caucus has developed rapidly and now has over 1400 Parliamentarians from more than 130 countries.



Global TB Caucus Parliamentarians

As of now, there are four regional networks, including the Asia Pacific network launched in 2015, the Americas regional network launched in March, followed by the European network in June and the Africa network in July. A linguistic network for French speaking countries was also launched in July. The regional networks work to coordinate the new national parliamentary groups which have been established in Georgia, Mozambique, Nepal, New Zealand, Sudan,

and Australia, with over half a dozen further groups planned for the second half of the year.

The second Global TB Summit took place from 28 - 30 November 2016 in Cape Town, South Africa. Fifty parliamentarians from 30 countries met to discuss the future of the TB epidemic and what they could do, collectively and individually, to accelerate progress against the epidemic. At the Summit they endorsed the Global Plan to End TB 2016-2020, agreed to support

the replenishment of the Global Fund, and to establish a formal Secretariat to support their work.

Country parliamentarians from New Zealand secured the first pledge to the Global Fund for eight years. In Peru and the Philippines, the respective co-chairs of the Americas and Asia Pacific Caucuses successfully advanced new anti-TB legislation. Thanks to a concerted advocacy campaign, Argentina has committed to making MDR-TB a priority for the next meeting of South American Heads of State to drive towards the elimination of TB in the Americas.

With support from RESULTS UK and Australia respectively, British and Australian parliamentarians helped secure GBP 1 billion and AUD100 million for research and development for infectious diseases. Caucus members in more than 30 countries also sent a letter to their Heads of State requesting their support for a fully replenished Global Fund at the replenishment conference in Montreal, Canada in September.

In the remainder of the year and going into the period 2017-2020 the Global TB Caucus will focus on building support and pressure in priority countries. The network is seeking to establish groups of parliamentarians in high burden countries to work with civil society partners in achieving a sustainable political response to the disease.

Anti-Microbial Resistance (AMR)

The final recommendations of the Review on Anti-microbial Resistance (AMR) led by Lord Jim O'Neill and commissioned by the former UK Prime Minister David Cameron were released in May, warning that AMR infections such as drug-resistant TB will kill 10 million annually without an urgent expansion of new resources and funds.



From L to R: Minister Aaron Motsoaledi, Lord Jim O'Neill, Prof. Dame Sally Davies

The Stop TB Partnership and our UK partners worked closely with the review team and provided recommendations into the final report. Minister Motsoaledi and I met with Lord O'Neill in May during the World Health Assembly and our staff have worked closely with the AMR Review to ensure strong integration between the AMR and TB agendas.

The report provides a comprehensive action plan for the world to prevent drug-resistant infection and highlights drug-resistant TB as a 'cornerstone of the global AMR challenge', highlighting that one-quarter of the potential 10 million annual AMR deaths by 2050 outlined in the report could be caused by drug-resistant TB without urgent action, which

equates to one MDR-TB death every 12 seconds.

It notes that the TB drug development field suffers from a prolonged period of disinvestment by commercial product developers leaving a perilously thin pipeline of products under development.

The UN High-Level Meeting on AMR taking place 21 September will further boost attention to this issue and will be attended by several Heads of State. We are pleased to be partnering with the AMR Review on a high-level side event ahead of the high-level meeting taking place on 20 September, and will continue to work closely with key partners in the global AMR response.

Strengthened communication on TB

August 2016 was a momentous month for the Stop TB Partnership – its Facebook page reached 10,000 'likes' and its Twitter feed reached 10,000 users.



The Secretariat has also continued to grow its presence on Instagram and Vimeo and the team are continually improving our methods of communication and dissemination with our partners by testing boundaries and being visually creative in the way we communicate. Comparatively in January 2014, the Stop TB Partnership's Facebook page was at 4204 'likes' and its Twitter feed had 4680 followers in August 2014.

The monthly Stop TB Partnership communications e-newsletter now reaches almost 18,000 stakeholders through our core mailing lists. It contains all of the Partnership's top line news for the given month, news from our partners, key announcements, a calendar of important upcoming events, an opinion editorial, a consolidation of TB coverage in the media, new appointments and/or a recommended read for the month. Newsletters published in 2016 thus far can be found here: <http://www.stoptb.org/news/newsletters/2016/default.asp>

Tools to monitor the Global Plan to End TB 2016-2020 and progress in achieving targets

The Board requested the Secretariat to develop annual reports to monitor country efforts towards meeting the targets of the Global Plan.

This will be summarized in four progress reports comprising of: (1) 90-(90)-90 targets and The Paradigm Shift, (2) Financing TB, (3) Monitoring TB Policies - Out of Step Report and (4) Monitoring TB funding for Research and Development.

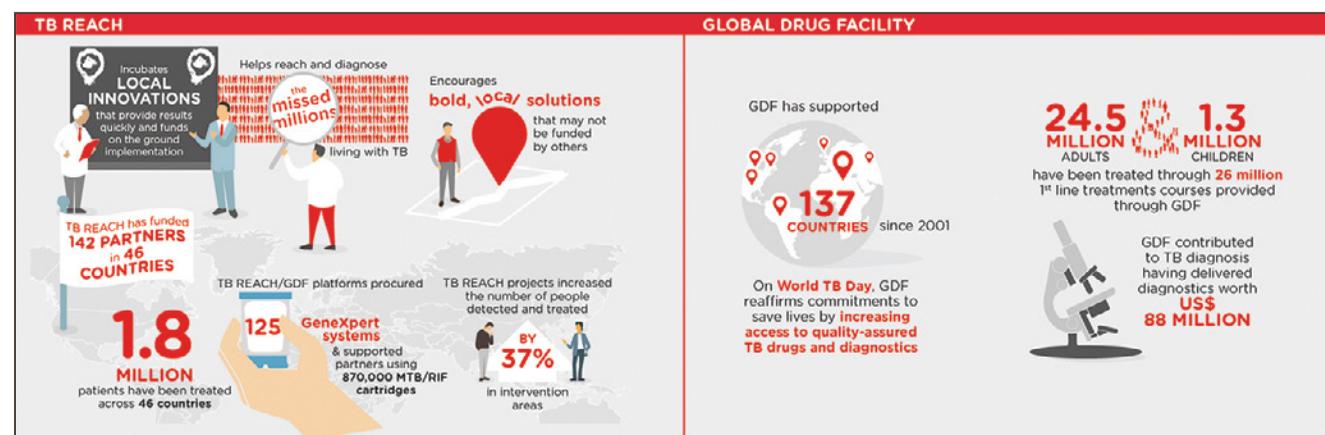
A. MONITORING TB POLICIES
In December, the Stop TB Partnership and MSF released the Out of Step 2015 report, a 24-country survey that tracked adoption of the latest TB policies, guidelines and tools across five areas: diagnosis and drug resistance testing; drug-sensitive TB (DS-TB) treatment regimens; multidrug-resistant treatment regimens; models of care; and regulatory frameworks. The results of this survey provide a snapshot of the world's readiness to defeat the TB epidemic. As mentioned earlier, we launched the Step Up for TB Campaign with MSF in Durban at TB2016, featuring a large wall poster map on countries' TB policies. The Secretariat has now started work on the 2016 Out of Step report in partnership with MSF.

B. MONITORING TB FUNDING FOR RESEARCH AND DEVELOPMENT

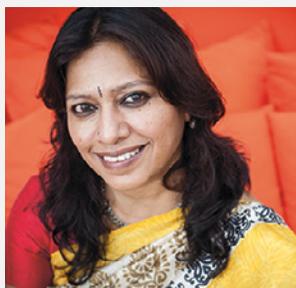
In November 2015, TAG launched its report on TB research funding trends which the Stop TB Partnership supported. Ten years of data collected by TAG show that funding shortfalls for TB R&D are serious and chronic, showing a continued downward decline of TB R&D funding and a continual exit of pharmaceutical companies from TB R&D. The modest gains in TB research funding from 2005 to 2009 have stagnated in the five years since, and total funding for TB R&D has never exceeded USD 700 million per year – in 2014, TB R&D totaled USD 674 million, a decrease of USD 12 million from 2013. TAG has tracked global spending on TB R&D each year since 2005, measuring actual funding levels against the targets set forth in the previous Global Plan to Stop TB. The Secretariat is currently supporting TAG to develop the 2016 report on TB research funding which will form the baseline for the monitoring of the research part of the Global Plan to End TB 2016-2020.

C. MONITORING FINANCIAL INVESTMENTS AND COUNTRY EFFORTS TOWARDS MEETING THE TARGETS OF THE GLOBAL PLAN TO END TB 2016-2020

The Secretariat is collating existing data from sources such as WHO, NTPs, Global Fund, World Bank, IHME, ECDC and the Stop TB Partnership, which will be reviewed and evaluated to provide an overview of countries' current status in reaching 90% of TB cases for effective diagnosis, initiation of appropriate treatment and completion of treatment. Strategies adopted by countries to deliver access of TB care to vulnerable populations will be presented in the form of case studies to demonstrate best practices, challenges and gaps in the health system. The eight components of The Paradigm Shift will be illustrated by examples of how innovative initiatives and approaches implemented by partners, stakeholders and countries have created an impact in accelerating progress towards achieving the Global Plan targets. In consultation with relevant partners, the Finance for TB report will examine the current financial landscape for TB investment on a global and national scale.



in the context of identifying international and domestic donors, recent funding trends, allocation and disbursement of funds as well as financial gaps and needs in countries. Both reports will be launched on World TB day and will form the basis for tracking progress of countries in alignment with the Global Plan to End TB 2016–2020.



"I went through a period of turmoil when I had TB. I was afraid of stigma and didn't have the confidence or courage to face anyone. My family helped me cope, but people at my workplace came to know and I was isolated. I was so despaired that I missed a few doses. We are not cases. We're human beings. Health workers and government authorities need to be more sensitive to the needs and feelings of people with TB."

PRABHA MAHESH SHANKAR "TB Journeys"

Kochon Prize

The 2015 Kochon Prize theme, voted on and chosen by Stop TB partners, focused on unrecognized/unsung heroes working in TB.



2015 Kochon Prize winners

It highlighted the critical role health workers, community workers and volunteers play both in the developed world as well as in some of the poorest countries plagued with unimaginable shortages of health services and limited access to TB care. There were 25 nominations received representing 19 countries, and three winners were selected: ASPAT-Peru, a community based non-profit organization founded by a former TB patient; Naomi Wanjiru, a nurse who has, for the past six years, managed a clinic in Central Kenya attending to TB and HIV/AIDS patients while faced with her own personal ordeal with TB; and, Natalya Vezhnina, a medical doctor

who has made an immense contribution to the fight against TB in her professional life of 40 years. The prize was awarded in December 2015 in Cape Town during the 46th Union World Conference on Lung Health: <http://www.stoptb.org/global/awards/kochon/awardees/2015.asp>

In 2016, the theme for the Kochon Prize remains the same. Since the call was announced, we have received 22 nominations representing 17 countries. We have been working with the Kochon committee and the winners have been identified. The prize will be awarded on 26 October 2016 in Liverpool in advance of the 47th Union World Conference on Lung Health.

Challenge Facility for Civil Society

Round 7 of the Challenge Facility for Civil Society received 482 proposals – 10 were approved for funding by an independent selection committee.

The overall goal of Round 7 is to build recognized civil society / community networks that represent, support and are accountable to communities who can partner with

one another and successfully engage in the national TB response.

Out of 482 that applied, 10 proposals (6 from Africa, 2 from Eastern Europe and



CFCS, Volunteer Health Services (VHS) grantee in Ethiopia

Central Asia and 2 from Asia Pacific) were recommended for funding. The grantee and respective country profiles can be found here: <http://www.stoptb.org/global/awards/cfcs/about.asp>.

Grants are being implemented in two phases. To inform Phase II activities, grantees, using tools developed by the Stop TB Partnership, conducted exercises to map

the community response; the actors and the gaps in geographic and service delivery, according to the six core components of a functional community system with a focus on key populations. Given that the focus of Round 7 is to build functional networks, a novel evaluation framework using both qualitative and quantitative methodologies is being implemented. The process

and calibre of collaboration is being evaluated. Independent baseline assessments have taken place in all ten countries and end of project assessments will take place in the last two months of grant implementation. Phase I for all grantees is coming to an end, and project deliverables (Directory of CSOs, Matrices of Community Response, Gap in Services and Populations do-

cumented, CSO network identified, Network Engagement Plan and Work-plan for Phase II, which aligns with the identified gaps) are currently being finalized and shared with key national stakeholders, including National TB Programs. The Stop TB Partnership is in the process of developing webpages for grantees and compiling a mid-term impact report.

Engaging, supporting and strengthening communities

The Stop TB Partnership Secretariat is supporting and funding several streams of work in order to ensure that communities, people affected by TB and advocates are central to all efforts and programmes.



Most of this work is currently done through the funding received from the Global Fund under the Global Fund Technical Assistance Agreement and in-kind support of several staff members of the Secretariat. We are proud of the work and achievements so far, under very limited resources.

The main scope of all the work is to ensure that the TB NSP and further Global Fund applications aim at strengthening communities, properly address key populations and vulnerable groups, and include gender and human rights sensitive approaches.



Supporting the participation of communities in programme reviews

Nine countries, Armenia, Cote d'Ivoire, India, Kenya, Kyrgyzstan, Pakistan, Philippines, Tanzania and Zimbabwe received support that enabled community members to participate in TB programme reviews. Guidance

on how to review the community's contribution in the TB response as well as how to consider meaningful engagement of key affected populations in TB was used to support selected community contributors.

Technical support for engaging communities in national planning and country dialogues

Through the technical assistance agreement and in-kind support from the Stop TB Partnership, technical support was provided to countries for caucusing the views of communities and key affected populations and to increase their representation in the concept notes submitted to the Global Fund. TB communities and civil society in 31 countries received financial resources and/or in-kind technical support from the Stop TB Secretariat to support their meaningful engagement in

country dialogues. This form of support specifically focused on ensuring an enabling environment for TB communities to participate meaningfully in country dialogues, concept note development and in CCM decision making sub-committees. Seven countries received support for reviewing the engagement of community perspectives in TB NSP reviews. This was achieved in collaboration with the TB Situation Room, trained TB community and civil society partners and the Global Fund CRG Team.

Peer Reviews

During this reporting period, community input was sought on concept notes. In addition to this, Stop TB staff also reviewed and provided feedback on concept notes received through the TB Situation Room, Global Fund portfolio managers and CCMs.



Regional Workshops

Five regional workshops were hosted in partnership with key regional civil society partners to ensure civil society and communities are trained on the integration of community, rights and gender in the context of TB.

A. DAKAR, SENEGAL, APRIL 2016 – HIV KEY POPULATIONS ESTIMATES

This was a Global Fund-funded workshop that the Stop TB Partnership presented in. The purpose of the workshop was to get countries to learn about and do programmatic mapping of HIV key populations. After the TB presentation, several countries included prisoners and miners. Their proposals will be submitted to the Global Fund who will assess and potentially fund.

B. ABUJA, NIGERIA, MAY 2016 – STOP TB PARTNERSHIP NIGERIA

Stop TB Partnership Nigeria in collaboration with other partners organized the first National TB Conference held at Federal Capital Territory in Abuja, Nigeria. The conference attracted many national and international stakeholders working on TB and over 1,000 delegates attended the two-day event and over 35 scientific papers were presented.

C. NEW YORK, USA, JUNE 2016 – UN HIGH LEVEL MEETING ON HIV/AIDS

UN Heads of State and governments met in New York at the UN High-Level Meeting on Ending AIDS. Following a Ministerial event on action against TB and AIDS organized by WHO and the Stop TB Partnership in UN Headquarters, governments adopted a [Political Declaration on Ending AIDS](#) at the opening plenary of the High-Level Meeting, which includes a historic set of commitments in the joint fight to

End TB and AIDS by 2030. **D. BANGKOK, THAILAND, JUNE 2016 – TB AND GENDER – W4GF AND APCASO**
Forty people, including community advocates from ten countries, gathered in Bangkok for a workshop in late June 2016 to discuss gaps, challenges and opportunities around Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) programming from a human rights and

gender perspective. The participants, mostly women, included a wide range of people living with or affected by HIV, TB or malaria. The workshop was co-organized by Women4GlobalFund (W4GF) and the Communities Delegation to the Board of the Global Fund, supported by the Stop TB Partnership and the Global Fund, and hosted by APCASO. **E. NAIROBI, KENYA, JUNE 2016 – TB, HUMAN RIGHTS AND THE**

LAW: A JUDICIAL WORKSHOP – KELIN AND THE UNIVERSITY OF CHICAGO

This [Judicial Workshop](#) provided an opportunity for a dialogue between members of the Judiciary, judges, and TB experts on the legal and human rights issues raised by the TB epidemic. The judicial dialogue benefited from including the perspectives of those who had suffered from TB.

Strengthening CCM TB representation

In June 2016, 38 members representing TB communities from 21 countries met in Manila, Philippines during a workshop aimed to build the capacity of TB representatives and advocates to effectively represent their constituencies in their country coordinating mechanisms (CCMs).

The Stop TB Partnership, the Global Fund, and the International HIV/AIDS Alliance collaborated to organize this workshop. The workshop focused on the need to change the approach for impactful action, strongly underlining that the WHO End TB strategy milestones will be missed if current efforts continue without a paradigm shift as articulated by the Stop TB Partnership's Global Plan to End TB 2016-2020. This workshop followed on from the first successful CCM workshop which was held in 2015. The Partnership is continuing to work on strengthening the CCMs and is in the process of developing a TB specific e-module for CCMs.

Gender

The Stop TB Partnership collaborated with UNAIDS and the Global Fund to adapt the existing Gender Assessment Tool for HIV/AIDS to include TB in country gender analysis.



Dr Lucica Ditiu and Mr Michel Sidibé

The tool underwent peer review by a cross cutting team of gender experts from communities and technical agencies and launched on 1 July 2016. More than 20 TB/HIV community advocates participated in an orientation workshop on this tool last year. The piloting process has been completed in Lesotho and the TB/HIV gender analysis has been considered during the TB/HIV concept note development process. In addition to the Gender Assessment Tool, a gender interventions document is being developed to help as a guide for TB gender sensitive programming.

As the demand for gender analysis picks up and more and more countries are looking to incorporate gender sensitive interventions in their programming, Stop TB organized a workshop to train a cadre of consultants to use the TB/HIV Gender Assessment Tool. The workshop was organized in collaboration with the Global Fund and UNAIDS and held in Johannesburg, South Africa in July 2015. Facilitators who were involved in the pilot of the tool in Lesotho led the sessions and trained twenty-two consultants to conduct gender assessments. The workshop also strengthened the capacity of TB

activists and gender equality advocates to engage at country level with TB national planning processes including those linked to the Global Fund and its new funding model (NFM) from a gender equality perspective.

The tool has now also been conducted in Niger and Namibia. Results from these assessments have not been approved by the countries and so we cannot share the data as yet. Namibia will hold a country workshop to validate the findings and recommendations this month. The recommendations from the Niger assessment are now with the Global Fund who will determine which recommendations can be added to the next grant. Lessons learned are that it is crucial to get in-country support for the assessment. The Niger assessment, for example came from the GAC and it took a lot of work to get the country programs on board. The Namibia assessment was led by UNAIDS in country and this helped in getting the programs involved and engaged.

We have been working closely with the CRG and M&E teams of the Global Fund and a broader TB community including technical

partners and civil society to develop KPIs for TB and gender. Together all partners came up with KPIs that will ensure we are collecting and analyzing age and sex disaggregated data. This data will enable us to then work towards getting countries to implement gender responsive and hopefully transformative interventions.

USAID Nigeria is interested in an assessment and is currently reviewing funding to see if it is possible.



"Only the pain of losing my loved ones remains in my heart. I am broken inside with memories but I am also revived and determined to support anyone sick and vulnerable."

SAFAR NAIMOV
"TB Journeys"

Human rights

In collaboration with KELIN and the University of Chicago, the Partnership developed a strategy on TB and human rights with the long-term goal to develop and implement a human rights-based approach to TB at the global, regional, national and local levels.



Justice Edwin Cameron speaks at the Judicial workshop in Nairobi

To this end, building on the experience of the Judicial Workshops in New Delhi and Nairobi, as well as the individual work of the collaborators, we developed the Nairobi Strategy. The primary objectives of the Nairobi Strategy are to develop and implement a human rights-based approach to TB at the global, regional, national and local levels and develop the conceptual, legal and nor-

mative content and evidence base for a human rights-based approach to TB through research and scholarship.

We are also working with UNDP and have developed a legal environment assessment (LEA) tool which will be piloted later this year, funds permitting. The LEA aims to build national capacity for facilitating an inclusive and participatory process for developing a hu-

man rights framework for TB and reviewing national laws and policies to align them with this framework. However, in the broader context of national efforts to address TB and HIV epidemics, LEAs play an important role in identifying multiple contextual issues impacting access to diagnosis, treatment and care for those who are most vulnerable to the two diseases.

Key Populations

As an outcome of the first meeting of key populations held in Bangkok in November 2015, a set of nine mini briefs were developed in order to enable advocates, program implementers, and key stakeholders to understand the determinants that prevent key populations from accessing prevention, diagnosis, treatment, care, and support services.



These mini briefs are focused on the following key populations: CHILDREN; DRUG USERS; MINERS; MOBILE POPULATIONS INCLUDING MIGRANTS, REFUGEES, INTERNALLY DISPLACED PERSONS; PRISONERS AND INCARCERATED POPULATIONS; URBAN SLUM DWELLERS; RURAL POOR, PEOPLE LIVING WITH HIV; AND HEALTHCARE WORKERS.

The mobile populations guide was launched for World TB Day in conjunction with the IOM. Other guides were launched in May and a further two guides on PLHIV and health care workers are in progress and will launch shortly. Together with the Global Fund we are now working on estimating the size and burden of TB key populations.

Building regional networks of people affected by TB

The Stop TB Partnership together with partners organized the first regional workshop on TB community mobilization in the Eastern Europe and Central Asia regions in order to leverage their expertise so that they can become advocates who can be deeply engaged in the fight in their countries to end TB.



TBpeople: Mobilizing the community of people with experience of TB in Eastern Europe and Central Asia

In June 2016, the Stop TB Partnership, with the support of USAID in collaboration with RESULTS UK and TB Europe Coalition hosted the first regional workshop of people with experience of TB in Bratislava, Slovakia.



TBpeople

The workshop brought together people who have been directly affected by TB from Eastern Europe and Central Asia to establish a regional network and to increase their capacity as a group of activists who can meaningfully engage in the fight to end TB at both regional and national levels. This workshop in Bratislava brought together 17 people from nine countries and on 20 June the very first network of people with experience of TB in the Eastern Europe and Central Asia region, TBpeople, was launched.

Global Coalition of TB Activists (GCTA)

In coordinating efforts and activities of its global network of civil society members, the Global Coalition of TB Activists (GCTA) held meetings and events around the community space during the 46th Union World Lung Conference

2016 held in Cape Town ensuring community engagement. Members of the GCTA have been actively engaging and participating in multiple fora ensuring the voice of the community is heard and being included in policies and plans.

"At the beginning I felt ashamed so I always said to my friends that I was just ill. There was a very horrible doctor who told me 'You have TB (Eres una tuberculosis). Why do you want to live?' But others gave me their support and gave me reasons to keep on breathing. We need to promote empathy between health workers and people with TB. There is an urgent need for a change in the attitude toward



people with TB, we are not numbers, but human beings, and we need to be treated with kindness and respect. I want to empower civil society to defend their rights."

EVA LIMACHI SALGUEIRO
"TB Journeys"

WORLD TB DAY

2030

OUR GOAL IS
TO END THE GLOBAL TB EPIDEMIC
WITHIN 1 GENERATION

UNITE TO → END
TB

Stop TB Partnership

Stop TB Partnership Working Groups

The Secretariat highlights the achievements of the Working Groups through biannual bulletins (accessible here: <http://stoptb.org/wg/>)



The annual meeting of the **TB INFECTION CONTROL SUB GROUP** was held on the margins of the Union World Lung Conference in December and the group changed their name to The End TB Transmission Initiative (ETT). The group have developed and are implementing their strategic plan (2015-2018) in which they intend to end TB transmission by:

- a.** Advocating for TB infection prevention and control as a worldwide priority, and achieve those goals by collaborating with TB partners, decision-makers of donor countries, civil society, and other stakeholders.
- b.** Helping to build and disseminate the evidence base supporting best TB transmission control practices and tracking worldwide implementation.
- c.** Helping professionals develop, implement, and evaluate best practices through research and disseminate what works.
- d.** Engaging civil society in supporting a global movement to prevent TB transmission everywhere.

THE CHILDHOOD TB SUBGROUP have provided technical assistance to Nepal, Sri Lanka, Myanmar, have been involved in the Philippines and Zimbabwe programme reviews and have participated in various meetings, including: the Pan African Thoracic Society Lung Conference; the UNICEF meeting on integration of childhood TB in MCH, HIV and Nutrition programmes; the IMPAACT annual meeting; and the Union Europe Region meeting. The core team is seeking new members representing the WHO South East Asia and Western Pacific regions and the Subgroup will also elect a new chair after the annual subgroup meeting in October.

The **GLI WORKING GROUP** welcomed three new members for the 2016-2017 term: Dr Lucilaine Ferrazoli, Dr Nguyen Van Hung and Dr Elisa Tagliani. Dr Ferrazoli is a research scientist in the TB and Mycobacteriology Laboratory of the Adolfo Lutz Institute in Sao Paulo, Brazil. Dr Hung is the Head of Department at the National TB Reference Laboratory at the National Lung Hospital in Hanoi, Vietnam. Dr Tagliani is a research scientist at the Emerging Bacterial Pathogens Unit of the San Raffaele Scientific Institute in Milan, Italy (SRL Milan).

Given the essential role of the **REGIONAL GREEN LIGHT COMMITTEES (RGLCS)** as the primary point of contact for country guidance and advice on PMDT, it is very important that rGLC members and PMDT consultants are fully au fait with current WHO policy recommendations on the use of new drugs, as well as those in Group 5. Therefore a series of workshops have been held by the WHO for the rGLC members and their respective rGLC Secretariat Focal Points, whilst encouraging countries and partners to make use of the rGLC mechanism to ensure that treatment principles and drug orders are aligned with WHO guideline.

THE NEW DIAGNOSTICS WORKING GROUP and its Task Force on tests for progression of LTBI to active disease have recently launched an online consultation to gather input on a draft Target Product Profile (TPP) for a test of progression of latent tuberculosis infection (LTBI).

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

The Stop TB Partnership Secretariat is engaged in several areas of collaboration with the Global Fund Secretariat, Board, Board committees and partners. The diagram below shows the multiple levels of engagement with the Global Fund to ensure TB friendly funding policies and allocations and maximizing impact of the Global Fund grants.

The Stop TB Partnership ensures the voice of the TB community at large is well-represented in Global Fund processes:

Summit, which was attended by nearly 300 people, including Japan's Prime Minister Shinzo Abe. During one of the panel sessions, I was able to

allocation cycle. During the high-level panel session with Bill Gates, Co-Chair of the Bill & Melinda Gates Foundation, Marie-Claude Bibeau, Canada's Minister of International Development and La Francophonie, and Deb Dugan, Chief Executive Officer of (RED), and Minister Motsoaledi highlighted the need for innovations in addressing TB and



In December 2015, Minister Motsoaledi and I were in Tokyo to participate in the International Conference on Universal Health Coverage (UHC) and the Global Fund's Fifth Replenishment Preparatory Meeting. Japan hosted the UHC conference, ahead of the G7

highlight that reaching all those affected by TB with the right services while reducing and eliminating out of pocket costs needed to be one of the indicators for UHC. The following day, the Global Fund presented its investment case for raising USD 13 billion for the 2017-2019

HIV and showcased how TB REACH was driving innovations in South Africa, especially in vulnerable groups. I presented the Global Plan's TB investment case, together with the speakers presenting the investment case for HIV and malaria. The Secretariat continues to

Our Partners

The Directory of Partners continues to be updated and currently boost a membership of over 1528 as of end August 2016.

The Operational Strategy mandated the Secretariat to conduct an annual survey with partners in order to evaluate their satisfaction with the services and support provided by the Secretariat.

The 2016 survey is currently being conducted and so far, we have 115 respondents. The survey is conducted to collect feedback and ideas on the services that partners want the Secretariat to provide, and to evaluate the successes and pitfalls of our work moving forward.

work closely with the Global Fund, especially over the last 12 months in the lead up the 5th Global Fund Replenishment in Montreal, Canada. The Partnership has been vocal in calling for a fully replenishment Global Fund, through meetings and outreach with key donor countries, sign on letters, and mobilizing Parliamentarians through the Global TB Caucus. Minister Motsoaledi has been a vocal champion, calling for a fully replenished fund in all his key meetings and speeches. The Global Plan to End TB has also accelerated countries' efforts to scale up their TB responses, leading to increased demand for support from the Global Fund.

The Partnership has also engaged in various Global Fund

related platforms and processes (e.g., GAC, ITP, PAG, TB Situation Room, TRP) to monitor Global Fund's grant-making processes to quickly identify and resolve critical TB bottlenecks. We also work with in-country and regional partners to accelerate grant implementation in priority countries, and conducted joint missions with the Global Fund to several countries in 2016.

The Secretariat worked closely with the Global Fund on the TB part of the investment case for Global Fund replenishment, aligning it with the Global Plan. Inputs were provided for the development of KPIs for the next funding cycles and the Secretariat is currently engaged with the Global Fund on target setting for the KPIs for different funding scenarios.

The Partnership and the Global Fund jointly organized an impact assessment workshop for selected high burden countries. At the workshop, countries worked on the costs and impact of different scenarios for scale up, including the scale up to the Global Plan target of 90-(90)-90. This helps countries in updating their national strategic plans to align them with the Global Plan targets and will help Global Fund as well for target setting for KPIs for the next funding cycle.

As a member of the Partners Constituency, the Stop TB Partnership attended and participated in the Global Fund's

35th Board Meeting in Abidjan, Côte d'Ivoire from 26-27 April 2016. The major topics and decision points we provided strong inputs to include the: Strategy 2017-2022; Revised Eligibility Policy; Sustainability, Transition, and Co-financing Policy; and Allocation Methodology 2017-2020.

The Stop TB Partnership worked closely with UNITAID and RBM Partnership to update the Constituency's criteria for accepting new members, and received unanimous support for the Partnership for Maternal, Newborn & Child

calls. In addition to the TB component, the cross cutting proposals on RHSS, data, PSM and CRG now has TB included and featured strongly. The proposal has now been submitted to the Strategy Committee of the Global Fund. This proposal, when fully funded, i.e. if Global Fund replenishment is successful as planned, will provide about USD240 million additional for TB.

The weekly meetings of the TB Situation Room continues to be a platform for coordinated response to several issues related to Global Fund invest-

working directly with country teams to ensure that the Global Fund grants are achieving the planned results. Missions with the Global Fund Secretariat and other partners to Indonesia, Kenya, Tanzania and Nigeria as well as the close work with the Pakistan team are concrete examples of this direction. TB REACH continues to provide a number of excellent examples for countries to scale-up work through Global Fund. In Pakistan, for example, approaches pioneered by TB REACH were provided USD 40 million to continue

and scale up interventions. We are now actively working with Global Fund to develop a more formal agreement on scaling up interventions developed and tested by TB REACH.

Stop TB Partnership continues to provide advice to the Global Fund on the Grant Approval Committee. The Core



From L to R: Minister Aaron Motsoaledi, Dr Lucica Ditiu and Dr Mark Dybul

Health to be incorporated into the Partners Constituency. In January 2017, the Stop TB Partnership will start serving as the Alternate Board Member for the Constituency.

Stop TB Partnership took an active role in developing the TB component of the catalytic funding initiative together with WHO, USAID and other stakeholders. The theme of the TB proposal, "missed people with TB", united all stakeholders in TB. Inputs were sought from partners including the communities through consultations and through the Core Group

calls in TB. In the past few months the Situation Room has focused on absorption of funds allocated to countries, developing several elements of the new funding cycle and individual country deep dives. The TB Situation Room has worked further on TB-specific absorption issues in selected high burden countries where more work is required to ensure that countries are able to utilize effectively their allocations. The Global Fund session on this Board agenda will include a further discussion on this issue.

We took an active role in

Group calls continue to serve as a platform for sharing of information with Partners as well as getting their inputs into key emerging initiatives and issues related to the Global Fund.

The Implementation Through Partnership (ITP) project of the Global Fund was an important initiative where Stop TB Partnership, WHO, USAID and other partners helped Global Fund in addressing bottlenecks in specific high investment countries to speed up implementation rates and absorption.

TB REACH: Supporting innovation in TB detection and care

The period covered by this report was a time of transition for the TB REACH initiative, but also of great success and forward momentum.



Minister Marie-Claude Bibeau, Dr Lucica Ditiu, Minister Awa Marie Coll-Seck and Dr Mark Dybul

On 31 March 2016, the initial 2010-2015 TB REACH award from Global Affairs Canada came to an end. Fifty-six projects which TB REACH was supporting to deliver innovative approaches and technologies in 30 countries also came to a close. During this reporting period, these projects collectively treated over 206,000 people with TB, over 195,000 people were tested using the Xpert MTB/RIF assay, which represents as +17.5% increase in the number of tests performed compared to testing between the same dates last year. During this reporting period, 47 cash disbursements to grantees were made, totaling of USD 2,306,334.

TB REACH had great success linking successful projects to scale up funding during the reporting period. During Waves

1-4, TB REACH awarded USD 3.4 million to Indus Hospital in Karachi, Pakistan to pilot and evaluate different activities focused on engaging the private healthcare sector. Many of these approaches proved highly impactful and during the reprogramming of the Global Fund grant to Pakistan and with Stop TB Partnership Secretariat support in early 2016, Indus Hospital became the Primary Recipient for private healthcare sector engagement in two provinces and was awarded USD 40 million to scale up the TB REACH approaches piloted around childhood TB, private sector engagement and new diagnostics.

In Moldova, TB REACH began supporting the PAS Centre to use GeneXpert technology as a replacement for smear microscopy testing in 2011. This resulted in an

84% reduction in time to appropriate treatment for MDR-TB patients. Going forward these testing activities will be supported in Moldova by both domestic funds and the Global Fund to cover the country using Xpert as a first test and becoming one of the few countries following the lead of South Africa.

In South Africa, IRD and the Aurum Institute piloted a mHealth app custom-built for Android phones to facilitate screening of TB, HIV/AIDS and silicosis in mine labour-sending communities. This technology will now be scaled-up across the ten countries in Southern Africa which are part of the TB in the Mining Sector regional grant supported by Global Fund and the World Bank.

The TB REACH team from Geneva, TB REACH's exter-

nal monitoring and evaluation (M&E) agencies and TB REACH grantees continue to have a large presence at the 2015 Union World Conference on Lung Health in Cape Town, South Africa. Over 50 talks and posters were presented at the conference, including at dedicated TB REACH sessions focused on engaging communities, M&E approaches for case detection and innovative uses of chest X-ray.

In May 2016, the Government of Canada announced that it was renewing its pledge for the TB REACH initiative with a second five-year, CAD 85 million award. The Bill and Melinda Gates Foundation also confirmed its initial conditional pledge of USD 5 million (announced in the previous Coordinating Board Report) and increased the commitment by 40% to USD 7 million. Finally, the Indonesia Health Fund, which is comprised of eight Indonesian business leaders, pledged USD 1.5 million to support TB REACH projects in Indonesia. With these commitments in place, TB REACH moved quickly to launch a new funding cycle hosting a large Partners consultation meeting followed by the Program Steering Group. A strategic partnership with the McGill International TB Centre was agreed upon to help future projects with implementation research and results dissemination. On 2 August, TB REACH launched the Wave 5 call for proposals and will select new grantees by mid-December.

Delivering quality assured anti-TB medicines, diagnostics, and knowledge: Global Drug Facility (GDF)

Key milestones achieved by GDF since last report to the Board, November 2015



Active market shaping for TB products

As per outcomes of Invitation to Bid (ITB) published in February 2016, GDF secured the supply of second-line TB medicines to respond to the goals of the Global Plan to End TB, including the introduction of new medicines and regimens.

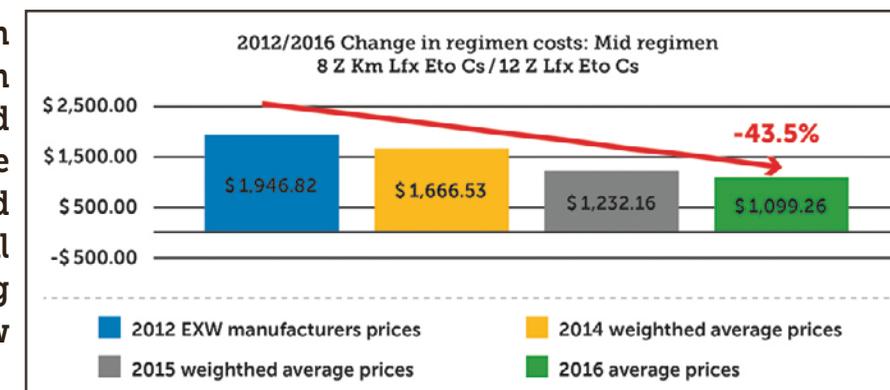


Figure 1: MDR-TB medicines cost reductions

Four new suppliers participated in this ITB and were considered eligible for the supply of anti-TB medicines. A major price decrease has been achieved for Linezolid due to a new generic product manufacturer entering the market compared to last year. Additional suppliers for high demand products are now on board including two additional suppliers for kanamycin. However, GDF is still facing some challenges in the manufacturing environment such as an increase in the cycloserine price compared to last year's bidding due to a dramatic drop in demand during 2015 (average +0.05 USD per capsule). Overall, the cost of treatment continued to decrease up to 43% compared to 2012 due to the price reduction of several key MDR-TB medicines (figure 1).

In May 2016, WHO published the WHO treatment guidelines for drug-resistant tuberculosis, 2016 update. As one of the major breakthroughs, a shorter MDR-TB treatment regimen is recommended under specific conditions. In light of this recommendation, GDF is able to assist countries with new regimen introduction by providing a full new treatment regimen priced between USD600 and USD800, depending on the medicines selected.



Strategic procurement solutions for TB medicines and diagnostics

Despite the improved availability of certain SLD medicines and decrease in prices in the last bidding process, at the beginning of 2016, GDF was still challenged by the limited availability of certain key drugs such as Kanamycin and Clofazimine due to manufacturers' production capacity.

The GDF actively managed the supply to allocate these drugs to countries based on continuous communication with NTPs, analysis of in-country stock levels, actual number of patients enrolled, orders in the pipeline, and enrollment plans; no stock-outs, treatment interruptions or delayed enrollment were reported.

GDF used its Flexible Procurement Fund to pro-

vide financial options to the GDF client countries to eliminate delays related to payments for orders. Through this mechanism, countries can place orders without having to issue an upfront payment and therefore avoid treatment interruption. In 2016, two countries (Lesotho and Kiribati) benefited from the USAID Flexible Procurement Fund for a total amount of USD81,250.

Memorandum of Understanding between Global Fund and Stop TB Partnership's GDF

In June 2016, Stop TB Partnership signed a Memorandum of Understanding (MoU) with the Global Fund to Fight AIDS, Tuberculosis and Malaria to optimize access to TB health products and pharmaceutical services in countries receiving Global Fund financing for TB.

The Global Fund and Stop TB Partnership recognize the potential for a more strategic partnership between the Global Fund and Stop TB Partnership's GDF and the mutual benefits to be gained through structured, collaborative engagement to optimize TB markets and improve the supply chain of TB health products to countries supported by the Global Fund. Under the agreement, the Global Fund and Stop TB/GDF will align pooled procurement and market shaping strategies, demand forecasting, and continuous performance improvement activities.



Dr Mark Dybul and Dr Lucica Ditiu

First meeting of TB Product Procurement and Market Shaping Working Group

On 27 July 2016, the Stop TB Partnership's GDF convened the first meeting of the TB Product Procurement and Market Shaping Working Group in Washington D.C.

This Working Group will serve to bring together procurers and key stakeholders, including people affected by TB and advocates, in order to address common procurement and market shaping challenges inherent to the fragile TB markets. Twenty-seven participants from USAID, CHAI, GDF, Global Fund, TB Alliance, MSF, MSH, TAG, UNDP, UNITAID, USP, WHO, TB advocates and experts attended the meeting.



Participants in the TB Product Procurement and Market Shaping Working Group

The overall purpose of this Working Group will be to improve supply security and affordability of quality-assured TB products. This will be done through strategic management of demand, streamlining product selection to address market fragmentation, coordination of procurement, and sending clear signals to suppliers on products and formulations in need of development and support.

Development of a new efficient Strategic Rotating Stockpile (SRS) operational project plan

To improve its procurement and supply operations and align with GDF strategic objectives, GDF has developed a new SRS operational project plan.

The primary objective of the new SRS is to decrease time to two months from the time the order is placed (i.e. payment received and contract/quote signed) to the delivery to destination. As the new SRS tool is implemented, several sub-objectives will also be achieved as follows:

- a. STREAMLINE PRODUCTION** to better assure adequate supply of drugs;
- b. LEVERAGE "VOLUME-BASED" UNIT PRICES** to better meet supplier conditions and batch sizes;
- c. AVOID STOCK OUTS IN COUNTRIES** whereby drug resistant TB cases can be treated on time preventing ex-

tensively-resistant cases from evolving;

- d. ASSIST NATIONAL TB PROGRAMS** in the uptake of new TB regimens recommended by WHO;
- e. ALLOW GDF TO PROVIDE MEDICINES** in one delivery for full MDR-TB shorter-course regimens.

The new SRS will have improved information technology through dedicated human support and software, allowing more efficient operations and coordination for GDF and its procurement agent. Two important tools – the product and country profiles – are under development to provide the information

required for SRS-related decision making, including the selection and prioritization of

TB medicines and quantification for SRS product replenishment.

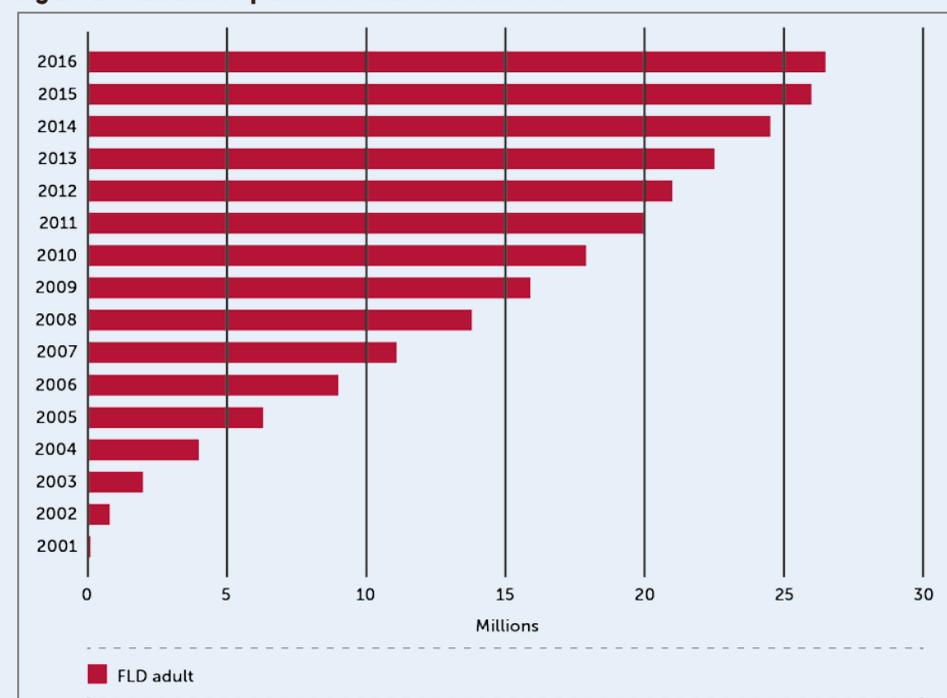


Saving lives by expanding access to high quality TB treatments.

Since its inception in 2001, GDF delivered a total of 26.5 million adult FLD patient treatments, 1.53 million FLD pediatric patient treatments and 218,466 SLD treatments as of June 2016 (figure 2).

In the first half of 2016, the total value of orders placed was USD75 million, of which 45% was for second line anti-TB medicines (SLDs), 37% for first line anti-TB medicines (FLDs) and 18% for diagnostics.

Figure 2: Cumulative patient treatments delivered



"I am a wine maker, photographer and philanthropist, and I had TB. Accepting the diagnosis was a challenge. It was heartbreaking to tell my mother that I had MDR-TB. People who had been close or friendly to me in the past distanced themselves. I had to quit my job.

The healthcare workers did little to help me understand the disease. I read everything I could find on the internet about TB, from Wikipedia articles to scientific research and country strategies. I then knew everything about TB, from the physiology of the Mycobacteria to dosages and spectrums of side effects for drugs. Once informed, I was able to inspire trust in the healthcare workers. I became a target for sympathy and astonishment, not fear and stigmatization. I was cured in 2012. As an activist, I now have frequent opportunities to provide feedback on the quality of care."

VALERIU ISTRATI
"TB Journeys"

Capacity building and technical assistance

In 2016, GDF is revamping its technical assistance strategy to align with new GDF strategic objectives and respond to increased demand for GDF technical leadership in strengthening pharmaceutical management systems in countries and establishing an efficient information system and early warning to ensure uninterrupted access to quality-assured TB products.



Participants from the GDF workshop in Morocco

The latest GDF strategy including technical assistance strategy and operational processes were presented during the GDF workshop with partners and GDF consultants in April 2016 in Marrakesh, Morocco. Best practices for GDF technical assistance, quantification, supply planning and early warning system were shared and participants discussed how to facilitate the uptake of new TB products (new pediatric formulations, bedaquiline and

delamanid).

From January to June 2016, eight technical assistance missions were conducted to support countries in estimating drug needs for the next year for FLD and SLD, provide tailored technical assistance and prompt actions where challenges were identified, and discuss the strategic plan for the introduction of new pediatric formulations and shorter MDR-TB regimen. The missions were organized jointly with Global Fund

country teams, regional GLC, the TB Program Review and other partners. Imminent stock-outs that were highlighted during the mission were prevented in Congo by redirecting overstock from Democratic Republic of the Congo to cover 4,300 adult FLD patient treatments and 580 pediatric patient treatments. Overstock of medicines were avoided in Pakistan by redirecting their orders worth of USD5 million. The joint mission with WHO to Papua New Guinea supported the NTP to switch to the new pediatric formulations and 1000 pediatric patient treatments were delivered following the mission. In India, GDF joined a Global Fund mission to assess the adherence to good storage and distribution practices of the six Government Medical Stores Depot (GMSD) where the second line anti-TB and XDR medicines will be stored.

Three Regional Technical Advisors (RTA) were recently hired,

based in sub-Saharan Africa, Southeast Asia-Pacific and Europe to inform efficient procurement and supply decision making in GDF priority countries. The GDF has also renewed the roster of GDF consultants in June 2016, expanded the pool of consultants and trained new consultants during the GDF workshop in Marrakesh, Morocco in order to continue providing impactful technical assistance to countries.

GDF participated in various workshops, trainings and conferences organized by partners in 2016. These include an experience sharing workshop on the introduction of new drugs for DR-TB treatment, 3rd Conference of the Union, South-East Asia Region, Strengthening TB control in prisons of M/XDR-TB high-burden countries, APEC Conference on Prevention, Control and Care for Multi-Drug Resistant Tuberculosis (MDR-TB) and Supply of Second-line anti-Tuberculosis Drug, etc.

Quality assurance

As of June 2016, the GDF FLD portfolio consisted of 27 quality assured products supplied by 15 manufacturers. The SLD portfolio comprised of 50 products supplied by 31 manufacturers, including medical supplies and water for injections. This represents all groups of medicines currently recommended by WHO for treatment of drug susceptible and resistant forms of TB.

During this reporting period, in response to the new TB guidelines, new products were added to the GDF catalogue—Amoxiclav 1g tab from Medreich, Kanamycin 0.5 g solution & powder from Shanghai Harvest and Macleods, Meropenem from Vianex, Rifapentine 150mg tab from Sanofi in response to WHO recommendation on short-course treatment of Latent TB infection (LTBI), the new innovator product, Delamanid 50mg tab from Otsuka, gene-

ric Linezolid 600mg tab from Teva and new pediatric formulations with optimized dosing from Macleods.

Dossiers with relevant documentation were gathered from potential suppliers of most demanded products and shared with the Global Fund to include newly added products on the PSM list, which facilitates procurement of these products through Global Fund grants.

Bedaquiline Donation Program

GDF has continued to implement the BDQ donation program that was made available through an agreement between USAID and the Johnson & Johnson affiliate, Janssen Therapeutics.

The GDF shares monthly reports of new MDR-TB drugs (bedaquiline and delamanid) with the Drug-Resistant TB Scale-Up Treatment Action Team (DR-TB STAT) and posts these reports on the Stop TB website. GDF participated in the DR-TB STAT members' monthly calls to discuss progress and solve problems around national and global challenges encountered during new drug introduction and scale-up. The GDF renegotiated procurement agent fees for bedaquiline, moving from a fee based upon "market prices" to a flat fee. This GDF-led negotiation resulted in savings of more than USD 1million to national TB programs. By the end of 2016, BDQ shelf life will be extended from two years to three years and the product will be added to SRS. As of September 2016, 40 countries have drafted or actually placed orders for 4663 bedaquiline patient treatments through GDF, of which 1723 bedaquiline patient treatments were delivered.



Introduction of Delamanid

GDF was the first organization to come to agreement with Otsuka on access to delamanid, another new, life-saving medicine for MDR-TB.



GDF negotiated a deal with Otsuka to include delamanid in the GDF catalogue, and sell to those countries eligible for Global Fund financing.

On 24 February, 2016, GDF held a high-level panel discussion in Bangkok, Thailand alongside the Joint WHO SEA-RO-WPRO-HQ "Experience

sharing workshop on the introduction of new drugs for DR-TB in the WHO South-East Asian and Western Pacific Regions". The Otsuka-StopTB/GDF MoU and the official launch of delamanid via GDF was announced at this event. It was a rare event where participants gathering for a WHO

workshop had the opportunity to engage directly with the scientists researching and producing new medicines and a rich dialogue ensued.

In order to ensure immediate availability and delivery of this new life-saving medicine to countries, GDF will be adding delamanid to SRS. GDF coordinated production planning, demand estimates and strategic allocation of DLM with the Procurement Agent and manufacturer, and provided technical assistance to countries to improve forecasts, quantification, and uptake. As of June 2016, three countries have ordered 278 delamanid patient treatments through GDF, which are yet to be delivered.

Introduction/uptake of new pediatric formulations

The new child-friendly, adequately-dosed pediatric formulations were launched on 2 December 2015 during the Union Conference.

GDF worked closely with its partners, including the TB Alliance, WHO, Global Fund, Challenge TB and SIAPS for the launch of the new pediatric formulations. In December 2015 during the Union Conference, GDF co-facilitated a symposium, 'Improving Access to Appropriate Pediatric TB Medicines' to share lessons learned from previous involvement with TB paediatrics and discuss key supply challenges, the need for action at the country level, and how to procure new pediatric formulations from GDF.

In January 2016, Stop TB/

GDF together with WHO and the Global Fund released a technical briefing note, 'Technical step process to switch to new pediatric formulations', aiming at guiding the countries in the transition phase.

GDF also played a key role in providing thought leadership and technical advice on determining the appropriate number of formulations, which led to producing only two formulations instead of six formulations that were initially planned, in order to prevent further fragmentation of the paediatric market. Prior to agreeing to list the new pediatric for-



mulations in the GDF catalogue, GDF held multi-partner discussions that led to additional interventions and price reductions in line with GDF's suggestions and, ultimately, contributed to a successful global launch of the new formulations. Upon a new price agreement, the GDF worked with the supplier to draft and sign a long-term agreement

Diagnostics

Since 2008, GDF has contributed to active case-finding by procuring diagnostics worth USD135 million to more than 82 countries.

From January to June 2016, 64 orders has been placed with suppliers and 149 shipments delivered to countries (total value of USD13.9 millions). The median lead time is 25 days from order placed with suppliers to first shipment arrival.

In 2015, all diagnostics became available for direct procurement. While the majority of orders were financed through grants (UNITAID and TB REACH) in 2015, the direct

procurement has increased up to 82% of total value of diagnostics procurement this year. Even after grants ended between 2015 and 2016, demand for diagnostics is sustained through direct procurement by countries. It demonstrates the important added value of grant projects to scale up new diagnostics in countries and the development of a robust GDF portfolio of TB diagnostic commodities.



"I was 16 when I was diagnosed with TB. The treatment didn't help. Part of my left lung became decayed, and I required surgery to remove it. All the surgeons said I had 6 months to live and I had a 1% chance of surviving the surgery. Most of them refused to operate and advised my parents to let me die in peace. Finally we found a surgeon that was willing to do the operation. I was singing before going in to the operation theatre. Either way, the surgery was going to end my suffering.

I was out of intensive care the next day. How did that happen? Perhaps it was a miracle, perhaps it was the love of my family, or perhaps I just wanted to defeat medical science. Your will power is the only thing that is going to help you fight this disease. Friends and families need to provide support too. My friends made it a point to come to my house and celebrate my birthday. Together we can defeat TB."

DEEPTI CHAVAN
"TB Journeys"

WORLD TB DAY

"On this World Tuberculosis Day, I call on leaders across Government, civil society and the private sector to unite to end tuberculosis.

Together we can win the fight and end the TB epidemic by 2030."

[Ban Ki-Moon, United Nations Secretary-General]

UNITE TO → END TB

Board Members

The Stop TB Partnership Coordinating Board provides leadership and direction, monitors the implementation of agreed policies, plans and activities of the Partnership, and ensures coordination among Stop TB Partnership components.



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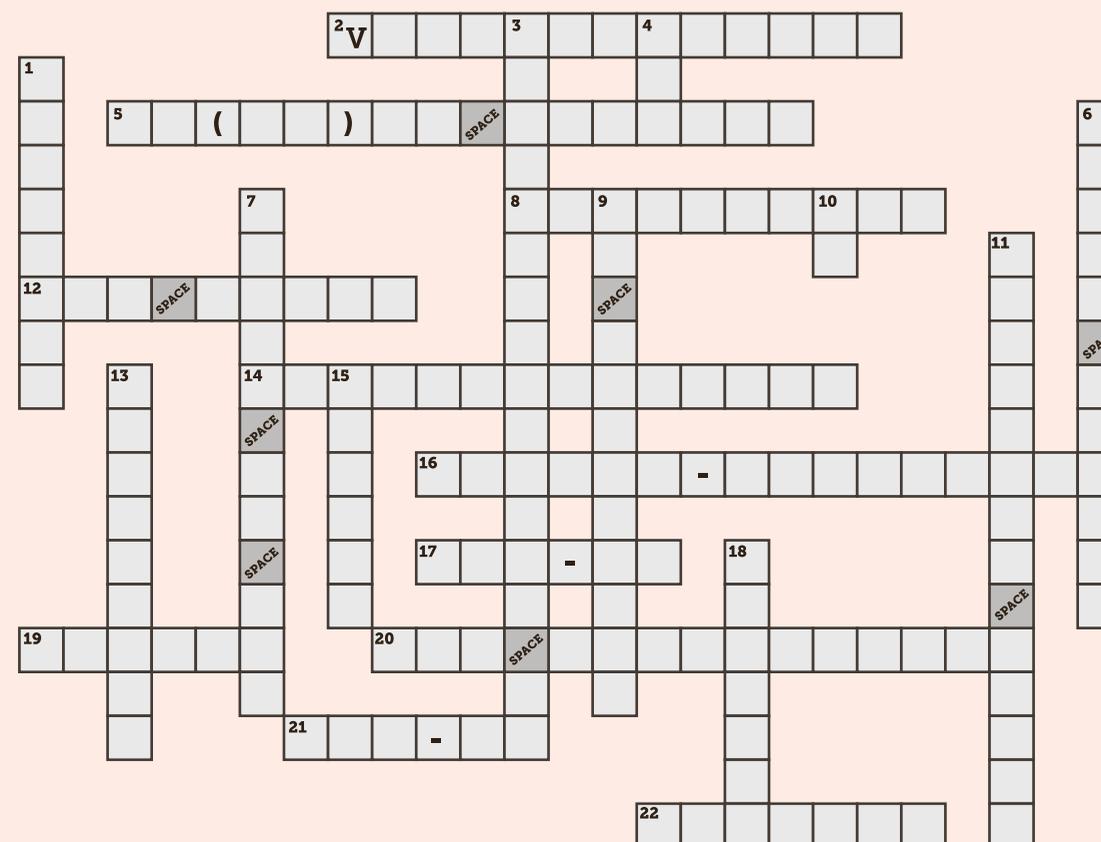
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Crossword Puzzle

How well do you know TB?



1. Microscopic living organisms, usually one-celled, that can be found everywhere.
2. Refers to unequal opportunities, social exclusion, unemployment, or precarious employment and other social, cultural, political, and economic factors that make a person more susceptible to TB.
3. TB infection that has spread outside of the lungs.
4. Provides adolescents and adults with little protection against TB, but is given to infants and small children in countries where TB is common, as it can prevent some of the most severe forms of TB in children.
5. They are designed to address an unacceptable gap in the provision of TB care.
6. Excessive sweating during sleep, one of the main symptoms of TB.
7. Held each year to build public awareness for tuberculosis, falls on 24 March.
8. A drug used to treat bacterial infections.
9. It is a condition in which TB bacteria are alive but inactive in the body. People affected have no symptoms; they do not feel sick, cannot spread TB bacteria to others.
10. Curable disease known to humanity for thousands of years that is now the top infectious disease killer on the planet, with 4,400 victims every single day.
11. A time when the usual and accepted way of doing or thinking about something changes completely.
12. A symbol designed to represent the TB community's commitment

- to ending TB.
13. Refers to the systematic identification of people with active TB in a predetermined target group by application of tests, examinations or other procedures that can be applied rapidly.
14. Refers to any form of arbitrary distinction, exclusion or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group.
15. Phlegm coughed up from deep inside the lungs
16. Policies, programs, or training modules recognize that both women and men are actors within a society.
17. Disease caused by a strain of TB bacteria that is resistant to at least isoniazid and rifampicin.
18. A test to see whether there are TB bacteria in an individual's sputum/phlegm or other body fluids.
19. Is derived from the Greek meaning "a mark or a stain". It can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others.
20. People who are vulnerable, underserved or at-risk of TB infection and illness.
21. Disease caused by a strain of TB bacteria that is resistant to isoniazid and rifampicin, as well as fluoroquinolone and at least one of the three injectable second-line drugs.
22. Abbreviation for mobile health, a term used for the practice of medicine and public health supported by mobile devices.

WORLD TB DAY

10 MILLION



LIVES COULD BE SAVED
FROM DYING OF TB
IN THE NEXT 5 YEARS

Implement the Global Plan to End TB 2016-2020

UNITE TO → **END
TB**

Stop **TB** Partnership