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Stop TB Partnership

Annual Report

2007

TABLE OF CONTENTS

| | |
|---|----|
| EXECUTIVE SUMMARY | 4 |
| I. GOVERNANCE AND PLANNING..... | 6 |
| II. PARTNER ENGAGEMENT..... | 7 |
| III. POLITICAL ADVOCACY | 10 |
| IV. CELEBRITIES AND EVENTS..... | 13 |
| V. GLOBAL COMMUNICATIONS..... | 14 |
| VI. WORKING GROUPS | 15 |
| VII. THE RETOOLING TASK FORCE..... | 28 |
| VIII. THE GLOBAL DRUG FACILITY | 28 |
| IX. RESOURCE MOBILIZATION AND FINANCIAL MANAGEMENT | 29 |
| ANNEX I: SUMMARY STATEMENT OF INCOME AND EXPENDITURES | 31 |

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List of abbreviations

Acquired immunodeficiency syndrome (**AIDS**)
Advocacy, Communication and Social Mobilization (**ACSM**)
Antiretroviral (**ARV**)
Antiretroviral treatment (**ART**)
Bacille Calmette-Guerin (**BCG**) vaccination
Canadian International Development Agency (**CIDA**)
Centers for Disease Control and Prevention (**CDC**)
Communication for Behavioural Impact (**COMBI**)
Department for International Development (**DFID**)
Direct Procurement Service (**DPS**)
Disability Adjusted Life Years (**DALYs**)
DOTS Expansion Working Group (**DEWG**)
Extensively Drug-Resistant TB (**XDR-TB**)
Green Light Committee (**GLC**)
Global Fund to Fight AIDS, Tuberculosis and Malaria (**GFATM**)
Global Drug Facility (**GDF**)
Good medical practice (**GMP**)
Human immunodeficiency virus (**HIV**)
Human resource development (**HRD**)
Intensified Support and Action in Countries (**ISAC**)
Interagency Procurement Services Office (**IAPSO**)
Joint United Nations Programme on HIV/AIDS (**UNAIDS**)
Management Sciences for Health (**MSH**)
Multi-Drug Resistant TB (**MDR-TB**)
National tuberculosis programmes (**NTPs**)
Nongovernmental organizations (**NGOs**)
President's Emergency Plan for AIDS Relief (**PEPFAR**)
Public-Private Mix (**PPM**)
Public Service Announcement (**PSA**)
Strategic Communication Initiative (**SCI**)
Subgroup for laboratory capacity strengthening (**SLCS**)
TB Technical Assistance Mechanism of the Stop TB Partnership (**TBTEAM**)
Tuberculosis (**TB**)
Tuberculosis and HIV (**TB/HIV**)
Tuberculosis Coalition for Technical Assistance (**TBCTA**)
United Nations Millennium Development Goals (**MDGs**)
United States Agency for International Development (**USAID**)
Working groups (**WGs**)
World Health Organization (**WHO**)

EXECUTIVE SUMMARY

In 2007 the Stop TB Partnership gained momentum as never before. By October 2007, the Partnership had 589 partners, up 72 from 2006. Across the world a variety of voices -- including activists in a peaceful march through Cape Town, South Africa and global leaders meeting in Washington, DC -- called for greater commitment to confronting TB and the co-epidemic of TB/HIV. There were 2,055,000 visits to the Partnership web site in 2007--a 39 percent increase over 2006.

Amid rising concerns worldwide about the spread of drug-resistant TB, *The Global MDR-TB and XDR-TB Response Plan 2007-2008* -- which can prevent hundreds of thousands of cases of drug-resistant TB and save as many as 134 000 lives--was launched by the World Health Organization and the Stop TB Partnership in June.

The Partnership launched the Challenge Facility for Civil Society, a mechanism to provide financial support to small groups of civil society organizations and for funding advocacy and social mobilization activities at the grass roots level. In 2007 it provided US\$384,000 in funds to 22 grass roots NGOs in 15 countries.

The Advocacy, Communications and Social Mobilization Working Group (ACSM) country-level Sub-Group helped applicants secure more than US\$ 22 million (this includes ACSM and community care) in the seventh round of Global Fund grants to design, implement and monitor ACSM activities in 15 countries. In coordination with the TB TEchnical Assistance Mechanism of the Stop TB Partnership (TBTEAM), 15 countries with approved ACSM components in Global Fund grants attended implementation workshops on the Global Fund grant cycle and on implementing, monitoring and evaluating ACSM activities.

During the days leading up to the 38th Union World Conference on Lung Health, Cape Town, South Africa, all seven of the Stop TB Partnership's Working Groups seized the occasion to meet and make plans for 2008-9. The Stop TB Symposium, which focused on drug-resistant TB and TB/HIV, drew a standing-room only crowd.

The 2007 Kochon Prize was shared by two recipients. The TB-control programme BRAC was recognized for its contribution to TB control in Bangladesh; and the Ministry of Health, People's Republic of China for the implementation and expansion of TB control reaching full population coverage.

The World Bank, on behalf of the Stop TB Partnership, launched a new report, *Economic Benefit of Tuberculosis Control*. The study finds that 22 countries with the world's highest numbers of TB cases could earn significantly more than they spend on TB diagnosis and treatment if they signed onto the Stop TB Partnership's Global Plan to Stop TB. Highly affected African countries could gain up to 9 times their investments in TB control; and those outside Africa a 15-fold return.

The UN Secretary-General's Special Envoy to Stop TB, Dr Jorge Sampaio engaged in an ambitious round of meetings to raise the visibility of TB, including a mission to Washington DC, where he was the keynote speaker at a policy luncheon organized by the Center for Strategic and International Studies; and a mission to Malawi, where he was present when the Hon. Mrs Marjorie Ngaunje, M.P., Malawi's Minister of Health, gathered with other public health officials and dignitaries to declare TB an emergency.

The Special Envoy also was the keynote speaker at the European Ministerial Forum, "All against TB", held in Berlin. The gathered representatives of 49 countries endorsed the Berlin Declaration, which "notes with concern that TB has reemerged as an increasing health security threat in the WHO European Region" and "recognizes that a Europe-wide approach will be key to the control and eventual elimination of TB".

The Partnership's Working Groups and the Retooling Task Force moved forward on ambitious agendas. Highlights include incorporation of retooling into the WHO TB programme planning framework and in the costing and budgeting tool for use in Round 8 Global Fund grant applications. On the diagnostics front, several countries undertook plans to adopt new diagnostic technologies. Five novel TB drug candidates were in clinical trials at end 2007, as were seven new TB vaccine candidates.

The Stop TB Partnership's Global Drug Facility and UNITAID announced collaboration with 19 countries to address life-threatening shortages of anti-TB drugs. The initiative will provide these drugs to countries that are scaling up their TB control efforts and have confirmed future support from the Global Fund to Fight AIDS, Tuberculosis and Malaria or another donor but are not able to cover their full needs at present.

In 2007, GDF approved new grants of free anti-TB drugs for more than a million adults and children in 44 countries and placed drug orders on their behalf worth US\$ 24.2 million. In addition, 38 countries chose to procure anti-TB drugs through GDF using their own money or money from other donors.

Following a competitive bidding process, Rio de Janeiro was selected by the Coordinating Board to host the third Stop TB Partners' Forum from 23-25 March 2009.

During 2007 intensive resource mobilization efforts led to the total income of the Stop TB Partnership Secretariat rising to US\$ 81 million, up from US\$58 million in 2006. The resources entrusted to the Partnership were prudently managed, and accounting was in line with international best practice and WHO's rules and regulations.

I. GOVERNANCE AND PLANNING

During 2007 an external evaluation of the Stop TB Partnership was commissioned to assess the impact of the Partnership at global and country level and provide recommendations on the way forward over the next five to seven years.

The Stop TB Partnership Coordinating Board met in April in Geneva, Switzerland and in October in Berlin, Germany. The Executive Committee held five teleconferences in 2007.

Coordinating Board Meeting, Geneva, Switzerland, April

- WHO Director General Margaret Chan, UNAIDS Executive Director Peter Piot, The Global Fund to fight Aids, Tuberculosis and Malaria Executive Director Michel Katzatchkine and the United Nations Secretary General's Special Envoy to Stop TB Dr. Jorge Sampaio addressed the meeting on "Reaching the 2015 MDG/Stop TB targets: Addressing the challenges."
- Endorsed the MDR/XDR-TB response plan 2007-2008; and welcomed the report on progress made by the patient and affected constituency;
- Reconfirmed commitment to the concept of the Research Movement; which is aimed at spurring dialogue with policy makers about the benefits of investment in basic TB research, development of new diagnostics, drugs and vaccines; and applied field research;
- Congratulated partners and governments on the tremendous progress made towards TB targets;
- Endorsed a strategic approach to engagement with the corporate sector.

Coordinating Board Meeting, Berlin, Germany, October

- Reconfirmed the Stop TB Partnership's strong commitment to engage with other health partnerships and decided to develop a Memorandum of Understanding with the Global Health Workforce Alliance (GHWA) and the Health Metrics Network (HMN); recognized that the supply of 2nd line drugs is a critical and complex issue, especially in light of MDR-TB and XDR-TB; decided to pursue advocacy in favour of an Advance Market Commitment (AMC) for TB, and; mandated the Secretariat to produce a strategy that addresses the key question of partner engagement.
- The proposal of a HIV/TB summit in the context of the 2008 High Level Meeting on AIDS was endorsed. Planning for the HIV/TB Global Leaders' Forum to take place on 9 June 2008 in New York, commenced at the end of 2007.
- Opened its meeting the day after the WHO European Ministerial Forum "*All Against Tuberculosis*", which was attended by 49 European country representatives and produced the Berlin Declaration. The United Nations Secretary General's Special Envoy to Stop TB, Dr Jorge Sampaio, updated the Board on the forum's outcomes; and the Board committed to work with the Stop TB Partnership for Europe to ensure the implementation of the Declaration.

Kochon Prize

The Kochon Prize was established in 2006 to mark outstanding contributions in combating TB. The 2007 prize, presented during the Thirty-eighth Union World Conference on Lung Health in Cape Town, South Africa in November, was shared by two recipients. The TB-control programme BRAC was recognized for its contribution to TB control in Bangladesh; and the Ministry of Health, People's Republic of China for the implementation and expansion of TB control reaching full population coverage. A special mention was given to Dr Zhao Fengzeng and Dr Wang Longde for their leadership.

II. PARTNER ENGAGEMENT

In 2007 the Partnership welcomed 72 new partners, reaching a total of 589 in October 2007. The Secretariat has undertaken an analysis of the Partner base as a framework for developing a strategy to improve partner engagement and maximize our partners' potential.

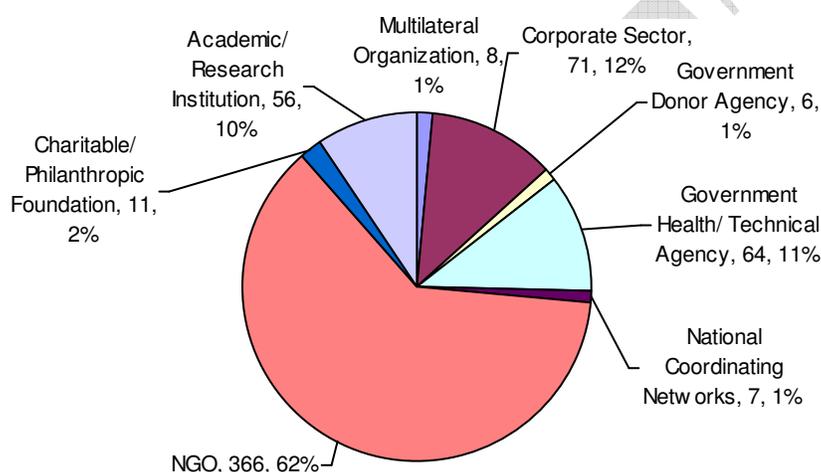


Figure 1: Breakdown of partner base, by type

366 partners (62% of total partner base) are NGOs, of which 49% (295 partners) are **National NGOs** and 13% (71 partners) are **International NGOs** (organizations operating in more than one country). **71 partners** (12%) are from the Corporate Sector, **8 partners** (1%) are from Multilateral Organizations, **11 partners** (2%) are Charitable or Philanthropic Foundations and **56 partners** (10%) are Academic or Research Institution. Government Health/ Technical Agencies constitute 11% of the total partner base (**64 partners**).

Partner Best Practice Examples

International NGO

International Council of Nurses (ICN), Switzerland

The International Council of Nurses is a federation of 125 national nurses associations representing the millions of nurses worldwide. Operated by nurses for nurses, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

On the occasion of World TB Day 2007, the International Council of Nurses (ICN), in partnership with another Stop TB partner, Eli Lilly, launched a special award to encourage and highlight the critical work of nurses on the ground in fighting the scourge of TB and MDR-TB. The inaugural award recipients were from five TB-affected countries: Malawi, the Philippines, Russia, South Africa and Swaziland.

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National NGO

Positive Generation, Cameroon.

This NGO was created in 1998 by people living with HIV or affected by the condition for fighting HIV/AIDS. Since 2001, they work specifically on TB issues (peer training, communication-education and advocacy). The organization consists of students, researchers, doctors, sociologists and psychologists, nutritionists and lawyers. Their vision is a society where any patient has access to treatment. Their principal mission is to contribute to the improvement of the living conditions of people with TB/HIV.

Private Sector

Hippo Valley Estates, Zimbabwe

Hippo Valley Estates is a large agro-industrial sugarcane producing company. The company provides healthcare for its employees and their dependants (a population of about 26 000) people. A TB clinic is run at company expense, providing diagnostic and curative services as a public-private partnership with the Ministry of Health. TB/HIV collaborative activities have been implemented recently.

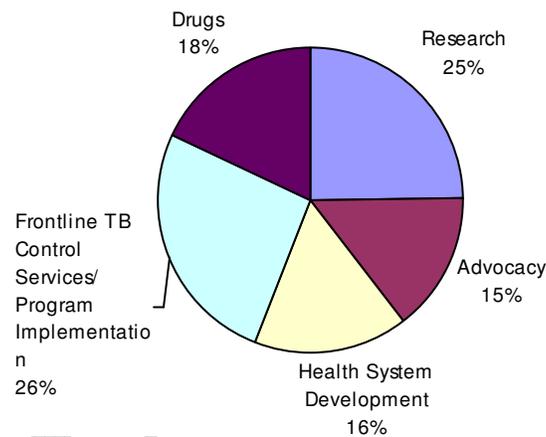


Figure 2: Distribution of activities undertaken by partner base

Supporting National and Regional Partnerships to achieve their Objectives

Regional Partnerships

Europe

The Stop TB Partnership for Europe, launched in 2006 and hosted by the WHO Regional Office for Europe since end 2007, is a public/private consortium that includes community representatives, multilateral agencies, donors, medical and research institutions, advocacy organizations, civil society, the corporate sector and the media. In June 2007 in Riga, the Partnership elected a new Board and approved its Manual of Procedures and work plan.

Eastern Mediterranean Region

In recognition of the growing need for wider partnership to Stop TB in the Eastern Mediterranean Region, The WHO Regional Office, together with the countries from the region, has laid the groundwork for the formation of an Eastern Mediterranean Stop TB partnership, to be launched in Cairo in May 2008.

National Partnerships

Stop TB Ghana was launched in March on the occasion of World TB Day. Partners paraded a float through the main streets of Accra to advocate for the importance of partnership in achieving TB control targets. A workshop was held for all the Chiefs and Queen mothers in the Central Region (reporting the lowest treatment rates in the country), to raise awareness and scale up community involvement in TB control. The Partnership is developing a road map to replicate the involvement of traditional leaders in TB control in the nine Regions of the country.

Stop TB Japan was launched in November, with the goal of supporting the elimination of TB in Japan, and contributing to global TB control by reinforcing technical support and training to high burden countries, and raising awareness and stepping up advocacy in developed countries. The Partnership is composed of government agencies, technical agencies, NGOs and the private sector.

III. POLITICAL ADVOCACY

Governments and other governing bodies

- The WHO Regional Director for Africa and the UN Secretary' Special Envoy to Stop TB, Dr Jorge Sampaio, planned and conducted a tour of Southern Africa (Malawi, Mozambique and South Africa). This resulted in a declaration of a TB Emergency in Malawi and a series of meetings at the highest levels in South Africa.
- In March Commissioner Kyprianou (the European Commissioner responsible for Health and Consumer Affairs) called on the European Centres for Disease Control and Prevention to draft a European Union Action Plan on TB.
- A European Centres for Disease Control Symposium at the European Parliament, supported by the Partnership, was attended by more than 100 policy makers and Brussels-based stakeholders to mark World TB Day. The Secretariat supported a scientific meeting at the Robert Koch Institute with the German Minister of Health to mark the 125th anniversary of the discovery of the TB bacillus.
- President Sampaio addressed the European Parliament Development Committee in April and called for EU-Africa Action plans to mirror the domestic TB Action Plan for the EU. President Sampaio returned to Brussels to join President Barroso in early June for the announcement of additional EU funding for the Global Fund prior to the German G8 meeting.

- A briefing was held at the Norwegian Parliament in April on the subject of new vaccines development by the Chair and Secretariat of the New Vaccines Working Group.
- At the G-8 Leaders meeting in Germany, G8 countries reaffirmed earlier pledges to support public health in Africa with their Summit Declaration. The Declaration commits at least US\$ 60 billion for HIV, TB and malaria. The Declaration also includes a specific pledge to scale up efforts towards the goal of universal access to comprehensive HIV/AIDS prevention programmes, treatment and care and support by 2010; and a commitment to strengthen health systems and services, including efforts to address the global health worker shortage.
- In 2007, the Secretariat worked with U.S. partners to intensify advocacy efforts, mainly by leveraging high-profile events in Washington, DC to raise the profile of TB. In May, Dr Espinal was a featured speaker at the annual Global Health Council conference, which also offered a prime opportunity to release the latest GDF accomplishments report and to brief Congressional staff on the progress of TB control efforts. In July, a bipartisan, bicameral briefing was held in sponsorship with the Global Health Council, RESULTS Educational Fund and the American Thoracic Society. The focus of the briefing was to review the content of the global response plan to address multi-drug resistant TB and the role of US Government agencies in strengthening the basic elements of global TB control. In October, UN Special Envoy Dr J Sampaio spoke at a CSIS policy event alongside U.S. Senator Sherrod Brown, U.S. Global AIDS Coordinator Mark Dybul, and others. The timing of this event was during important U.S. budget deliberations. President Sampaio discussed appropriations with several Members of Congress and, as a result of the hard work of many Stop TB partners, U.S. spending in FY2008 doubled for global TB control, in addition to an increase by the U.S. President's Emergency Plan for AIDS Relief to address the TB-HIV co-epidemic.
- The European Ministerial Forum, "All Against Tuberculosis" was held in Berlin, Germany in October. Mrs Ulla Schmidt, Federal Minister of Health of Germany, and the UN Special Envoy to Stop TB also spoke during the opening session of the forum. Representative from ministries of 49 countries attended the forum, which was called on an emergency basis to advance development of a Europe-wide approach to controlling and eventually eliminating TB. The Ministers endorsed the Berlin Declaration on Tuberculosis, which "notes with concern that TB has re-emerged as an increasing health security threat in the WHO European Region" and "recognizes that a Europe-wide approach will be key to the control and eventual elimination of TB".

World Conference on Lung Health

On the occasion of the World Conference on Lung Health in November 2000 people marched through the streets of Cape Town to raise awareness about the urgent need for better TB control. The march was organized by South Africa's Treatment Action Campaign.

World Health Assembly

Ms M E Ngaunje, Minister of Health of Malawi, was among the four dozen delegates who spoke in support of the resolution on TB passed by the World Health Assembly in 2007. The

resolution urges WHO Member States to develop and implement long-term plans for TB prevention and control aimed at accelerating progress towards halving TB deaths and prevalence by 2015, through the full implementation of the Global Plan to Stop TB, 2006-2015. To mark the World Health Assembly the words "STOP TB" were onto Lake Geneva's 140 metre-high "jet d'eau" geyser.

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UN and UN Agencies

- Discussions with Michel Kazatchkine, the newly appointed Executive Director of the Global Fund, at the 12th Stop TB Partnership Coordinating Board meeting led to a tripartite collaboration agreement between GDF/GLC with UNITAID and the Global Fund and a commitment to work together on resource mobilization.
- In his address at the General Assembly Review of the Declaration on HIV/AIDS, UN Secretary-General Ban Ki-moon called for "a comprehensive approach to tackle diseases intimately linked with HIV -- especially TB".
- A World Bank research report, completed on behalf of the Stop TB Partnership, found that 22 countries with the world's highest numbers of TB cases could earn significantly more than they spend on TB diagnosis and treatment if they signed onto the Stop TB Partnership's Global Plan to Stop TB. Highly affected African countries could gain up to 9 times their investments in TB control; and those outside Africa a 15-fold return.

IV. CELEBRITIES AND EVENTS

Former UN Messenger of Peace appointed as a Stop TB Ambassador

In September Anna Cataldi, who served as UN Messenger of Peace from 1998 to 2007, was appointed as a Stop TB Ambassador. Ms Cataldi's mandate is raise awareness worldwide about the heavy burden of TB on refugees, migrants, people living in poverty and other disadvantaged groups.

In June Ms Cataldi visited Afghanistan at the invitation of the Office of the WHO Eastern Mediterranean Region. Her aim was to build further political commitment and support to TB control from the Afghan authorities and partners, including donor countries and NGOs working in the field. And in November, at the opening ceremony of the 38th Union World Conference on Lung Health, Cape Town, South Africa, she announced the slogan for the 2008-2009 World TB Day campaign: *I am stopping TB*.

Music to Stop TB

In 2007, the Stop TB Partnership embarked on a new advocacy project that draws on longstanding links between TB and opera--in particular, the operas *La Traviata* (Verdi) and *La Bohème* (Puccini), whose narratives focus on the tragic death of a young woman from TB. The movement also seeks to raise awareness about TB through performance of music by Chopin, Boccherini, Pergolesi and other composers whose lives were taken by TB.

At a benefit concert on Sunday 25 March at the Black Diamond Theatre in Copenhagen, soprano Elsebeth Dreisig and tenor Niels Jørgen Riis sang arias from *La Traviata*, and celebrated pianist Leif Ove Andsnes played Frédéric Chopin. Proceeds from the concert were donated towards the repair and reopening of the children's TB hospital in Dushanbe, Tajikistan.

V. GLOBAL COMMUNICATIONS

Visibility of Stop TB

A new approach to the Stop TB Partnership web site was put in place in 2007, with more frequent and livelier news stories, features and photos. There were 2,055,000 visits to the Stop TB Partnership web site in 2007--a 39 percent increase over 2006.

TB Returns to Europe, an op-ed piece highlighting the need for European solidarity on fighting TB and signed by the Partnership's Executive Secretary Marcos Espinal, appeared in the Wall Street Journal Europe in March.

Global outreach to journalists 38th Union World Conference on Lung Health

A team of eight HDNet Key Correspondents from India, the Philippines, Thailand, Uganda, Zambia and Zimbabwe, sponsored by the Stop TB Partnership, covered the Union Conference in Cape Town, South Africa in November.

New journalism award for excellence in reporting on tuberculosis

The Stop TB Partnership/Lilly MDR-TB Partnership Journalism Award was announced today on the eve of the World Conference of the International Union against Tuberculosis and Lung Disease. This award, which will be granted for the first time in 2008, will recognize outstanding reporting and commentary in print and on the web that materially increases the public's knowledge and understanding of TB and MDR-TB, in countries affected by the disease.

World TB Day

Highlights from World TB Day 2007: TB Anywhere is TB Everywhere

Global events

New York City:

- Secretary-General Ban Ki-moon signed "The Call to Stop TB", in the presence of Dr Jorge Sampaio, Special Envoy of the Secretary-General to Stop Tuberculosis at UN Headquarters in New York.
- UN Deputy-Secretary-General, Dr Asha-Rose Migiro signed the Call to Stop TB at the opening of A World Free of TB, a photo exhibition at United Nations Headquarters in New York City, which drew thousands of visitors.

Paris: A press conference was held at the Centre d'Accueil de la Presse Etrangère at the Maison de la Radio France in Paris. Invited participants were Dr Jean Hervé Bradol, President of Médecins sans Frontières, France; Dr Michel Kazatchkine Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria; Dr Michèle Barzach, President of Friends of the Global Fund, Europe; Dr Léopold Blanc, a coordinator in the WHO Stop TB Department; and Didier Houssin, Director-General of Health, France.

Geneva: The staff of the Partnership Secretariat lit up the windows of WHO Headquarters in Geneva with the words STOP TB in support of World TB Day 2007.

London:

- The All-Party Parliamentary Group on Global Tuberculosis held a meeting in the House of Commons to mark World TB Day and the launch of both the World Health Organization's Global Tuberculosis Control Report for 2007 and the All-Party Parliamentary Group on Global Tuberculosis' own manifesto for action against TB.
- To celebrate World TB Day London Transport ran a TB information campaign on busses in the city

Country-level events:

Around the world events focused on the theme, "*TB Anywhere is TB Everywhere.*" A few highlights: In Ghana, the Stop TB Partnership Ghana was inaugurated. In Pakistan, a street walk followed by an advocacy seminar was organized for political and opinion leaders, journalists and health care providers. In Peru the Peruvian Association of Medical Schools held an awareness-raising campaign at a high school in one of Lima's most disadvantage districts. And in Romania, the Romanian Christian Humanitarian Foundation held a conference to educate young people about TB.

Launch of a two-year campaign for World TB Day 2008-2009

I am stopping TB -- A campaign aimed at challenging people all over the world to do their part to fight TB--was launched at the opening ceremony of the World Conference of the International Union Against Tuberculosis and Lung Disease in Cape Town in November.

VI. WORKING GROUPS

Advocacy, Communication and Social Mobilization (ACSM) Working Group

In November the full ACSM Working Group held a two-day meeting in Cape Town, South Africa before the World Conference on Lung Health. The goals of the meeting were to review progress and agree on a biennium work plan. The Working Group, together with the Union, TB Alert, TB community representatives and the Partnership Secretariat, also organized an Advocate's Corner and TB Community Zone at the Conference. The "TB Community Zone", managed by TB community representatives, was a closed space made available for the TB-affected community.

Global ACSM Sub-group

The role of the Global Advocacy Sub-Group is to advise the Partnership as a whole and the Secretariat, generate initiatives, and most notably to be the conduit through which Partner agencies, and especially NGOs and civil society agencies, are helped to coordinate their advocacy activity with each other and with the Secretariat.

A particular focus of the 2006 re-structuring of the Working Group had been to make the Advocacy Sub-Group more able to fulfill these functions; and the impact began to be seen through 2007. Notably, the newly created Core Group focused on setting up and nurturing several task forces:

- *Media and Events:* Developed the theme and slogans for World TB Day 2007 and 2008 and provided a helpful bridge for coordinating Partner and Secretariat efforts on media action.
- *National Partnerships:* Work progressed on supporting the creation of Stop TB Partnerships in both high burden and donor countries and developing a handbook to assist them.
- *Business Engagement:* Began to encourage and assist companies worldwide to engage in workplace and community action on TB, and to assist with advocacy and resource mobilization.
- *XDR-TB:* Prepared and actively disseminated consistent messaging for use by Partners

Advocacy initiatives in which the Sub-Group was engaged included:

Areas in which the Sub-group provided advice on advocacy at the request of the Coordinating Board:

- *Research Movement for TB*
- *Global Drug Facility*
- *World Bank report on the economic impact of TB control*

Other Secretariat-led initiatives on which the Sub-Group helped to engage, inform and coordinate Partners:

- Attempting to get *G8* leaders to adopt wording and policy related to TB at their annual conference in Germany.
- Urging the *European Union* to increase support for global action against TB.
- Getting Partners to encourage Ministers of WHO Europe Region countries to attend the *Berlin Ministerial Forum on TB in Europe and Central Asia*.

Initiatives instigated by the Sub-Group directly:

- Review of *regional development banks* as possible targets for TB resource advocacy.
- Attempts to get TB on to the agenda of the first health conference of Muslim states, held in Malaysia in late June.

The Sub-Group provided support for other working groups, notably for new tools and for TB/HIV.

The ACSM advocacy *website* and an *e-newsletter* were developed to facilitate interaction between Partners and assist effective advocacy and resource mobilization activities.

ACSM at Country Level Sub-group

Principal achievements:

- Through the WHO Planning Framework, TBTEAM and ACSM technical assistance missions, the Sub Group helped applicants secure more than US\$ 22 million (this includes ACSM and community care) in the seventh round of Global Fund grants to design, implement and monitor ACSM activities in 15 countries.
- In coordination with TBTEAM, 15 countries with approved ACSM components in Global Fund grants attended implementation workshops on the Global Fund grant cycle and on implementing, monitoring and evaluating ACSM activities.
- With support from USAID through PATH, the first regional ACSM planning workshop in Asia with eight countries (Cambodia, India, Indonesia, Nepal, the Philippines, Papua New Guinea, Thailand and Viet Nam) was organized. The workshop's objective was to address countries' varying needs for guidance in moving forward with planning; implementing and evaluating ACSM strategies to support effective TB control as part of Global Fund grant activities. It was also designed to serve as a springboard for developing plans for follow-up technical assistance to individual countries.
- Country-level ACSM technical assistance missions were conducted in Bangladesh, Mexico, Nepal, Nigeria, Papua New Guinea, Peru, Somalia and Thailand. Many of these missions included active participation by ACSM experts in country TB programme reviews.
- In response to low capacity at country-level for ACSM activities related to Global Fund grants, the Partnership, with help from ACSM Working Group members, successfully conducted a Request for Proposals (RFP) and obligated US\$125 000 to one of its partners to match ACSM experts with requests and deploy consultants on 10 technical assistance missions to countries with approved Global Fund proposals having an ACSM component. These technical missions will be carried out in 2008.
- With input from the core group, the ACSM portion of the annual TB control questionnaire was refined. This survey data, as well as other ACSM specific information from Global Fund grants, has been collected and compiled into an ACSM repository. The repository covers the 22 high-burden countries and is available online. In addition to creating an easy reference for information, the collection of the annual survey data will now allow for a more strategic evaluation of progress made towards targets outlined in the Global Plan.

ACSM products, 2007

- **The ACSM Handbook** is a guide to support the design and implementation of ACSM activities at country level and is primarily intended for staff that plan, organize and supervise TB control activities.
- **The Guide to Knowledge, Attitude and Practice (KAP) Surveys** has been developed to help systematize countries' approaches to collecting and using data from KAP surveys for planning, refining and evaluating ACSM work. This guide offers a theoretical framework, practical suggestions, and a menu of useful resources and tools.
- **TB Tips** by Paul Thorn, a partner and patient advocate, is a short booklet full of practical, easy-to-read advice for people with TB. The booklet will soon be available in Hindi, French and Spanish.

DOTS Expansion Working Group

Principal achievements

TBTEAM

TBTEAM, the TB TEchnical Assistance Mechanism of the Stop TB Partnership, was established in 2007 as part of the working group's plan of action. with a global secretariat hosted within the WHO Stop TB Department. TBTEAM links countries with technical assistance, maximizing the network of Stop TB Partners, including National TB Programmes, local and international NGOS, financial partners and WHO at country, regional and global levels.

TBTEAM objectives include: (i) to facilitate planning of technical assistance according to needs; (ii) to promote available TB expertise; (iii) to provide a platform for coordination of technical assistance and avoid duplication of efforts; and, (iv) to encourage collaboration of partners at every level.

TBTEAM has developed a tool to assess the effectiveness of its technical assistance that consists of client and consultant feedback forms. Feedback from these forms should help to improve TBEAM's services.

With financial support from the Gates Foundation, Swedish SIDA and USAID (via the TB Control Assistance Program), the global TBTEAM secretariat organized a series of proposal preparation workshops and technical assistance for countries developing Global Fund Round 7 TB proposals. Global Fund TB proposal approval rates increased from 38% in Round 1 to 51% in Round 7 with a maximum of 64% in Round 6.

Together with the STB Partnership, the global TBTEAM secretariat manages a grant from the Office of the United States Global AIDS Coordinator (OGAC)/USAID providing funding for Stop TB partners to provide technical assistance to countries implementing Global Fund grants.

Implementation of the Stop TB Strategy in countries

There is clear evidence on progress in the data of the WHO Global TB Control Report 2007. In 2006 the global case detection rate (new smear-positive) reached 62% and the treatment success reached 84.5%.

Achievements for 2007 include: finalization of regional plans and a budgeting tool; workshops on the use of the budgeting tool in the African, American and Eastern Mediterranean regions; programme reviews in Indonesia, Myanmar, Nepal, Peru and Thailand; and meetings of NTP managers and partners in four regions.

Health Systems Strengthening

The working group developed a new framework for national TB programmes that addresses health systems strengthening and human resource development issues. These were addressed during programme reviews in 2007. The practical approach to lung health (PAL) was evaluated and the step-wise approach to implement PAL was reviewed, and use of PAL in 17 countries was assessed on a regular basis

Sub-group achievements

Laboratory strengthening Subgroup

Principal achievements:

- In January, the Sub-group established a Core Group of international TB laboratory experts to accelerate activities and set the strategic direction for laboratory capacity strengthening. The group has worked on a strategic roadmap to guide the massive scale-up of laboratory services. It also contributed to the revision of the definition of a new sputum smear positive pulmonary TB case,
- A laboratory management training course was held in March and a laboratory consultant training course held in August. Other documents and courses were developed to tackle some of the gaps in laboratory services: training materials on culture and anti-TB drug susceptibility; standard operating procedures for laboratories: focus on TB; technical Policy Guidance on Drug Susceptibility Testing of Second-line Anti-Tuberculosis Drugs; and Guidelines for purchasing high quality products for the diagnosis of TB.
- A Global Laboratory Initiative was proposed and endorsed by the Coordinating Board in October. The Initiative is to provide a platform for all laboratory partnerships relating to TB laboratory activities while actively seeking integrated laboratory solutions through coordination with other laboratory programmes and partners.

TB and Poverty Sub-group

Principal achievements:

- Recruitment of a TB and Poverty Officer.
- Development of a TB and Poverty website (www.stoptb.org/tbandpoverty), which provides a summary of practical steps that NTP managers can adopt in order to increase access to TB for the poor in their countries.

- Improved communication and engagement with other working groups and subgroups of the Stop TB partnership and with the Stop TB Secretariat.
- Meeting of the sub-group at the World Lung Health Conference in Cape Town, where there was also a symposium on reaching the poor through informal providers, organized for by the chair of the subgroup.
- Increased dialogue with the Retooling Task Force and the New Diagnostics Working Group on enhancing equitable impact;, resulting in the establishment of a TB Diagnostics and Poverty Subgroup.
- Development of new pro-poor approaches through collaboration with the Public-Private Mix working group on informal providers; and with the Special Programme for Research and Training on Tropical Diseases on adapting smear microscopy to remove some of the barriers the poor face in accessing services.
- Expansion of the subgroup to include all NTP managers to accelerate opportunities for addressing poverty issues in national programmes.

Public Private Mix Sub-group

Principal achievements:

- A symposium on scaling up PPM was organized during the 2007 conference in World Conference on Lung Health in Cape Town.
- All high-burden countries are now advancing on activities related to public-private mix. (PPM). Therefore in 2007 the Sub-group's focus has been on coordination, direct assistance, and sharing of experiences to scale up PPM initiatives. Some recent examples:
 - Philippines: massive expansion of PPM with the support of the Global Fund
 - Indonesia: implementation of PPM in 235 districts
 - Kenya: 31 of 126 districts implementing PPM
- The Sub-group has developed a national situation assessment tool for PPM that National TB Programmes can use for both initiating and scaling up PPM. The tool was pre-tested before publication and found useful in 10 countries of the African and Eastern Mediterranean Regions.
- The PPM secretariat contributed to development of a protocol to help implement and document PPM for TB/HIV in relevant countries and also to introducing PPM in the revision of guidelines on programmatic management of MDR-TB.
- The International Standards for TB Care were promoted and are now being used in several countries in the African, South-East Asian and Western Pacific regions.

Childhood TB Sub-group

Principal achievements:

- Publication of guidelines on childhood TB for national TB programmes.

- Review of the doses of anti-TB drugs in children, the findings of which will be discussed with a group of experts (paediatricians and clinical pharmacologists) to make recommendations on treatment of childhood TB to WHO and the Global Drug Facility.
- Presentations on the development and implementation of guidelines for the management of childhood TB from the Philippines, Indonesia, Myanmar and Mexico at the annual meeting of the Sub-group at the World Conference on Lung Health.
- Two workshops on childhood TB in March: one in Myanmar and the second during the annual meeting of programme managers of the Western Pacific region in Malaysia.

Working Group on MDR-TB

Core Group achievements:

In 2007 the Core Group provided technical and strategic advice to WHO and partners, reviewed the governance structure of the working group and strengthened its leadership on all fronts of the response to MDR-TB and XDR-TB through the following actions:

- supporting the production of the "Global MDR-TB and XDR-TB response 2007-2008", launched in June 2007, and monitoring its progress
- organizing the sixth meeting of the Working Group in Tbilisi, Georgia in September;
- revising the MDR-TB component of the Global Plan to Stop TB 2006-2015;
- promoting funding of the Core Group and subgroup activities;
- establishing coordination with other Working Groups and subgroups;
- leading a reform in the governance of the Working Groups, resulting in the addition of new community/advocacy leadership through creation of a new Vice-Chair post.

Outcomes of the sixth meeting of the Working group in Tbilisi, Georgia

Principal outcomes of the meeting:

- declaration of a major crisis in procurement of second-line anti-TB drugs;
- endorsement of an updated research agenda on MDR-TB control;
- endorsement of community-based MDR-TB care as a means of accelerating scale-up of MDR-TB management;

- call for acceleration in efforts to scale-up diagnostic capacity, which increased awareness of the potential of new diagnostic tools to facilitate and accelerate diagnosis of MDR-TB, even in low-resource settings.
- increased awareness of the importance of infection control within the context of MDR-TB and HIV;
- strengthening of collaboration between implementing working groups of the Stop TB Partnership;
- establishment of a new drug management sub-group to address the causes of the procurement and production crisis.

Sub-group achievements:

Green Light Committee (GLC)

Principal achievements:

- Presence in 51 countries and 95 MDR-TB programme sites.
- Receipt of 30 applications for second-line drug provision for review, of which 25 were approved (15 new applications and 10 applications for expansion) .
- Global Fund grants supporting 62 GLC-approved sites (65%), and allowing enrolment on treatment of 22,539 patients.
- UNITAID funding in 10 program sites (10 %) enabling 1242 patients to obtain treatment.
- National governments and NGOs/or other partners implementing 33 programme sites, together supporting treatment of 6250 patients.

Drug management Sub-group

Principal achievements:

- negotiation with Eli Lilly, a crucial partner in the response to MDR-TB and XDR-TB, for an increase in the quantity of concessionally-priced second-line anti-TB drugs.
- calling for the WHO Prequalification Programme, with the support of the CB of the STP, to accelerate efforts to prequalify manufacturers and second-line drugs
- assisting the Global Drug Facility in solving the pressing short-term needs for GLC-approved programmes in Russia.

Research Sub-group

Principal achievements:

- updated research agenda on MDR-TB management, including an evaluation of strategies for TB infection control;
- effective collaboration with the Green Light Committee to transfer questions emerging from the field;
- assessment of a study on MDR-TB treatment regimens conducted by the Union against Tuberculosis and Lung Disease in Bangladesh, which is promising and deserves further research before being considered as evidence to change current policy.

TB/HIV Working Group

Principal achievements:

- Meetings were held in the Western Pacific and Americas regions to review regional strategic frameworks and progress in implementation of collaborative TB/HIV activities and operational research.
- The Working Group played an instrumental role in the development, finalization and implementation of policy guidance to improve the diagnosis and treatment of smear-negative pulmonary and extrapulmonary TB. Smear-negative pulmonary and extrapulmonary TB have been rising in countries with HIV epidemics and their delayed diagnosis is an important cause of excess mortality in people living with HIV.
- Through the efforts of the Working Group, progress was made in enhancing and expanding the global monitoring and evaluation of collaborative TB/HIV activities. The Working Group also played a crucial role in harmonizing monitoring and evaluation efforts among key stakeholders.
- The Working Group produced an Isoniazid Preventive Therapy (IPT) consensus statement, which emphasizes the usefulness of IPT for averting preventable deaths from TB among people living with HIV and strongly recommended its implementation as part of an HIV care package. The Core Group produced a two-page version of the Consensus Statement, which was distributed at the World Conference on Lung Health in Cape Town. The message was also transmitted to HIV stakeholders through special issues of the electronic newsletter, *hiv & aids treatment in practice*, which has global distribution list of more than 30,000 and was released on World AIDS Day 2007.

Advocacy and resource mobilization

- The Working Group Secretariat, in collaboration with the Office of the Global AIDS Coordinator and the Bill & Melinda Gates Foundation, organized a planning meeting with national TB and HIV/AIDS programme managers and other partners in Washington DC in March to accelerate the implementation of collaborative TB/HIV activities in PEPFAR focus countries. More than US\$120 million (out of which US\$50

million was added as plus-up funding as a direct result of this meeting) was available from PEPFAR for TB/HIV activities.

- The Working Group Secretariat played an important role in raising awareness about TB/HIV at the HIV Implementers meeting held in Kigali, Rwanda. OGAC and the Working Group Secretariat also hosted a follow up meeting to the one held in Washington DC.
- Funding for TB/HIV increased significantly in 2007, mainly through the Global Fund (42% of approved HIV proposals and 88% of approved TB proposals in Round Six had TB/HIV components) and PEPFAR.
- Collaboration between the Working Group and International AIDS Society (IAS) strengthened in 2007. The IAS governing Council prioritized TB/HIV as one of its main areas of work and joined the Core Group of the TB/HIV Working Group as a standing institutional member represented by its President, Pedro Cahn. The IAS Governing Council also endorsed the IPT Consensus Statement.
- The Working Group Secretariat, in collaboration with the Forum for Collaborative HIV Research and other partners, hosted a satellite TB/HIV session at the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention. The meeting report of the satellite symposium was released in November and widely covered by the media worldwide.
- The training manuals *Networking for Policy Change: TB/HIV Advocacy Training Manual*; and *Networking for Policy Change: TB/HIV Participant's Guide* were published in 2007 .

TB Infection Control Sub-Group

Principal achievements:

- Working with key implementing partners, this new Sub-group ran training courses on infection control in 2007.
- The group began work on an infection control planning framework, whose purpose will be to assist countries in developing infection control segments within TB and HIV Global Fund proposals. The framework can also be adapted to targeting additional funding sources.

Working Group on New Diagnostics

The Working Group on New Diagnostics recently restructured to facilitate and streamline operations. This reorganization has created a core group representing the major stakeholder groups (including patient organizations, academia, test developers, diagnostic manufacturers, NTP directors, NGOs, and laboratory capacity strengthening experts), and nine Sub-groups. There are five Sub-Groups with primary responsibility for advancing technologies, three Sub-

Groups to guide tool development and information and one Sub-Group with responsibility for synthesizing evidence on new diagnostics to inform policy and research.

Some new diagnostic products are advancing from the stages of early development to the evaluation phase at an accelerated pace--in some cases, more rapidly than that envisaged in the Global Plan. In other technological areas, however, the pace has been slower. It was therefore considered necessary to revise the strategic plan of the Working Group to take a more structured approach to novel or modified diagnostics development, evaluation and introduction into public health systems.

Principal achievements:

- International policy changes in 2007 have included:
 - WHO recommendation on use of liquid culture and rapid species identification for culture and drug susceptibility testing to be integrated in a country specific comprehensive plan for laboratory capacity strengthening;
 - WHO recommendation on revised case definition based on sputum smear microscopy;
 - WHO recommendation reducing the minimum number of sputum specimens examined in the investigation of pulmonary TB;
 - National policy changes or approvals on the QuantiFERON TB Gold In-Tube approved by the US Food and Drug Administration for TB screening.
- A number of meta-analyses and systematic reviews based on evidence of the performance of TB diagnostics published on different diagnostic tests.
- Collaboration with other Working Groups and the Retooling Task Force to facilitate the adoption, introduction and implementation of new tools and approaches;
- Approval of the proposal by the Global Drug Facility to expand access to and availability of high-quality diagnostics in support of TB control and improved patient care;
- Close monitoring of on-going research efforts in a number of low- and middle-income countries on optimizing smear microscopy, including evaluations of frontloaded microscopy services, LED-based fluorescence microscopy, and bleach digestion of sputum;
- Evaluations of antigen detection tests and phage-based diagnostics for TB case-finding;

- Research into the use of different rapid, culture-based drug susceptibility testing methods, such as those based on microscopic observation or on colorimetric indicators, is also in progress.
- Evaluations of LAMP technology for the diagnosis of TB at district hospital level;
- A major initiative supported by FIND to identify candidate targets for immunodiagnostic tests that have the potential for delivery in point-of-care services.

Working Group on New TB Drugs

Principal achievements:

- In 2007, the Working Group conducted its second annual web-based survey to map global TB drug R&D activities. Working Group members from dozens of institutions around the world reported on five novel TB drug candidates in clinical trials and 12 trials of new approaches to treatment, eight preclinical candidates, over 30 discovery projects, and nine translational research projects. Activities in all categories increased compared to those reported in 2006
- Updates on two drugs in clinical development for resistant disease were presented at the Working Group's Annual Meeting. The meeting also featured a review and discussion of the state of the art of biomarkers for TB. Development of biomarkers and surrogate markers for TB, were identified as major priorities for the Working Group for 2008.
- To promote visibility and understanding of recent advances in TB drug development, the Working Group co-sponsored a symposium at the World Conference on Lung Health in Cape Town. Presentations included an update on the progress through clinical development of a drug being developed for drug-sensitive disease by collaborating Working Group members; this drug entered Phase III trials in late 2007.
- The Working Group established an MDR/XDR Task Force, which aims to develop a research agenda for improving outcomes of treatment of MDR/TB and XDR/TB; to identify the most efficient path to new drug regimens for MDR/TB and XDR-TB; to integrate animal and preclinical research with clinical trials design; and to stimulate funding for clinical trials of MDR- and XDR-TB treatment.
- Working Group members continued to identify and evaluate potential clinical trial sites for evaluation of new TB drug candidates. By the end of 2007, over 30 sites had been assessed. By the end of 2007, over 30 sites had been assessed.
- The Working Group, in conjunction with co-sponsors, initiated planning of the Third Open Forum (to be held in 2008) on key issues in TB Drug Development, with an emphasis on regulatory affairs, especially in the Asian region.

Working Group on New TB Vaccines

Principal achievements:

- The first meeting of the Task Force on New Approaches to TB Vaccine Development, was held in July. The objectives of the meeting were:
 - to initiate a dialogue between TB vaccine researchers and experts from related research fields to promote "cross-fertilization";
 - to develop and/or consider innovative approaches that may help to build a portfolio of second/third generation TB vaccine candidates.
- The Aeras Global TB Vaccine Foundation, the European TBVAC Initiative and the European and Developing Countries Clinical Trial Partnership have identified suitable trial sites in African and Asian countries, such as Ethiopia and Cambodia, to be strengthened for the performance of TB vaccine efficacy trials over the coming years.
- A South-South TB vaccine trial lists network was formally established, with participants from South Africa, Uganda and Kenya. Clinical researchers from other African and Asian countries will be invited to join the network.
- At end 2007, seven new TB vaccine candidates were in clinical trials. Most have reached advanced safety and immunogenicity studies.
- Two new vaccines developed at the Statens Serum Institute in Copenhagen (Denmark) have entered initial phase I trials. Clinical development of one of these vaccines is currently co-sponsored by the European Commission, while the other is being developed jointly with the Aeras Global TB Vaccine Foundation and Sanofi Pasteur SA.
- The Task Force on Laboratory Assays organized a meeting entitled "Potential Use of Infected Target Cells for Assessing Protective Efficacy of new TB Vaccines" at WHO headquarters in November. Based on recommendations from this meeting, a funding proposal is currently being developed.
- The Working Group's newly formed Advocacy Task Force held its first meeting in November on the occasion of the World Conference on Lung Health to discuss ways in which the Task Force and the Working Group can facilitate advocacy efforts to increase awareness and support for TB vaccine development.

VII. THE RETOOLING TASK FORCE

In 2007, the Task Force organized a forum in conjunction with the World Conference on Lung Health in Cape Town. There was broad consensus that the document “New technologies for TB control: a framework for their adoption, introduction and implementation” is useful for purposes beyond retooling and should be shared with those working on health systems strengthening, laboratory capacity strengthening and in other disease control communities. Participants attending the forum identified potential challenges for retooling at country level and asked the Retooling Task Force to address some of the urgent needs in the next phases of its work. The forum was also the opportunity to present new TB pipelines, updated by the New TB Diagnostics, Drugs and Vaccines Working Groups.

Principal achievements:

- Finalization of a checklist of key actions to follow or consider in introducing liquid culture systems and liquid- culture based drug susceptibility testing to facilitate global and country stakeholder planning for timely assessment, adoption, introduction, and implementation of the WHO recommendations;
- The Task Force has been asked to communicate on the process for the translation of evidence into global policy recommendations for diagnosis and liaised with WHO on this matter. WHO subsequently formulated policy guidelines for product developers, regarding the procedures for generation and submission of evidence for STAG and WHO policy consideration.
- Completion of *"Engaging stakeholders for retooling TB control"*, which aims to provide guidance to managers of national TB control programmes, other relevant public health programs and authorities, clinical laboratory and diagnostic services on identifying and engaging stakeholders;
- Incorporation of retooling into the WHO TB programme planning framework and in the costing and budgeting tool for use in Round 8 Global Fund grant applications. At country level, this will facilitate appropriate and timely planning for any retooling activities, such as developing and producing guidelines for new case definition or organizing meetings for the revision of the laboratory registers and other reporting/recording forms.

VIII. THE GLOBAL DRUG FACILITY

The Global Drug Facility (GDF) delivered more than 2 million anti-TB treatments to 66 countries in 2007.

By working with in-country partners to ensure an uninterrupted supply of quality-assured anti-TB drugs, GDF is helping save millions of lives and lowering the risk of further outbreaks of drug-resistant TB. GDF launched a comprehensive Achievements Report and press campaign in 2007 which succeeded in describing its dramatic support to countries in the fight against TB. Since 2001, GDF has supplied more than 11 million patient treatments to 82 countries worldwide.

In 2007, GDF approved new grants of free anti-TB drugs for more than a million adults and children in 44 countries and placed drug orders on their behalf worth US\$ 24.2 million.

In addition, 38 countries chose to procure anti-TB drugs through GDF using their own money or money from other donors, including 19 orders placed by recipients of grants from the Global Fund to fight AIDS, Tuberculosis and Malaria. GDF placed orders worth US\$ 12.5 million for its Direct Procurement customers, of which US\$ 8.2 million was paid by the Global Fund. Direct procurement continues to progress as a greater portion of GDF supply, increasing from 6.5% of GDF patient treatments supplied in 2003 to an all-time high of 47% in 2007¹.

During 2007 GDF brokered technical assistance missions to 57 countries by drug management and TB experts. Drawn from members of the Stop TB Partnership, mission teams monitor the use of anti-TB drugs supplied by GDF and work with programmes to address bottlenecks and weaknesses in their supply chain, calculate future drug needs, and develop a procurement plan.

Through workshops in Costa Rica, Myanmar, the Philippines, Senegal and South Africa GDF collaborated with partners to provide crucial training to national staff and regional consultants on how to better procure and manage anti-TB drugs. Such training directly benefits TB control and also imparts skills that health workers can use when managing medicines for other health programmes. GDF also worked with the WHO Pre-qualification Programme and manufacturers to increase the global supply of quality assured first- and second-line anti-TB drugs.

GDF operations were audited in 2007 and re-certified as ISO 9001:2000 compliant for “provision of quality-assured anti-TB drugs and related services to eligible national TB control programmes”. GDF further strengthened its procurement operations by expanding its second-line procurement team, signing long-term agreements with its procurement agents, and concluding a competitive selection process among pre-qualified first-line drug manufacturers. GDF continued its tradition of packaging essential, high quality products in ways that simplify the work of national programmes, by adding diagnostic kits to its catalogue of anti-TB drugs and supplies.

In 2007, GDF continued to develop its relationship with new donors, such as UNITAID, the innovative new financing mechanism. UNITAID and GDF announced collaboration in 2007 to address life-threatening shortages of anti-TB drugs in 19 countries that had confirmed future support from the Global Fund or another donor but were not able to cover their immediate needs. GDF, UNITAID and the Global Fund also signed an agreement in 2007 to help increase access to, and affordability of, quality assured second-line anti-TB drugs for use in MDR-TB control. UNITAID funding will make it possible for GDF to procure and supply an estimated 4,716 patient treatments to MDR Programmes approved by the Green Light Committee in 17 countries by the end of 2011.

IX. RESOURCE MOBILIZATION AND FINANCIAL MANAGEMENT

Close relationships with core donors were maintained by providing them regular progress reports during the year. During 2007 new relationships were forged with UNITAID and the

¹ Note: This percentage excludes DFID-funded supply to India, which dramatically affects overall GDF supply figures.

Global Fund. A major funding agreement was signed with UNITAID for US\$ 53.3 million. USAID increased its contribution to US\$ 8.64 million by providing an additional US\$ 3 million for TBTEAM, GDF, and advocacy work at country level. Norway provided US\$ 991,000 for the year for GDF.

Funding was secured from Ely Lilly amounting to US\$1.4 million over four years for boosting the profile of TB through the Stop TB Partners initiative, special events to bring TB centre stage, a new journalism award and support to the Civil Society Challenge Facility. A dialogue started with Irish Aid for considering support to the Stop TB Partnership. A major shift was CIDA funding for GDF declining to US\$ 7.1 million from its 2006 level of US\$ 22.9 million.

Key financial points of note during 2007 are:

- Total income of the Secretariat was US\$ 81 million while its operating expenditure was US\$ 58 million, resulting in surplus of US\$ 23 million. This surplus resulted from US\$36 million being received from two major donors in the period late September to November and early cut-off procedures implemented by WHO to facilitate the shift to a new resource management system.
- The reserves were initially increased to US\$ 2 million in February 2007 but later in the year \$1.2 million was withdrawn to fund a Working Group, as requested by the Coordinating Board at its October meeting in Berlin.
- Contributions in-kind were US\$ 2.79 million due in part to donations by Novartis of anti-TB drugs (valued at US\$ 2.3 million) for the United Republic of Tanzania.

Financial risk was reduced by introducing a computerized system to link the supply chain for GDF procurement to the financial supply chain. Interest totalling US\$ 2.1 million was credited to the Stop TB Partnership Trust Fund in 2007. The implementation rate of the work plan for the biennium 2006–2007 was around 84% of the approved plan.

The work plan for 2008-2009, presented to the Coordinating Board at its October meeting, has been endorsed by WHO. The total planned cost is US\$ 111 million, while the budgeted cost based on expected income is US\$95 million, leaving a gap of US\$16 million. Resource mobilization efforts are underway to fill this gap.

The Challenge Facility for Civil Society was launched in 2007 and funds totalling US\$384,000 were provided to 22 grass roots NGOs in 15 countries.

The Stop TB Partnership must secure the resources to fully fund the work plan; and to move towards a new WHO ERP system, which calls for a major shift in the process of resource allocation and management. The need to help partners to secure funds for implementing their TB control activities and to coordinate potentially conflicting mandates and demands of gearing up to deliver the Global Plan will represent an ongoing challenge.

Appendix 1 gives the financial management report of the Stop TB Partnership for the year 2007; the income and expenditure statement is given in Appendix 2.

ANNEX I: SUMMARY STATEMENT OF INCOME AND EXPENDITURE

| Annex 1 | | | |
|---|-------|----------------------|----------------------|
| Stop TB Partnership Secretariat Summary statement of income and expenditure for the year ending 31 December 2007 (all figures in US\$'000) | | | |
| | | 2006 | 2007 |
| | Notes | US\$'000 | US\$'000 |
| Voluntary contributions in cash | | | |
| Governments & their Agencies | 1 | 50,268 | 72,625 |
| Multilateral organizations | 2 | 700 | 700 |
| Foundations and others | 3 | 2,059 | 2,633 |
| Interest credited to the Trust Fund | | <u>1,280</u> | <u>2,153</u> |
| Sub-total | | <u>54,307</u> | <u>78,111</u> |
| Voluntary contributions in-kind | | | |
| Governments | 4 | 13 | - |
| Multilateral organizations, Foundations | 5 | 504 | 451 |
| In kind contribution for drugs (Novartis) | 6 | <u>3,226</u> | <u>2,340</u> |
| Sub-total | | <u>3,743</u> | <u>2,791</u> |
| Total income | | <u>58,050</u> | <u>80,902</u> |
| Expenditure | | | |
| Partnership | 7 | 5,791 | 13,313 |
| Advocacy and communication | | 1,093 | 2,566 |
| Global Drug Facility | 8 | 43,346 | 39,519 |
| General Management and Administration | 9 | <u>2,740</u> | <u>2,537</u> |
| Total expenditure | | <u>52,970</u> | <u>57,935</u> |
| Transfer to reserve | | <u>1,000</u> | - |
| Surplus of income over expenditure ¹ | | <u>4,080</u> | <u>22,967</u> |

¹ This includes contributions totalling US\$ 35.9 million received between end of September and November 2007 (of this, US\$32.6 million was for GDF). These funds could only be partially obligated during the last quarter of 2007.

Notes to Financial Management Report

| | 2006 | 2007 |
|--|----------------------|----------------------|
| 1. Voluntary contributions from Governments & their Agencies | | |
| a) Global Drug Facility (GDF) | | |
| CIDA | 22,862 | 7,139 |
| Norway | 899 | 991 |
| USAID | 5,000 | 5,250 |
| DFID | 11,962 | 13,601 |
| UNITAID | - | 31,436 |
| Sub-total | <u>40,723</u> | <u>58,417</u> |
| b) Partnership Secretariat | | |
| USA-CDC | 176 | 176 |
| USA-USAID | 1,433 | 3,390 |
| DFID | 5,870 | 8,614 |
| Unspecified contributions from the governments allocated by WHO to the Secretariat | 227 | - |
| The Netherlands | 1,839 | 1,761 |
| Italy | - | 267 |
| Sub-total | <u>9,545</u> | <u>14,208</u> |
| Total voluntary contributions | <u>50,268</u> | <u>72,625</u> |
| 2. Multilateral organizations | | |
| World Bank | 700 | 700 |
| 3. Foundations and others | | |
| Kochon Foundation | 100 | 100 |
| RESULT | 170 | 130 |
| Bill & Melinda Gates Foundation | 1,789 | 2,123 |
| Global Fund | - | 200 |
| Others | - | 80 |
| Sub-total | <u>2,059</u> | <u>2,633</u> |
| 4. In-kind contributions from the Governments | | |
| These were received in the form of services of staff and direct support to projects of partnership Secretariat as follows: | | |
| Norway | 13 | - |
| 5. In-kind contributions from Multilateral Organizations, Foundations and others | | |
| Management Science for Health (service of staff) for GDF | 125 | - |
| New Jersey Medical School | - | 105 |
| WHO for partnership | 379 | 346 |
| Sub total | <u>504</u> | <u>451</u> |

| | 2006 | 2007 |
|--|---------------------|---------------------|
| 6. Novartis contribution for drug procured for Tanzania | 3,226 | 2,340 |
| Total in-kind contribution | <u>3,743</u> | <u>2,791</u> |

7. Partnership

| | | |
|--|---------------------|----------------------|
| National partnership coordination | 540 | 701 |
| Partnership building and management | 1,061 | 1,690 |
| Support to countries under ISAC programme initiative | 442 | - |
| Governance | 725 | 764 |
| Working Groups | 774 | 1,595 |
| Technical Assistance for India | 2,249 | 2,720 |
| XDR TB field support through WHO | - | 3,143 |
| TBTEAM Technical Assistance | - | 2,500 |
| Global Fund contributions for GLC work | - | 200 |
| Total | <u>5,791</u> | <u>13,313</u> |

8. Global TB Drug Facility

This covers expenditures in the following areas:

| | | |
|--|----------------------|----------------------|
| Procurement of TB drugs * | 41,344 | 36,847 |
| Quality assurance and prequalification | 84 | 106 |
| Technical Assistance monitoring and salaries | 1,875 | 2,384 |
| Advocacy and communications & admin | 43 | 182 |
| Total | <u>43,346</u> | <u>39,519</u> |

* GDF expenditure does not include the direct procurement totaling US\$ 12.5 M which is reported in GDF statement

9. General management and administration cost comprises of

| | | |
|---------------------------------|---------------------|---------------------|
| Salaries | 751 | 752 |
| Activities | 48 | 455 |
| WHO professional service charge | 1,941 | 1,330 |
| Total | <u>2,740</u> | <u>2,537</u> |

**Stop TB Partnership
Global TB Drug Facility
Financial Management Report**

**Statement of income, contributions received for direct procurement and expenditures
for the year ending 31 December 2007
(all figures in US\$'000)**

| | Notes | 2006 | 2007 |
|--|-------|----------------------|----------------------|
| Income | | | |
| Governments and their agencies - specified | 1 | 40,723 | 59,167 |
| In-kind contribution for drugs from Novartis | 2 | 3,226 | 2,340 |
| Contributions for direct procurement | 3 | 6,165 | 12,500 |
| Other income | 4 | <u>125</u> | <u>0</u> |
| Total income | | <u>50,239</u> | <u>74,007</u> |
| Expenditure | | | |
| Grant procurement of anti-TB drugs | | 41,344 | 36,847 |
| Quality assurance and prequalification | | 84 | 106 |
| Technical assistance, monitoring and salaries | | 1,875 | 2,384 |
| Advocacy and communications | | <u>43</u> | <u>182</u> |
| Expenditure as reflected in Partnership Statement | | <u>43,346</u> | <u>39,519</u> |
| Other Cost: | | | |
| Direct procurements | | 6,165 | 12,500 |
| Indirect costs | 5 | <u>1,366</u> | <u>893</u> |
| Total Expenditure | | <u>50,877</u> | <u>52,912</u> |
| Surplus of income over expenditure ² | | <u>-638</u> | <u>21,095</u> |

² This includes contributions totaling US\$32.6 million received between end of September and November for GDF. This could only be partially obligated during the last quarter of 2007.

Notes to Global Drug Facility Financial Management Report

2006 2007

1. Contributions from governments and their agencies

| | | |
|--------------|----------------------|----------------------|
| CIDA | 22,862 | 7,139 |
| USAID | 5,000 | 5,250 |
| Norway | 899 | 991 |
| DFID | 11,962 | 13,601 |
| UNITAID | 0 | 31,436 |
| Netherlands | 0 | 750 |
| Total | <u>40,723</u> | <u>59,167</u> |

2. Novartis contribution to procure anti-TB drug for Tanzania 3,226 2,340

3. Contribution for direct procurement * 6,165 12,500

4. In-kind contribution (staff secondment)

Staff secondment by Management Science for Health 125 0

5. Indirect costs

This represents programme support cost paid to WHO 1,366 893

* In 2007 funds for direct procurements were received from: Afghanistan, Albania, Angola, Armenia, Bangladesh, Benin, Bulgaria, Burundi, Cambodia, Djibouti, Ethiopia, Georgia, Ghana, India, Indonesia, Lebanon, Malawi, Micronesia, Macedonia, Moldova, Mongolia, Namibia, Niger, Oman, Pakistan, Papua New Guinea, Philippines, Samoa, Serbia (and Kosovo), Solomon Islands, Somalia, Swaziland, Tajikistan, Timor -Leste, Togo, Turkmenistan, Tuvalu, Uzbekistan.