

Executive Director's Report



# STOP TB PARTNERSHIP COORDINATING BOARD MEETING

Cape Town, 29 November

**Stop TB Partnership**

a partnership hosted by United Nations at  **UNOPS**

# 1. FOREWARD



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

Good morning, and welcome to our 27th meeting of the Coordinating Board in Cape Town.

I want to start by thanking you all for your active support and engagement in the work of the Stop TB Partnership and for the great achievements recorded in the fight against TB thanks to the work that you have done with your teams. Thank you! This report and our Board meeting comes at a crucial moment for us all: closing the Millennium Development Goals and transitioning towards the Sustainable Development Goals; closing the Global Plan to Stop TB 2011–2015 and starting our “trip” to End TB with the new Global Plan to End TB 2016–2020: The Paradigm Shift. For us – as a TB community at large, comes in a moment when we have better data to know that we face bigger challenges than we thought and a higher burden, but we also know how many millions of lives we saved over the last 15 years and that we know enough to be able to move towards Ending TB. For us in the Secretariat, it has been almost a year since we’ve been hosted by UNOPS, as we move towards the implementation of the new Operational Strategy 2016–2020. I want to thank you all for the contributions made to the Global Plan to End TB 2016–2020 and to the Operational Strategy 2016–2020. We could not have done it without your invaluable collaboration, comments and suggestions.

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

And, if we believe in change, it must start with us. This is why this report looks different: we have included a short 2 pager outlining the most “visible” outputs, outcomes and impact that our work delivered – our achievements at a glance. Details follow in subsequent pages, with in-depth coverage through our website – but if you are rushed – this 2 pager on our achievements highlights that we were a pretty busy team over the last 10 months. As with everything delivered in partnership, it is difficult in some areas to measure and draw a line between what we contributed together with other partners and what we can attribute just to our work. But this matters less if we are successful together and we are moving, jointly towards a world without TB. For a change, this entire report is much shorter and we have also included an Annex with all of us working in the Secretariat, regardless of whether we are interns, consultants or staff, including our project management team from UNOPS – the Team. And I have to admit that this team is one of the most amazing, dedicated and professional teams that anyone has ever lead – hard working, experienced, great minds and a great sense of humour. I am grateful to work with every single one of them and I am thankful for the incredible team spirit and atmosphere we have in the Secretariat.

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

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

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

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

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

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

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

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

**Lucica Ditiu**  
Executive Director

## 2. OUR ACHIEVEMENTS AT A GLANCE

In October, UNOPS started using the Stop TB Partnership's

### GLOBAL DRUG FACILITY

exclusively for TB procurement

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

### VALUE FOR MONEY

Unprecedented efforts to work and strengthen the

### RELATIONSHIP WITH THE PRIVATE SECTOR

– private sector constituency has grown to a 105 members

### FIRST EVER MEETING

on people affected by TB and key populations held in Bangkok, Thailand leaving behind practical guidance on how to address their needs in programmes

Transition to UNOPS happened with **ZERO DISRUPTION** in services or contracts with staff and partners

Since 2001,

### GDF DELIVERED

a total of 25.5 million adult FLD patient treatments, 1.5 million FLD paediatric patient treatments and 184,524 SLD treatments as of September 2015. In 2015, the total value of orders placed was US\$ 152 million, of which 68% was for second line anti-TB medicines (SLDs), 23% for first line anti-TB medicines (FLDs) and 9% for diagnostics.

As of November 2015, GDF conducted 45 monitoring/technical assistance

### MISSIONS

to support countries.

Bangladesh, Cameroon, Guatemala, India and Tajikistan have started in this period to

### SCALE-UP TB REACH PROJECTS

As of September 2015, the

### GDF FLD PORTFOLIO

consisted of 25 quality assured products supplied by 15 manufacturers, while the SLD portfolio comprised 37 quality assured products supplied by 33 manufacturers, representing all 5 groups of medicines currently recommended by WHO treatment guidelines for the treatment of MDR and extensively drug-resistant TB.

### GCTA

has reached 135 individuals and organizations in 30 countries actively engaged in advocacy and community systems strengthening at a grassroots level

A strong committed and highly motivated **SECRETARIAT TEAM**

2016–2020 **OPERATIONAL STRATEGY DEVELOPED**

The TB REACH/GDF platform for Xpert MTB/RIF procurement ordered nearly

**1 MILLION CARTRIDGES**

In 2015, **REDUCED THE PRICE OF CYCLOSERINE**

by 55% compared to the previous year and this reduction is expected to save up to US\$ 22 million annually.

### TB REACH GRANTEES

supported the **DETECTION AND TREATMENT**

of 163,249 people with TB in over 30 countries

<p><b>Out of Step Report in PARTNERSHIP WITH MSF</b></p> <p>– an in-depth review of TB policies in 24 countries</p>	<p><b>GENDER ASSESSMENT TOOLKIT</b></p> <p>developed, tested and rolled out in four countries</p>	<p>8,355 Stop TB Partnership Twitter <b>FOLLOWERS</b> and 7,164 <b>'LIKES'</b> on Facebook</p>	<p><b>High level DISCUSSIONS</b></p> <p>on transition and sustainability of programmes in <b>Eastern European regions</b></p>
<p><b>US\$ 30 MILLION mobilized to support interventions</b></p> <p>to reduce <b>TB among miners</b> through a regional grant from the Global Fund</p>	<p><b>1404 active partners</b></p>	<p><b>US\$ 8 million mobilized to ADDRESS HEALTH SYSTEMS</b></p> <p>and MDR-TB issues in the Eastern European region</p>	<p><b>REPRESENTING</b> the TB community voice on all <b>GLOBAL FUND</b> related conversations and processes</p>
<p><b>2015 REPORT</b> on TB Research Funding Trends</p>	<p><b>51 NFM APPLICATIONS</b></p> <p>with community systems components funded by the Global Fund</p>	<p>Unprecedented <b>BRICS ENGAGEMENT</b></p>	
<p>New Instagram and Vimeo <b>SOCIAL MEDIA CHANNELS launched</b></p>	<p><b>GLOBAL FUND ONGOING SPOTLIGHT ISSUES</b></p> <ul style="list-style-type: none"> <li style="width: 50%;">▶ 5th Replenishment Campaign</li> <li style="width: 50%;">▶ Needs Assessment and Optimization</li> <li style="width: 50%;">▶ 2017–2021 Strategy including the TB Targets</li> <li style="width: 50%;">▶ Market Shaping Strategy</li> <li style="width: 50%;">▶ Allocation Methodology</li> <li style="width: 50%;">▶ e-Marketplace</li> <li style="width: 50%;">▶ TB Disbursements and Absorption Capacity</li> </ul>		
<p><b>END TB IDENTITY launched</b></p>	<p>Over 650 parliamentarians from 100 countries joined the <b>GLOBAL TB CAUCUS</b></p>	<p><b>#CHANGETB</b> campaign launched with a total #ChangeTB reach of 2.3 million, and 18 million timeline deliveries</p>	
<p><b>WEEKLY MEETINGS OF THE TB SITUATION ROOM</b></p>	<p><b>Ensuring a strong TB REPRESENTATION</b></p> <p>Global Fund in Country Coordinating Mechanisms (CCMs) of 23 countries</p>	<p><b>As of 2015, GDF performs IN-HOUSE PROCUREMENT FOR DIAGNOSTICS</b></p>	

**CHALLENGE FACILITY FOR CIVIL SOCIETY**  
 call for proposals for Round 7 received  
**482 APPLICATIONS** from 55 countries

# 3. WHO WE ARE: BOARD & SECRETARIAT

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

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

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

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

The Secretariat has a total number of 49 staff members, including the UNOPS Management team. Out of this, 27 have staff contracts, 20 have "consultant" type contracts and two are interns. For more details see Annex 1.

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

Weekly, Monday, 30-minute All Staff Meetings – held every week since 19 January 2015: Each team submits bullet points relating to their work streams to reflect weekly: staff absences, key travels, meetings, missions, visitors expected and any important matters that all staff should be aware. The summary document is sent to all staff members to keep everyone informed and assist in better communications and planning amongst the teams. A 30-minute weekly meeting is scheduled to go over any additional points which would complement the compiled team summaries.

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

One-to-One Meetings with the Executive Director: These meetings were organized to allow staff to speak about their background, work and future plans as an honest and direct conversation with the Executive Director and provide feedback on any concerns they may have. These started on 27 January 2015, with a total of 52 staff having met with the Executive Director, including staff that have left the Partnership since.

## **Staff Survey – One of the most important steps into assessing the level of commitment, engagement and satisfaction of Secretariat staff with their work**

The Stop TB Partnership staff survey was supported and funded by Eli Lilly and implemented through a professional company, OrgVitality (a management consulting firm that focuses on helping organizations make sustainable improvements that optimize their current performance while preparing for the future). The survey had a very high participation rate of 95%. There were many aspects evaluated, but staff in the Secretariat marked the highest rates (far above the benchmark) on commitment of staff to the Partnership mission (95%), the commitment of staff to make the Partnership a great place to work (95%), the commitment of staff to making a difference in the world through the Partnership's work and dedication to the cause of TB control (90%).

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

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

The Stop TB Partnership is one of the very few organizations in public health that has had this kind of assessment, specifically focusing on value for money. This independent external evaluation focused mainly on the Value for Money aspects. Requested by a few of Stop TB Partnership's donors and published in June 2015, it found that:

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

The areas in need of further attention and strengthening are:

- Developing the strategy for 2016 onwards with a clear delineation of the overall goals and objectives;
- Further defining partnership-building and engagement activities a clear approach to how the Stop TB Partnership would engage with its partner base; and improved functioning of the Working Groups;



- Developing a unified M&E framework, including relevant and measurable KPIs that relate to the work of the Partnership;
- Focusing efforts on resource mobilization for the Partnership

## **Governance:**

During the reporting period the Executive Committee has held six teleconferences. The main areas in which the Executive Committee has provided oversight were: the development of the Operational Strategy 2016–2020, Global Fund related decisions including disease burden, allocation, replenishment, and supporting the Finance Committee recommendation about the level of financial reserves the Stop TB Partnership should hold. The Terms of Reference for the Resource Mobilization Ad-Hoc Committee were also drafted.

The Finance Committee held three calls as well as a face-to-face meeting in Washington DC, USA in June 2015. The Finance Committee has reviewed the quarterly expenditure reports and has overseen the development of the 2016 Work Plan. Based on the analysis, the Finance Committee has recommended to the Board the level of financial reserves which should be held by the Stop TB Partnership.

The Operational Strategy 2016–2020 guides the work of the Stop TB Partnership. The current strategy was put in place on 1 January 2013 and continued until 31 December 2015. The Board at its 26th meeting in April 2015 decided an updated Operational Strategy should be developed for the period 1 January 2016 through 31 December 2020. It will be valid for a five year period and aligns with The Global Plan to End TB 2016–2020: The Paradigm Shift (“The Global Plan”).

## **The Operational Strategy 2016–2020 has four goals**

### **GOAL 1:**

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

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

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

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

### **GOAL 2:**

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

### **GOAL 3:**

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

### **GOAL 4:**

Ensure the optimal and efficient functioning of the Secretariat.

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

## Engaging with the Board Constituencies – communities, developed and developing country NGOs

We did not have the finances that other Boards have to ensure proper engagement with the constituencies, but we tried to support – with some limited funding – communications between the board members and their constituents. In addition:

- Constituency representatives receive a **monthly update** listing of the new Stop TB Partners to inform them about organizations recently joining the partnership and belonging to their constituency and encourage them to link with these. “Developing Country NGO” and “Communities” representatives submitted **work plans** for the period May – December 2015 on ensuring communication within their constituency and effective representation at the Coordinating Board meetings.

## Innovative engagement with the Private Sector Constituency

### SPOTLIGHT

Due to the generous support from Eli Lilly and the Private Sector Constituency, we have conducted our first employee survey to maximize our core competencies. We plan on using the learnings from the survey to better align our strategy, structure, processes, people, and rewards system to ensure we effectively carry out our activities.



#### ENGAGE

##### PRIVATE SECTOR COMPANIES IN THE FIGHT AGAINST TB

Since July 2014, over 25 companies have joined the Private Sector Constituency. There are over 105 members today.



#### SOLVE

##### FOR CRITICAL, SYSTEMIC BARRIERS IN THE TB SPACE

Reduce the proof of concept timeline to accelerate the introduction and scale-up of new, effective TB tools.



#### DEVELOP

##### ALTERNATIVE FUNDING PLATFORMS TO REACH THE GLOBAL PLAN TARGETS

Blend public and private capital to address critical, systemic barriers in the TB space.

## 4. WHAT WE ACHIEVED

### **a. Development of the Global Plan to End TB 2016–2020: The Paradigm Shift**

The development of the Global Plan to End TB 2016–2020 was a more than 18 month effort, led by the Task Force of the Coordinating Board. The development process was informed by the outcomes of four regional consultations as well as a two-month online consultation process. The regional consultation meetings in Addis Ababa (May), Bangkok (June), Istanbul (July) and Buenos Aires (August) brought together around 400 participants from government, TB programs and other implementers, private providers, corporate sector, civil society and affected communities. The Board virtually endorsed the Global Plan to End TB 2016–2020: The Paradigm Shift on 28 October 2015.

On 20 November, the Global Plan had a soft virtual launch that targeted the media outlets with great coverage and endorsement already. Major media outlets in the UK, Australia, India, South Africa, Spain and Ghana covered the launch of the Global Plan. The Partnership also launched the #ChangeTB campaign which has so far seen a total #ChangeTB reach of 2.3 million, and 18 million timeline deliveries. On 30 November, on the sidelines of the Union Conference, a high level political event and press conference will see the political endorsement and the commitment from countries in launching the plan.

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

In 2015, GDF became more market-oriented, focused on country needs, and better prepared to implement the Global Plan to Stop TB (2016–2020). This section presents achievements in the areas of services and products, active market shaping, addressing stock-outs, capacity building, quality assurance, and GDF operations.

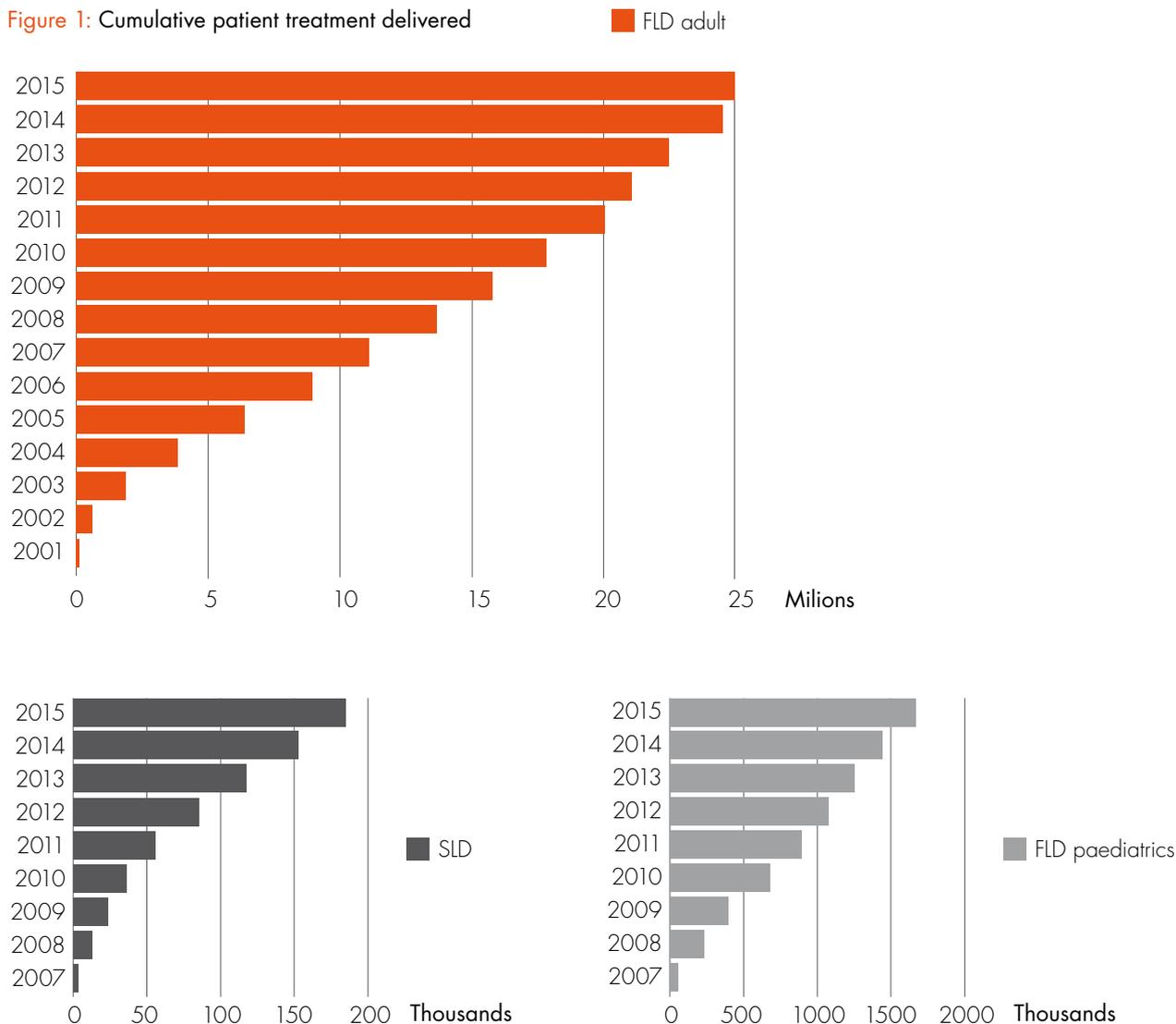


The key milestones achieved by GDF since its last report to the Board in April 2015 are as follows:

### I. Saving lives by expanding access to high quality TB treatments

Since its inception in 2001, GDF delivered a total of 25.5 million adult FLD patient treatments, 1.5 million FLD paediatric patient treatments and 184,524 SLD treatments (Figure 1) as of September 2015. In 2015, the total value of orders placed was US \$152 million, of which 68% was for second line anti-TB medicines (SLDs), 23% for first line anti-TB medicines (FLDs) and 9% for diagnostics.

Figure 1: Cumulative patient treatment delivered

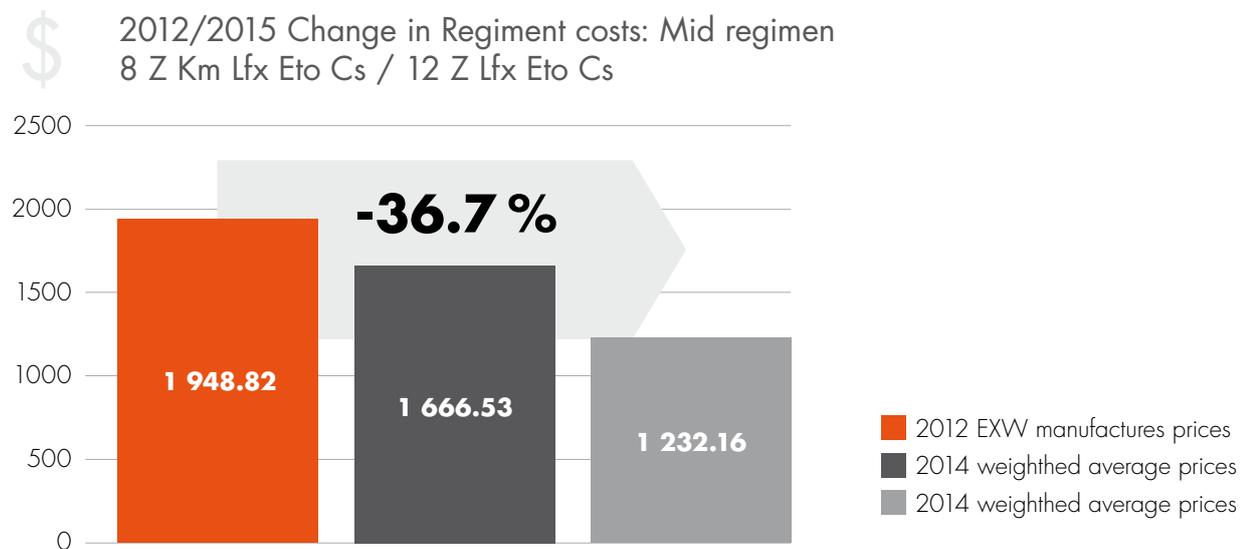
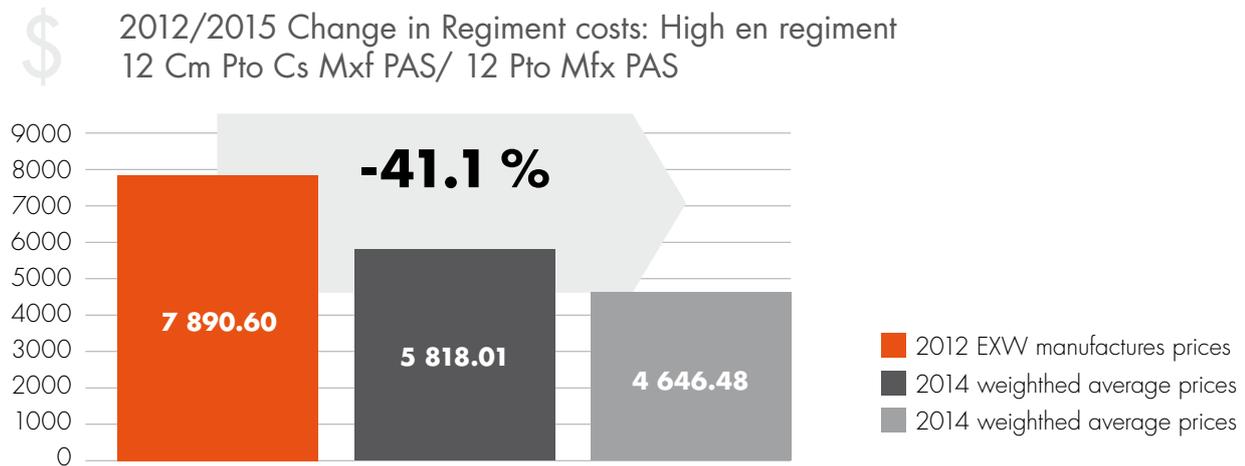


### II. Active market shaping for TB products

In 2015, GDF continued to ensure accessibility and acceptability of medicines, particularly those used in treating MDR-TB. GDF significantly strengthened its supplier's base and now offers close to 3 times more products (37 in all) and has 3 times more suppliers (33 in all) of quality-assured MDR-TB medicines than in 2011. By way of comparison, in 2011 GDF supplied 13 products and had 11 suppliers. In addition, a more favourable environment was created at the country level for the procurement of the most complex MDR-TB products. This was achieved through the use of PAS acid that no longer needs cold chain requirement, and enhanced coordination for order planning between GDF and countries that aimed at improving the supply of Kanamycin.

In 2015, GDF slashed the price of Cycloserine – a key medicine to treat multi-drug resistant TB (MDR-TB) – by 55% compared to the previous year. This price reduction is expected to save up to US\$ 22 million annually, enabling treatment for more people living with MDR-TB. In 2015, GDF now procures Cycloserine at a price that is up to 68% lower than its price in 2011. Between October 2014 and September 2015, over the reporting period, GDF delivered 44,977 MDR-TB patient treatments using medicines such as Cycloserine.

Figure 2: SLD and FLD Price Reductions



The most critical barrier to scaling up MDR-TB activities still remains the treatment capacity at country level. On several occasions in the past year, national TB programs requested GDF to postpone the delivery of placed orders for SLDs as targets of patients enrolment could not be achieved within planned timeframes. GDF responded to this situation by trying to negotiate postponement with suppliers and to reallocate products to other countries to prevent overstock and expiries. Requests of postponement indicate that countries are facing challenges with proper quantification and order planning.

### III. Addressing stock-outs in countries

GDF provided assistance in preventing and managing stock-outs in countries through the Strategic Rotating Stockpile (SRS) – a key GDF mechanism to save lives by ensuring an uninterrupted supply of quality-assured, affordable anti-TB medicines to populations in need. SRS allows GDF to respond immediately to country emergency needs and orders in situation of out of stock. The SRS is an important tool to facilitate procurement processes in new product introductions (e.g. Linezolid). Indeed, GDF delivery lead time for regular order according to terms and conditions is 4 to 6 months and can be decreased to 1 month using the SRS.

GDF has likewise promoted financial flexibilities by allowing countries or GDF clients to use the USAID Flexible Procurement Fund. Through this mechanism, countries can place orders without having to issue an upfront payment and therefore avoid treatment interruption.

In 2015, 3 countries (Malawi, Congo Brazzaville and Kenya) benefited from the USAID Flexible Procurement Fund for a total amount of US \$2 million.

### IV. Capacity building and technical assistance

In 2015, GDF contributed to strengthening national capacity for procurement and supply chain management through monitoring missions, targeted technical assistance, workshops and trainings.

It expanded its capacity building outreach through strong collaboration with key partners, such as the Global Fund, GLC, WHO, UNION, MSH and KNCV, and adopted a more holistic approach in addressing immediate gaps and bottlenecks in drug supply, and assisted countries to overcome systemic problems and strengthen the drug management capacity of national TB control programs



and ministries of health. It also worked with partners, such as the TB Alliance, WHO, Global Fund, Challenge TB and SIAPS, to map the preparedness of high-burden countries to uptake the new paediatric formulations that will be available in early 2016.

In 2015, GDF signed a MoU with MSH and UNION to enhance current tools, templates and approaches in the provision of technical assistance to countries. It also created a new consultant roster which includes 19 qualified and experienced drug management experts that have been selected through a competitive recruitment process.

As of November 2015, forty-five (45) monitoring/technical assistance missions were conducted in 2015 to support countries. National TB programs and in-country partners expressed their appreciation of the support and assistance provided during these missions, which were organized in conjunction with missions undertaken by the TB Program Review, Global Fund Country Teams and GLC. Ten of these missions were conducted to support the development of the Global Fund Concept Note and grant making for PSM aspects, some as part of the Technical Cooperation Agreement with the Global Fund.

#### **V. Accelerated uptake of new products-Bedaquiline Donation Program**

On 1 April 2015, USAID launched a Bedaquiline (BDQ) donation program for the treatment of patients with drug-resistant TB (DR-TB) through the Stop TB Partnership's Global Drug Facility. The BDQ donation program is made available through an agreement between USAID and the Johnson & Johnson affiliate, Janssen Therapeutics to make available BDQ free of charge to eligible DR-TB patients, in accordance with WHO interim recommendations on the use of the drug. The program will provide 30,000 patient treatment courses of BDQ in more than 100 low- and middle-income eligible countries over a 4-year period. As of November 2015, 32 countries have ordered 1'510BDQ patient treatment through GDF and 773 BDQ patient treatments have been delivered.



***On 1 April 2015, USAID launched a Bedaquiline donation program for the treatment of patients with drug-resistant TB through GDF.***

GDF is actively engaged and working with various partners, such as DR-TB Scale-up Treatment Action Team (STAT), NTPs, MSF, PIH and the Global Fund to improve demand and supply coordination.

#### **VI. Diagnostics**

Since 2008, the Global Drug Facility has contributed to active case-finding by procuring diagnostics worth US \$96 million to more than 76 countries. GDF diagnostics portfolio consists of more than 600 different products, carefully selected, quality checked and verified for use in TB laboratories, from a large market of available manufacturers and wholesalers. In addition, GDF has:

- A rich experience gained with projects as EXPANDx-TB, TB Xpert or TB Reach
- A procurement and logistics platform to support roll out, procurement and distribution of TB diagnostics tools
- Streamlined medicine and diagnostics supply chains with a unique GDF focal point per region.



As of 2015, the GDF team performs in-house procurement for diagnostics using UNOPS processes, rules and regulations. UNOPS and Stop TB Partnership teams has worked hard to develop new processes and ensure smooth transition without gaps for countries:

- All long term agreements (LTA) with suppliers have been transferred from GIZ to UNOPS/GDF.
- The GDF order management system (OMS) has been developed to place orders directly with suppliers and freight forwarders and enhance to gain productivity and efficiency.
- New process and forms in line with UNOPS rules and regulations have been developed and approved.
- The recruitment of a procurement and supply assistant has been done and a new staff has joined GDF on 1 July 2015.

## VII. Quality assurance

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

As of September 2015, the GDF FLD portfolio consisted of 25 quality assured products supplied by 15 manufacturers, while the SLD portfolio comprised 37 quality assured products supplied by 33 manufacturers, representing all 5 groups of medicines currently recommended by WHO treatment guidelines for the treatment of MDR and extensively drug-resistant TB.

Following various events with manufacturers, potential suppliers of most demanded products<sup>1</sup> were identified and briefed on GDF policies and procedures. GDF commissioned 100% batch testing of Kanamycin from a supplier and all first-line products from another supplier due to the GMP issues identified during audits conducted by UN agencies.

In April 2015, GDF conducted a stakeholder meeting in Cambodia with suppliers, donors and partners to adopt a coordinated approach and to review recent developments, determine the lessons learned in recent years and review past performance of the GDF model against defined key performance indicators (KPIs).

### **c. Innovating in service delivery and case finding: TB REACH**

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

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

As the main incubator of innovations, TB REACH ensured that the knowledge gained through all the projects is further shared. A number of journal articles from TB REACH projects have been published on Xpert MTB/RIF implementation, childhood TB case finding, and other innovations helping to provide more evidence on ways to improve TB diagnosis and treatment. A M&E meeting on TB REACH and UNITAID supported social business models for delivering TB care to patients in the private sector was held in Kandy, Sri Lanka. TB REACH provided technical assistance to a number of countries on case detection including Cameroon, Ghana, Tajikistan and Bangladesh through country visits and TB REACH staff supported graduate and post graduate courses in TB in a number of different countries.

TB REACH has continued to work with UNITAID and WHO on the TB Xpert project, extended until October, 2016. The TB REACH – GDF platform that we created, has ordered in 2015 nearly 1,000,000 Xpert MTB/RIF cartridges to date, representing 20% of the market (and more than 2 600 000 since the inception). By using the test beyond a simple passive system, TB REACH grantees have shown the impact that new tools as well as old tools such as chest x-ray can have when moved outside the traditional approach to TB care.

Several TB REACH projects that are scaled up using GF and other donors funding received support and technical assistance in Bangladesh, Cameroon, Guatemala, India, Tajikistan.

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

In addition, TB REACH in line with its mandate of encouraging and nurturing innovations, is one of the partners supporting the Zero TB cities initiative in Chennai through TB REACH grant making, monitoring of case finding and development of scale up proposals.

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

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

##### **I. Challenge Facility for Civil Society**

In September, a call for proposals for Round 7 of the Challenge Facility for Civil Society was launched. Round 7 will invest significantly in community responses that are integrated and are part of a comprehensive response to TB. This will be done by strengthening existing or new national level TB constituencies that engage, represent and are accountable to communities; reinforcing the capacities and responses of local communities and tightening linkages, collaboration and coordination between communities and government. The Global Fund joined USAID and the Lily MDR-TB Partnership to support this Round 7. The call was held entirely online and the response to the call was overwhelming. The total number of applications received was 482 from 55 countries. It is one of the clearer evidences that grass roots organizations working in and for TB are available and ready to engage and further expand their roles if seed funding is available. As of today, 10 proposal were selected (with huge difficulty due to such a large number of applications received) for funding by the Selection committee that just made in Geneva.

##### **II. Global Coalition of TB Activists**

Through coordinating the efforts and activities of its global network of civil society members, the Global Coalition of TB Activists (GCTA) has been striving to ensure that the communities affected by TB are at the centre of all advocacy efforts. GCTA objectives include three specific components; to establish a physical space for the Secretariat, to bring on board the requisite human resources, and the completion of stipulated activities.



***Challenge Facility for Civil Society call for proposals for Round 7 received 482 applications from 55 countries.***

Though the GCTA is a global organization, it has been increasingly focusing on effective regional support to provide technical assistance and coordinate civil society and its activities in order to provide communities' perspectives on national planning and the Global Fund processes. GCTA membership has reached over 135 individuals and organizations in 30 countries and the website is tool used by the GCTA to connect with its ever-increasing and active membership. Information on GCTA, its progress and achievement can be accessed from <http://www.gctacommunity.org>

### III. Supporting people affected by TB and key populations at global level

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

In the same time, the TB key populations meeting, supported by the Global Fund and USAID, brought together more than 40 participants from programme implementers, technical experts, key populations representatives. It generated information for the development of a compendium of micro guides with practical guidance on how to address the needs and views of those most vulnerable to TB, who usually have very limited access to diagnosis, treatment and care.

### IV. Supporting communities, people affected by TB and key populations at country level

The work done at country level in this area would have been impossible without the support of the Global Fund, through the Technical Cooperation Agreement. All this work was delivered with strong engagement from our colleagues from GCTA, Global Fund CRG Team and especially with our country and local partners – as our main focus was to build local capacity through south-south collaboration.

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

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

**Gender Assessment Toolkit** – developed and tested: Recognising the need to understand the health seeking and treatment behaviour of people affected by TB from a gender perspective the Stop TB Partnership and UNAIDS collaborated to develop the TB/HIV Gender Assessment Tool. This tool helps countries to identify gender-related barriers to services as well as specific needs of women, men, transgender people and key affected populations, in the context of HIV, TB or HIV and TB co-infection.

The tool was piloted in Lesotho from February to April 2015. The lessons learned from this pilot will inform further iterations and roll out of this new tool.

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

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



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

In collaboration with the Global Fund CRG team, UNDP and WHO we are working on the development of the Legal Environment Assessment tool for TB. In addition, in order to catalyze the conversations and understanding of the legal barriers and TB actions, Stop TB Partnership is organizing two symposia on human rights in TB at the 46th Union World Conference on Lung Health. One of these sessions will be held at the community space at the Union and focuses on a rights-based approach the key to zero TB and HIV infections. The other session delves into developing a rights-based approach to prevention and treatment of tuberculosis.

## e. All united to end TB

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

## I. Stop TB Partnership Working Groups

- The Implementation Working groups i.e. Global Drug-Resistant TB Initiative (GDI), Global Laboratory Initiative (GLI), TB Infection Control sub group, Childhood TB sub group and PPM sub group are funded by USAID and as recommended in the Standard Operational Procedures for Working Groups (WGs), each group had submitted a work plan on how they work to fulfill their groups' objectives in 2015.
- Besides the various events and progress on the work plans, one of the highlights of 2015 was the organizing of a GLI/GDI Joint Partners Forum for strengthening and aligning TB diagnosis and treatment held in April. Recommendations from the forum included the issue of the "call to action on the introduction of the new anti-TB drugs".
- The Secretariat highlights the achievements of the WGs through biannual bulletins and can be accessed on <http://us3.campaign-archive1.com/?u=85207b84f0f2d8ddc9bd878de&id=93a800a672>
- The Research /New Tools Working groups i.e. Working Group on new TB Vaccines, New Diagnostics Working Group and Working group on New TB Drugs were active in the development of the Global Plan 2016-2020 and have contributed to the research and development areas for TB, pipelines and needs of funding to advance the development and roll-out of new tools. The 4th Global Forum on TB Vaccines was held in China in April and this landmark event brought together nearly 300 researchers, product developers, policy makers, advocates and other stakeholders from more than 30 countries sharing the latest research and findings in the field and discuss path forward for this critical research. The New Diagnostics Working Group in partnership with FIND organized an Expert workshop on the development of best practices for performance and cost-effectiveness studies of tests targeting latent TB (LTBI).

## II. Directory of Partners

The Directory of Partners continues to be updated and constitutes an online and easily accessible repository of a variety of information related to the Stop TB Partners. As of 30 September, the Stop TB Directory counts a total number of 1404 active partners.

We started a new initiative to highlight the work of Stop TB Partnership Partners in the field and share on the monthly newsletter. Two partners' work have been highlighted so far, Concern Health Education, Ghana, in identifying TB and the Nepal Anti-TB Association for their work in the aftermath of Nepal's earthquake.

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

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

**Two of the suggestions for improvement of our role include:**

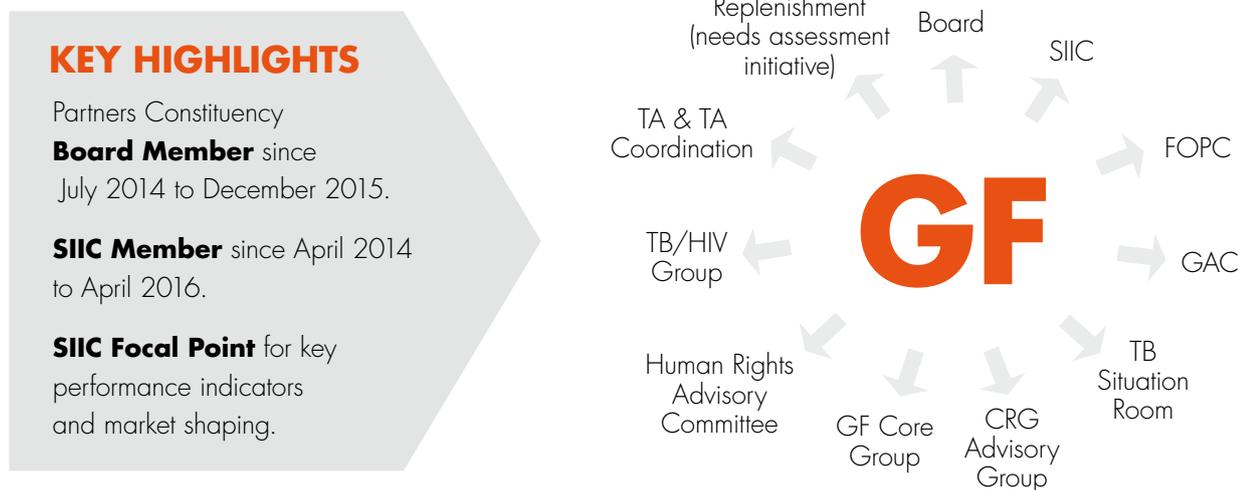
- The need for the Partnership be much more ambitious and aggressive if we are to make TB disappear as a public health concern by 2030.
- The Partnership plays a key role on global advocacy of TB, sensitizing world leaders and engaging them and the communities in the TB fight. The world needs leadership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

**III. Global Fund**

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 with the main purpose of ensuring TB friendly funding policies and allocations as well as maximizing impact of the GF grants.

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



## Regular Core Group calls organized with key partners to boost the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria



### ONGOING SPOTLIGHT ISSUES

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

#### f. Communications, Advocacy and External Relations

Specific communications and advocacy efforts since the last Board meeting include the following: The Stop TB Partnership’s advocacy activities over the last few months have continued to focus on high-level engagement of key stakeholders, building commitment to the Global Plan to End TB 2016–2020, and supporting the advocacy efforts of our partners around the world.

##### I. Board leadership engagement

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

As part of the TB country dashboards project supported by USAID, the Partnership has also conducted a review of TB Policies in all BRICS countries which will be published in its Out of Step Report in November 2015. BRICS countries levels of TB R&D spending in 2014 is included in the ‘Annual Report on Tuberculosis Research Funding Trends’ being released in November 2015 and developed by TAG with support from Stop TB Partnership.

The Partnership has continued to build on its role as the organization leading and advancing the TB and mining agenda. The Partnership’s sustained advocacy efforts to address TB among miner’s on the

Southern Africa region resulted in \$30 million being mobilized to support interventions to reduce TB among miners through a regional grant from the Global Fund. The Partnership and the World Bank developed the concept note for the funding which is expected to start in December 2015.

The Chair of the Stop TB Partnership Coordinating Board and Minister of Health for South Africa, Dr. Aaron Motsoaledi, delivered a briefing on the TB and mining epidemic to African Ministers of Health at the World Health Assembly and to African UN Ambassadors in the UN General Assembly. The Stop TB Partnership in collaboration with the Global Fund also convened mining companies on the sidelines on the World Economic Forum Africa in June 2015 to discuss their increased commitment and financial contributions to addressing TB among Miners.

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

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

## **II. High-level advocacy missions to countries**

In April 2015, I conducted a high-level mission to India as part of the Joint Monitoring Mission, where she met with the Minister of Health and other top officials to discuss key TB challenges in India and opportunities for collaboration.



A special area of work was around engagement with member states from the European Region, especially in the context of transitioning out of GF and increasing domestic investments as well as increasing profile and funding of TB in EU. Stop TB was one of the partners engaged, but we were present and provided essential support during high level missions and meetings in Latvia, Turkey, Lithuania and Georgia, which included engagement with Ministers of Finance and Health. In addition, we worked closely with WHO European region, PAS, TB Europe Coalition to support the Eastern European regional Proposal to be funded by the Global Fund- starting in January 2016.

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

### **III. Global TB Caucus**

The Partnership put a focus and efforts on leading advocacy for the Global TB Caucus, a network of Parliamentarians committed to Ending TB, and played an important role in convincing over 650 Parliamentarians from 100 countries to join the Global TB Caucus. The Partnership developed and sent multiple advocacy calls to action to its networks, supported by template letters and advocacy materials for our networks to send to their Members of Parliament requesting them to show their support for Ending TB in their countries. Each of these advocacy mail outs resulted in large increases in the membership of the Caucus. The Partnership also sent out letters to the Speakers of the Parliaments in over 100 countries, asking them to request their fellow Parliamentarians to join, and translated letter into Russian and other languages to ensure strong responses.

### **IV. Anti-Microbial Resistance**

The Partnership also put a major focus on advocacy messaging on TB and AMR in the first half of 2015, given that AMR was a major focus area for the German Presidency of the G7. The Partnership positioned TB as a major priority on the AMR agenda by engaging its network and partners to support AMR advocacy and aligning the AMR and TB agendas. This resulted in the Partnership joining with Every Woman Every Child, the Review on Antimicrobial Resistance convened by the UK Prime Minister, the UN Permanent Missions of UK, South Africa, Sweden, and others to convene member states at the United Nations in New York to advance action on Antimicrobial Resistance. The Partnership will develop additional advocacy materials on AMR and TB in 2016 and engage its Partners to support the campaign for a United Nations High-Level Meeting on AMR.

### **V. Strengthened communication on TB**

The monthly Stop TB Partnership communications e-Newsletter reaches over 13,000 stakeholders through our core mailing lists. It contains all of the Partnership's top line news for the given month, news from the partners, key announcements, an opinion editorial, a consolidation of TB coverage in the media, a recommended read for the month and a listing of important upcoming events. For an example of our e-Newsletter edition, please see [here](#).

In November, the Partnership launched 'United to End TB: Every Word Count' – the first language guide for partners and stakeholders working in TB. The language guide supports the call for change in

the upcoming Global Plan to End TB 2016–2020, which includes ‘changing the mindset, language, and dialogue on TB’ as one of the key paradigm shifts required to reach the End TB Goals.

Work on the TB identity project continued over the last few months. Further to the last update, the next step in the project was to bring the new brand identity to life through a targeted roll-out programme of communications activities that will engage key audiences, drive desired behaviours and help to achieve the goal of ending TB. To determine how to move forward, what goals to set and how the End TB brand should be put into motion, a communications planning workshop was held in London on 21 April 2015. Identifying the critical short-term challenge and defining the first task for communications was the overall purpose of the workshop. The Core Team from the Stop TB Partnership Secretariat, including representatives from the Steering Committee (RESULTS UK and Eli Lilly) were present at the workshop.

Throughout 2015, five teleconferences with key advocacy partners have been held to review the campaign. It was agreed that the visual identity, resulting from the TB identity work on End TB should be used for World TB Day 2016. The World TB Day theme will be announced at the Union Conference. Final versions of the visual asset files, the branding guidelines and the partner toolkit was sent out to all stakeholders in October 2015.

#### **VI: Tools to monitor progress**

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

#### **Development of country dashboards – Out of Step Report, in partnership with MSF:**

The Stop TB Partnership and MSF completed an in-depth review of TB Policies in 24 countries in September 2015, which involved the review of over 150 TB policy documents followed by validation and review of the data by National NTP Managers. The data collected and subsequent analysis will form the basis of the launch of the new report ‘Out of Step: TB Policies in 24 Countries’ at the 46th Union World Conference on Lung Health in Cape Town. The report will provide a valuable case study and learning tool to inform countries around the world on the status and scale-up their TB policies. The review will cover TB policies in 5 key areas: TB and DR-TB diagnostics, treatment, care, and regulatory policies. The report represents the first comprehensive review of TB Policies of its kind and has generated strong interest among key actors in the TB field. The results will also be outlined in a peer reviewed academic paper which will be written in partnership with MSF.

# ANNEX: THE SECRETARIAT

Who We Are: People and faces at the Stop TB Partnership working towards ending TB



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Total women: 29  
Total men: 20

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**Stop TB Partnership**

a partnership hosted by United Nations at  **UNOPS**