

WHAT WE ACHIEVED

Executive Director's Report n°31



FOREWORD

It's Time



Lucica Ditiu

Executive Director
Stop TB Partnership

We are honored to welcome you to this 31st Stop TB Board Meeting in Geneva in our new offices in the Global Health Campus, where we share a dynamic and interactive space with colleagues from other Global Health organizations.

This Board meeting is very special: it takes place four months after the historic UN High-Level Meeting (HLM) on TB, the first time in Geneva and in the Global Health Campus and at the very beginning of 2019 – well positioned to set up the tone for our joint efforts throughout the year.

In 2019 IT'S TIME to deliver more than ever.

Therefore, each and every single partner working in the TB space needs to focus and work hard in the areas where their comparative advantage stays. We must ensure that the targets set up by the UN HLM on TB are met, that the position of TB as a global public health security threat and emergency is recognized and addressed and we will not allow for TB to be an item crossed from the UN meetings agendas.

During the nine months that passed since our last Board Meeting in New Delhi, we went through a roller coaster of emotions, efforts, hard work, and satisfaction of delivering results. A lot of our efforts aimed at the preparation, organization and follow up of the successful UN HLM on TB: coordination meetings, consultations, negotiations, the Interactive Civil Society Hearing at the UN Headquarters in June and the UN HLM on TB and related events in September, follow up meetings of partners and civil society as well as development of the Key Targets and Commitments documents and the country by country UN HLM targets for the use of the TB community at large.

However, the attention on the UN HLM on TB did not reduce with anything our focus and work on the day

to day Stop TB Secretariat activities aimed at providing concrete support to country programmes and partners including TB survivors, civil society and the private sector in their work towards ending TB. As you can see in the attached document our teams: GDF, TB REACH, Country and Communities support including Challenge Facility, Strategic and Innovative Financing continued to work at an increased rhythm, with commitment and professionalism to deliver against our Operational Strategy and Workplan but most importantly, to contribute towards saving millions of lives of people affected by TB (for details of the work of each of our teams please check the attached brochure).

2019 is in front of us with a wide range of opportunities and challenges.

The environment in which we operate is busier than ever with many competing agendas coming from a large number of development partners, institutions and organizations competing for visibility funding and areas of work. We will need to ensure we continue to deliver on our commitments, to operate in a transparent and accountable manner and to use smartly any opportunity to secure TB and our collective efforts remain high on the national and global agendas.

Next year will mark three years of implementation towards the 2030 SDGs and, in spite of good progress, we are overall not on track to reach these goals and targets. It will also represent an essential year to deliver against our TB targets as set forth in the Global Plan, End TB strategy and the UN HLM on TB. As such, this year we will have some deep dive efforts towards 13-15 high burden and priority countries to support programmes in delivering better, in finding all missing people with TB, overcoming inequalities and defending human rights and secure high-level political commitment and high-level actions.

There are three important moments in 2019 and we will work to ensure our meaningful presence and engagement: the July UN High-Level Political Forum under the theme of “empowering people and ensuring inclusiveness and equality” as polarization and inequality represent significant threats to achieving the SDGs (also a priority focus of France’s G7 presidency in 2019); the annual UN General Assembly in September when Heads of State will come together to take

stock of where we are in terms of progress towards SDGs, the UN HLM on Universal Health Coverage and the GF Replenishment Conference in October.

Most of the conversation taking place in 2019 around SDGs and UN commitments is focused on the scale of financial challenges. Globally around USD5 trillion are needed in annual investments to deliver on the SDGs commitments and Climate Challenges. Investments for the TB response require an unprecedented increase as well, with an annual average of USD6 billion gap by the end of 2022 to deliver the UN HLM targets on TB. As such, we will work towards ensuring that we have robust financial information and country targets for the domestic contributions towards TB activities, updated Global Plan (covering the period by the end of 2022), a solid Global Fund Investment case and great advocacy messages to ensure we are going towards closing this financial gap.

We expect in 2019 that the TB “space” will be crowded with many and varied: technologies, new diagnostics tools for TB disease and infection, new anti TB medicines regimens, new ways of partnering with grassroots organizations, empowered people and civil society, private sector providers, private sector developers, TB survivors, researchers and developers, new ways of financing. We want to ensure that through a continuum of work between the different teams in the Secretariat – the Accelerator for Impact, TB REACH, GDF, Communities, and Countries Support and Advocacy & Communications – we support innovations – be it new tools or new approaches – to go from an idea, to a proof of concept, an international recommendation and towards countries and programmes uptake and roll out.

As we look at 2019 and beyond, it is clear that we need now more than ever collective and coordinated action not only in the TB response but also in the global health arena. As such, we will continue our work in supporting the coordination among all our partners post UN HLM, coordination for the World TB Day 2019 as well as the significant advocacy and communication moments in 2019. In addition, through funding platforms such as TB REACH and Challenge Facility we will further work towards

bringing new and non-traditional partners within the TB area but also to showcase the essential role TB interventions are playing in reaching Universal Health Coverage.

Looking beyond 2019 and towards the 2030 aim of ending the three diseases, we will engage in dialogues around the global health architecture, potential and innovative areas of cooperation and even “remodeling” of some of the current structures to deliver our work better, faster and cheaper.

Stop TB Partnership Secretariat staff is proud to have the opportunity to work under the guidance of an amazing Board, with such a diverse and impressive number of partners (out of which 1800 are formally registered) and is committed to delivering towards our goals and targets in supporting country programmes to end TB.

We want to emphasize that in these times of challenges and pressure to deliver, in an environment overwhelmingly busy with hundreds of initiatives and institutions, all of us working in global health and in particular in TB need to stay together, shoulder to shoulder, focused and committed and we will for sure deliver more than what we will individually do.

IT’S 2019! IT’S TIME!



WHERE THE MAGIC HAPPENS

Governance



The **Stop TB Partnership Board convened its 30th meeting** on 14–15 March 2018 in New Delhi, India. The two-day meeting set the pace in preparation for the UN HLM on TB, ensuring the broad engagement of partners and stakeholders. The Board meeting was attended by the Ministers of Health of India, Tanzania and Nigeria, and the Vice-Ministers of Health of Brazil and Kazakhstan, as well as the Executive Directors of the Global Fund and Unitaid, WHO's Director-General, Dr Tedros Adhanom Ghebreyesus, Deputy Director-General, Regional Director and USAID's Deputy Assistant Administrator.

The Stop TB Partnership saw **high-level additions** to its Board in July 2018 with Minister of Health of Nigeria, Prof Isaac Adewole, Minister of Health of Kazakhstan, Dr Elzhan A. Birtanov and Vice-President of Global Health at Johnson & Johnson, Dr Adrian Thomas.

The high-level **Delhi End TB Summit**, convened by the Stop TB Partnership in collaboration with the Government of India and WHO South-East Asia Region (SEARO), and taking place prior to the Board, was one of

the highlights of 2018. The Summit was held in New Delhi on 13 March, helping to build momentum for the UN HLM on TB. Indian Prime Minister Narendra Modi made an inspiring address at the Summit, acknowledging the Stop TB Partnership and committing to end TB in India by 2025 – five years before the goal set forth by the UN SDGs' 2030 targets. The following day, the Ministers of WHO SEARO, which bears 45% of the global TB burden, adopted the Delhi Call for Action to End TB in the Region.

The Stop TB Partnership's **Executive Committee (EC)** held 11 teleconference meetings in 2018. Key topics on the EC agenda included the review and approval of the 2017 and 2018 Budgets, revision of the Board Governance Manual, preparations for the UN HLM on TB, planning of the Stop TB Board meetings, including the January 2019 meeting in Geneva, identification of new Board members to represent countries affected by TB and review of the Partnership's KPIs Framework. The Stop TB Partnership continued to report on **Key Performance Indicators (KPIs)** and associated targets for the Operational Strategy 2016–2020. A total of 17 KPIs under the four Board goals of the Stop TB Partnership Operational Strategy are being monitored. Find the link to KPIs here: <https://bit.ly/2VXr2dD>

The **Finance Committee (FC)** held four conference calls during the reporting period, including the review of the quarterly expenditure and encumbrance reports, review of the Partnership's 2017 interim Annual Financial Management Report. As part of its activities, the FC reviewed and made recommendations for the allocation of the Secretariat's unearmarked funding. In May 2018, the FC welcomed the addition of a new member: Mr Dave Cohen, Finance Manager, Global Health, from the Bill and Melinda Gates Foundation. Mr. Cohen occupies one of the two donor seats on the FC.

Human Resources and Administration

In April 2018, the Stop TB Partnership moved offices to the **Global Health Campus**, where the Partnership now

An Atypical International Organization

In 2018, the Stop TB Partnership remained an atypical international organization, boasting a **female majority** (60%) among its staff.

benefits from improved working conditions, synergies with other GHC tenants, and improved programme development and implementation.

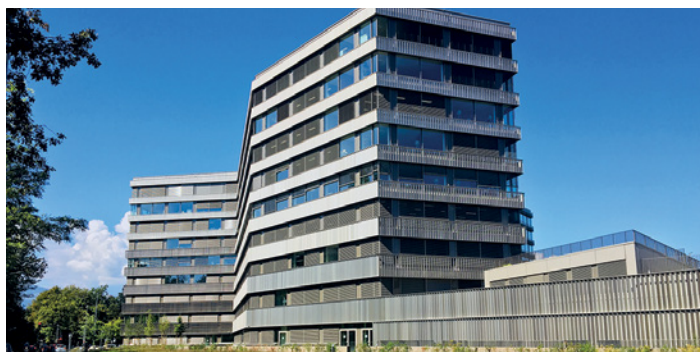
Negotiations with GHC partners and logistics planning lasted for almost a year. The overall outcome of the lengthy process was a final agreement that enables a cost-efficient, modern, functional and interactive workspace for the Partnership's 60 staff. The move of people, furniture and materials took place in several

phases over two weeks, with no disruption to the Stop TB Partnership's activities.

To stage a successful move, the Administration colleagues negotiated an acceptable lease with the building owners and conducted necessary coordination of exit formalities for two Stop TB Partnership offices in the old demurs. Staging a smooth move also included a full floor and seating plans for a total of 74 workstations, followed by a carefully coordinated physical move of over 60 staff. The move also provided the opportunity to change the IT provider for the Partnership to upgrade IT systems and services.

The GHC lodges more than 1,500 people, becoming a real beehive of busy global health professionals working towards the same goals. Integrating the Secretariat into the GHC services creates new opportunities for the Stop TB Partnership, allowing for further harmonization of activities between all organizations. The Gavi Vaccine Alliance, Global Fund, Roll Back Malaria, Unitaid, and the Stop TB Partnership work together to share not only space but also information, knowledge, and experiences. In the spirit of collaboration, in spring 2018, the Stop TB Partnership organized a 'housewarming event' to mark the successful transfer to its new premises. The event was attended by colleagues from Roll Back Malaria, the Global Fund, and other close neighbors.

Once all tenants had finalized their move in November, a joint GHC inaugural event was organized for all staff and Executive Directors of the Global Fund, Gavi Vaccine Alliance, Roll Back Malaria, Stop TB Partnership and Unitaid.



The Head of the Permanent Mission of Switzerland in Geneva honored the event as a representative of the host country and key project stakeholder.

In 2018, the Stop TB Partnership remained an atypical international organization, boasting a female majority (60%) among its staff. The busy Secretariat organizes the workaround traditional Monday staff meetings, where teams and colleagues share the highlights of their week with others. Once a month, all staff get together in a more extended session to focus additionally on a specific topic or activity. Weekly Executive Team meetings provide the management framework and decision-making forum for the Secretariat. The Secretariat staff decided that every month one of the teams will organize a happy hour, a moment for all colleagues to come together and just mingle.

In the nine months since the move, Stop TB Partnership's Human Resources department offered a number of career and personal development training sessions, which were attended by over 100 staff.

Every penny counts

The Stop TB Partnership's Finance Team managed an estimated US\$ 100 million worth of transactions in 2018, including processing more than 1,200 supplier invoices and 127 grant payments, HR costs and additional services. Automated financial reporting tools increased the accuracy of the financial reconciliation processes and resulted in US\$ 2.6 million savings for the Partnership and its partners. In the reporting period, the Finance Team:

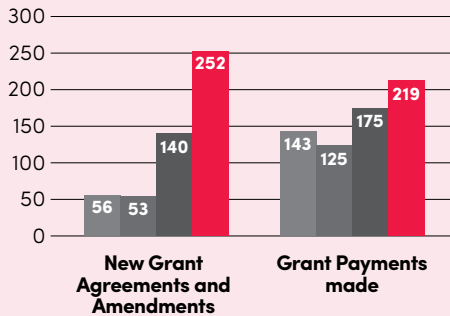
- ▶ Prepared **80 financial reports**, submitted to donors, the Finance Committee, Board, programme teams and Stop TB Partnership management;
- ▶ Prepared the 2017 Stop TB Partnership **Financial Management Report**, the Stop TB Partnership **2019–2010 high-level biennial budget**, and **2019 detailed budget**;
- ▶ Successfully supported the GDF Team with **financial advice on the wind-up of the Unitaid SRS stock** (including participation in the stock count at IDA in The Netherlands and the final reconciliation);
- ▶ Presented the newly updated Stop TB Partnership **Financial Reporting Guidelines to TB REACH** Wave 6 and Wave 5 grantees whose projects have been scaled-up

in Wave 6, in Bangkok at the 2018 TB REACH grantees' meeting;

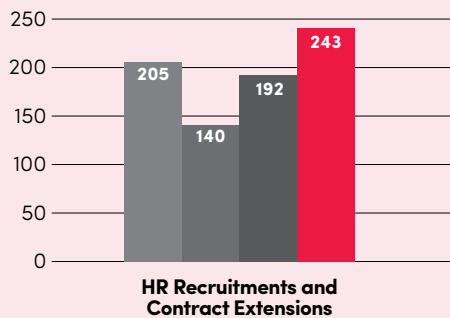
- ▶ **Reconciled and issued final invoices and financial statements** to clients for more than 200 in-house procurement orders;
- ▶ **Approved more than 250 Order Management System orders** placed for procuring TB medicines and diagnostics;
- ▶ Submitted **SOPs for Flexible Procurement Fund processes** (for both medicines and diagnostics);
- ▶ **Supported the launch of 51 Wave 6 and Wave 5 scale-up TB REACH grants** and reviewed more than **100 quarterly financial reports** submitted by the TB REACH, Challenge Facility for Civil Society and community-based grantees;
- ▶ **Defined the parameters and use of the unearmarked income** from the GDF fee and other GDF revenues that were reviewed by the Finance Committee and approved by Executive Committee;
- ▶ **Participated in three Finance Committee Calls** (29 May 2018, 8 October 2018 and 10 December 2018).



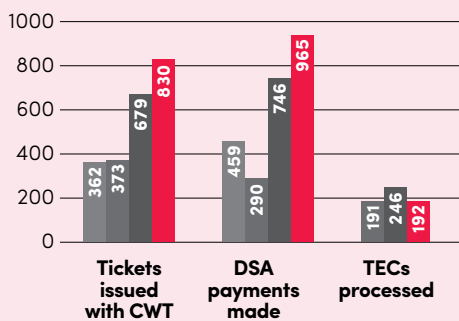
Grant Support



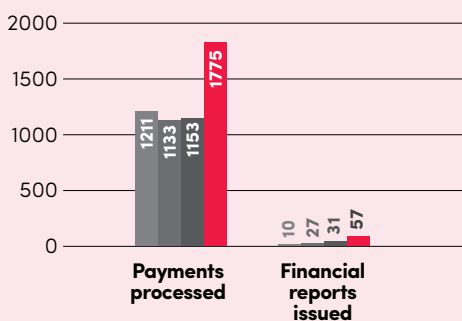
HR



Travel



Finance



UNOPS

UNOPS has continued its expansion globally and in Geneva, reaching an estimated annual delivery of approximately US\$ 2 billion in 2018. As UNOPS expands its global service delivery in a variety of sectors, the UNOPS Geneva Office now hosts eight entities contributing to fourteen Sustainable Development Goals.

The Stop TB Partnership has been hosted by UNOPS for four years, working hand-in-hand with the dedicated **UNOPS Portfolio Management Team**. Every year marks significant progress in the relationship and a visible increase in efficiency gains in services, especially in terms of the successful support of the Partnership in HR, grant and financial management. The past year continued to see high-level of productivity with approximately US\$ 100M in delivery. The year was increasingly busy with procurement and event logistics support related to the UN HLM on TB.

Through continued **support to GDF**, UNOPS supported the supply of approximately US\$ 50 million of diagnostic equipment and commodities in 2018. In addition to the day-to-day GDF procurement, UNOPS supported two endeavors to further streamline and improve the services provided to GDF. First, in January 2018, with the help of the Procurement Group (PG), an internal assessment was conducted of GDF's diagnostics operations, reviewing the entire procurement process cycle and providing dozens of recommendations for improvement. Second, the Geneva Office has engaged the PG to streamline and simplify the process for amending existing LTAs to quickly add items to the GDF catalogue.

The **first Executive & Operations Forum** was held in October, bringing together 10 partner organizations currently hosted and fund-managed by UNOPS Geneva. The Forum aimed to provide the executive management of hosted Secretariats and Trust Funds with a platform for networking and knowledge sharing. Partners showcased best practices and lessons learned, providing a unique opportunity for both UNOPS and its hosted Secretariats/Trust Funds to further grow their partnerships. Following a successful first event, it was decided to host the Forum on an annual basis.

In 2018, UNOPS launched a **gender parity strategy** with the aim to ensure that women at all levels see a future career for themselves at UNOPS. The strategy aims to address existing barriers to equality in order to reach parity within the organization at all levels by 2026. In addition, UNOPS launched a new gender mainstreaming strategy and action plan with the strong ambition to place gender equality and the rights of women solidly at the forefront of its projects.

UNOPS undertook a benchmark study of salary scales in Switzerland upon request of authorities for consultants' salaries to comply with the country's taxation and social security legislation. As a result, **UNOPS adjusted Stop TB Partnership's consultant fee scales and amended contracts** based on simulations using data from the Swiss National Statistics Bureau to compare salary levels for similar job functions in Switzerland.

UN HIGH-LEVEL MEETING ON TB

During 2017 and 2018, the Stop TB Partnership coordinated and facilitated the TB community's engagement and outreach towards a successful UN High-Level Meeting (UN HLM) on TB. The UN HLM took place on 26 September in New York and resulted in the first-ever UN Political Declaration on TB, endorsed by the Heads of State of all UN member states.

The Political Declaration contains the most ambitious targets in the TB response agreed to date. These include a commitment to diagnose and treat 40 million people with TB by 2022, diagnose and treat 1.5 million people with MDR-TB by 2022, reach 30 million people with preventive therapy by 2022, and increase global TB investments to at least US\$ 13 billion a year. The Declaration also includes a commitment to submit a progress report in 2020 and hold a follow-up UN HLM in 2023 and the call to increase overall global investments for ending TB reaching at least US\$13 billion a year by 2022.

UN HLM on TB Key Targets and Commitments for 2022: To make the critical points of the Political Declaration widely accessible, the Stop TB Partnership made available a booklet in six UN languages. Designed to convey the essence of this groundbreaking and powerful tool to everyone involved in the TB response and beyond. Parallely, the Stop TB Partnership developed country targets for: TB, drug-resistant TB, childhood TB and preventive therapy .



UN HLM on TB Key Targets & Commitments

[view here](#)

HIGH-PROFILE EVENTS

TB Innovation Summit



The Stop TB Partnership organized a series of high-profile events in the lead-up to the UN HLM on TB. On 23 September, the Stop TB Partnership, Johnson & Johnson, UN Foundation, the Global Fund, and the World Economic Forum co-hosted the first-ever **TB Innovation Summit**. The Summit brought together the world's leading influencers and thinkers to show the world that ending TB is achievable if we can work together in new and innovative ways.

Our Night with the Stars



On 25 September, 'Our Night with the Stars' was co-hosted by the Stop TB Partnership, USAID, and the Permanent Missions to the United Nations of Brazil, France and Zambia. The gala evening provided a unique platform to amplify the collective voice, call for urgent political action, share lessons and push for long overdue change. The event welcomed **more than 200 leaders in global health, TB survivors, journalists, celebrities and National TB Ambassadors**. Stars from over 20 countries shared their support for the TB community and took to the stage to perform. Stop TB Partnership also co-organized and co-sponsored a number of side events to further galvanize efforts during the New York TB week. Journalists supported by the Partnership produced 23 articles during and after the UN HLM, raising awareness about TB and interrogating political leadership in their respective countries.



Throughout 2018, the Stop TB Partnership coordinated regular calls of the **UN HLM Coordinating Group** and supported the ongoing work tracks of the Coordinating Group. The Partnership participated in all aspects of the preparations for the UN HLM and worked closely with the Offices of the President of the UN General Assembly, the Office of the UN Secretary-General (UNSG) and Deputy UNSG, and the WHO Geneva and New York Offices.

As a result of extensive consultations with crucial TB partners, the Stop TB Partnership released the '**Key Asks from TB Stakeholders and Communities**' in April 2018, outlining the TB communities' key asks and targets for inclusion in the UN Political Declaration on TB. The Key Asks formed the basis for the final text negotiations held with stakeholders and UN member states.

Interactive Civil Society Hearing



The Stop TB Partnership worked closely with the President of the UN General Assembly Office and WHO to organize a successful **UN Interactive Civil Society Hearing for the HLM on TB** on 4 June 2018. The Partnership played a leading role in the organization of the event. Due to its intense efforts, over 40 UN Missions attended the meeting to hear the views and priorities of TB survivors, civil society, academia, parliamentarians and the private sector. A social media campaign toolkit developed by the Partnership served to support the uptake of the Hearing and the UN HLM.

BE SEEN AND HEARD

Advocacy

In 2018, the Stop TB Partnership coordinated and facilitated the TB community's engagement and outreach towards a successful UN HLM on TB. The Stop TB Partnership organized regular calls among members of the UN HLM Coordinating Group, which had a key influence on all aspects of the UN HLM preparations, including the content of the final Declaration and securing the attendance of Heads of State and Governments and key guests. [Read more details about the UN HLM on the specially dedicated page.](#)

In the build-up to the UN HLM, the Stop TB Partnership's advocacy efforts, together with the Global TB Caucus and other partners, contributed to the convention of over 40 Parliamentarians from more than 25 countries. The meeting was held on 24–27 April 2018 in New York to build support for the UN HLM. A separate briefing for UN Missions, organized by the Stop TB Partnership, ICSS, Global TB Caucus and other partners, took place on 26 April 2018 at the UN Headquarters (UN HQ) under the theme "The Human Faces of TB." This briefing gave a group of passionate TB advocates from Tajikistan, Kenya, Peru and the United States the opportunity to share their personal stories with UN Ambassadors and Parliamentarians.

From 21 to 25 May 2018, the Stop TB Partnership participated in numerous meetings and side events during the **71st World Health Assembly** (WHA), using the opportunity to speak widely about the UN HLM on TB.

The month of June was marked by the Interactive Civil Society hearing, as highlighted on the special [UN HLM on TB page](#).

Negotiations on the Political Declaration for the UN HLM on TB began in early June. The Stop TB Partnership's efforts to unite TB communities behind a set of Key Asks proved to be a successful strategy, with the majority of the Key Asks reflected in final Political Declaration that was endorsed by Heads of State at the UN HLM. The Stop TB Partnership sent out weekly updates to the UN HLM Coordinating Group on progress in the Political Declaration negotiations and coordinated advocacy responses to each successive draft.

The Stop TB Partnership energetically supported the involvement of civil society and sponsored travel of over 50 civil society representatives and people affected by TB, over 25 journalists and over 15 celebrities to the UN HLM and associated side events. The Stop TB Partnership and ICSS organized a civil society UN HLM pre-briefing meeting on 25 September 2018.

The Stop TB Partnership continued to financially and programmatically support ICSS to engage and mobi-

lize civil society and affected communities in the lead-up to the UN HLM on TB by engaging and coordinating community feedback for the UN HLM modalities document, actively engaging affected communities and civil society at all levels of work, supporting the Interactive Civil Society Hearing for the HLM on TB and organizing an HLM debrief and next steps meeting on 27 September 2018 following the UN HLM.

[Read more details about the UN HLM on the specially dedicated webpage](#)

[view here](#)

Throughout the year, the Partnership included messaging on **TB R&D** in the advocacy work outputs. This included fact sheets and infographics, UN HLM Key Asks, statements, and speeches by the Chair of the Stop TB Partnership, Minister Aaron Motsoaledi, and Dr Ditiu. The Partnership's outreach ensured that R&D featured prominently in the UN HLM and the Political Declaration, with the commitment to provide US\$ 2 billion in R&D funding annually by 2022.



On 3 December 2018, following the UN HLM, the Treatment Action Group (TAG), and with the support of the Stop TB Partnership, issued the Tuberculosis Research Funding Report 2005–2017. This report highlighted that in 2017 global funding for TB research reached a first time high of US\$ 772 million.

Glimpses of high-level missions

High-level advocacy missions to TB high-burden and donor countries are critical year-in and year-out in order to scale up activities to reach the targets set out in the Global Plan to End TB and the End TB Strategy. In 2018, these missions also sought to build high-level political commitment to ensure the achievement of ambitious outcomes from the UN HLM on TB.

Paris, France. High-Level Missions.

On 26 and 27 March 2018, Dr Lucica Ditiu met with senior-level health advisors who belong to the Cabinet of the President of France, the Ministry of Health, and the Mayor of Paris. The purpose of the meetings was to discuss the UN HLM and to stress the importance of France's engagement.

Nigeria. High-Level Mission.

A high-level mission was conducted to Nigeria by Dr Suvanand Sahu, Deputy Executive Director of the Stop TB Partnership, on 22–23 March 2018. Dr Sahu led a delegation from the National TB Partnership to meet with Her Excellency, Aisha Buhari, wife of the President of Nigeria, who released a video message on TB for the people of Nigeria.

Skopje, FYR Macedonia. 39th Global Fund Board meeting.

On 8–10 May 2018, Dr Lucica Ditiu served as the Board Member for the Partners Constituency at the 39th Global Fund Board meeting. During this mission, Dr Ditiu had multiple bilateral meetings including with the Minister of Health of Macedonia; the Ambassador of Global Health of France; and the Director-General of the Development Cooperation Bureau at the Ministry of Foreign Affairs of the Republic of Korea.

Durban, South Africa.

On 12 June 2018, Dr Lucica Ditiu participated as the opening Plenary Speaker for the 5th South African TB Conference in Durban, South Africa. The conference consisted of four thematic tracks in health systems and prevention strategies, including human rights, stigma, accountability and key populations. Dr Ditiu also presented at the key populations symposium. She optimized her time in South Africa to secure the commitment and attendance of South African President H.E. Mr Cyril Ramaphosa at the UN HLM on TB.

Tokyo, Japan.



Dr Lucica Ditiu travelled to Tokyo on 4–7 July 2018 to meet with various senior-level business leaders and policymakers from the private and public sector in Japan. During the mission (6 July 2018), the Stop TB Partnership and Mitsubishi UFJ Research and Consulting Co., Ltd. (MURC) signed a Memorandum of Understanding (MoU) at MURC's headquarters in Tokyo. The MoU represents a critical milestone for the TB community, as it contributes to strengthening and accelerating private sector engagement in the fight against TB and antimicrobial resistance (AMR) in Japan and the Asia-Pacific region.

Dubai, UAE.

On 15–18 July 2018, Dr Lucica Ditiu spoke and participated in the Zero TB Initiative TA Workshop (organized by Harvard University) in order to establish the objectives of the stages and critical components of a solid plan to move the Zero TB countries initiative forward with partners.

Seoul, Republic of Korea.

During her trip to Seoul on 19–20 July 2018, Dr Lucica Ditiu met with several high-level heads of important agencies of the Korean Ministry of Unification and the Director General of the Ministry of Foreign Affairs. She also met with Director General for Development Cooperation Bureau to discuss the possibility of support to the DPRK. Dr Ditiu also met with the President of KOICA and senior management to introduce the Stop TB Partnership and initiate a partnership for innovative projects.

Astana, Kazakhstan.

The United Nations Member States unanimously agreed to the Declaration of Astana, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage. The Stop TB Partnership attended, and the Executive Director spoke in one of the thematic sessions, of the conference the Global Conference on Primary Health Care on 25–26 October in Astana, Kazakhstan, co-hosted by WHO, UNICEF and the Government of Kazakhstan. On the sidelines of the event, The Stop TB Partnership received an Honorary Medal from the Kazakhstan Minister of Health Yelzhan Birtanov for outstanding achievements in the fight against TB and the close collaboration between the Partnership and the Government of Kazakhstan.

Minsk, Belarus.



On 22 November 2018, Dr Lucica Ditiu and the Minister of Health of Belarus Valery Malashko signed an MoU that will strengthen the cooperation between the two sides on multiple levels. Dr Ditiu and the Stop TB Partnership's Country and GDF experts attended a high-level Second EECA Regional Consultation, where countries from Eastern Europe and Central Asia signed the "Minsk Statement of the Ministries of Health of Eastern Europe and Central Asia Countries on Expanding Access to Affordable and Quality Assured Medicines and Diagnostic Technologies."

Geneva, Switzerland.

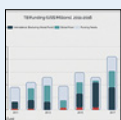
On 14 and 15 November 2018, the Global Fund held its 40th Board meeting with a significant focus on TB missing cases and the urgent need for better and timely data. Dr Ditiu used the opportunity to announce the World TB Day 2019 theme: IT'S TIME. The announcement was met with enthusiasm, paving the way for an exciting first post-UN HLM World TB Day.

Communications



The UN HLM on TB was the focus for Communications for the entire reporting year, with all communications centred around this historic meeting. The Coordinating Group for the UN HLM on TB, as well as members of the PR and communications work stream, participated in providing support for a successful UN HLM.

A dedicated webpage on the [UNHLM on TB](#) was created on the Stop TB Partnership website, accompanied



Interactive TB Data Dashboard

[view here](#)

by a sustained digital campaign about the TB burden in the 30 priority countries entitled “TB in your country”. Each day,

the Partnership featured an infographic on a different country on social media channels, along with TB data from the [interactive data dashboards](#), targeting Heads of State.

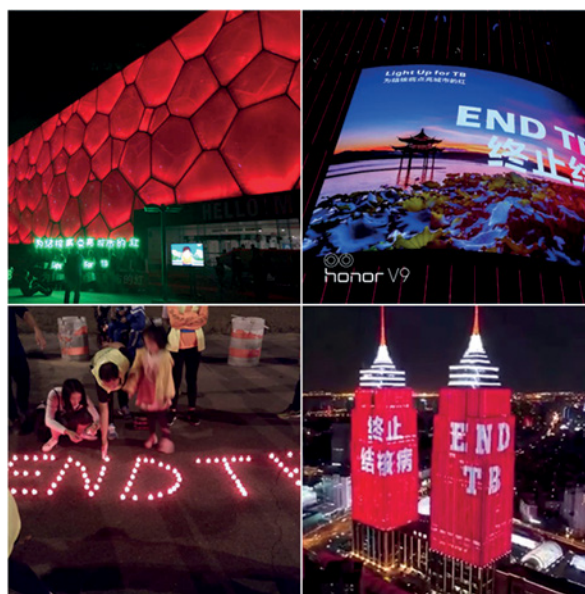
The Communications Team supported all Partnership events and activities during the UN General Assembly (UNGA) week, including the gala dinner event “Our Night with the Stars”. The event was streamed live on Facebook – a first for the Stop TB Partnership. The Communications Team engaged with celebrities and journalists in attendance, providing a dedicated media pack with background information on TB, which was well received. The Team also helped to select the theme for the event, created all branding and publicity materials, and engaged with the media at the event.

The Communications Team also led on communications at the following events in New York during the UNGA week: “TB Voices – Surviving the World’s Most Infectious Killer” with IFRC, TBPeople, IFPMA, Japan and Barbados Missions; “Committing to End TB in Children, Adolescents and Families” organized by Stop TB Partnership, UNICEF and WHO, which also saw the launch of the [Roadmap towards ending TB in children and adolescents](#); and the TB Innovation Summit hosted by the Stop TB Partnership, Johnson & Johnson, and the World Economic Forum. The team live-tweeted and posted several Instagram stories from the TB Innova-

tion Summit and the Every Woman Every Child’s social media relay during the UNGA.

On the day of the UN HLM on TB on 26 September 2018, the Stop TB Partnership live-tweeted from both the plenary and the panel discussions in order to keep partners and social media audiences updated with the proceedings. The Stop TB Partnership also promoted the link to Web TV so that people could tune in and watch, and organized a live webcast of the meeting at the Tribeca Film Centre in New York for those who could not enter UN HQ.

Together with WHO, the Stop TB Partnership promoted a #LightUpforTB initiative especially for the UN HLM on TB. Due to these efforts, on the day of the UN HLM on TB, the Helmsley Building in New York was lit up, as were landmark buildings in the Chinese cities of Beijing, Shanghai, Guang Zhou, Tianjin, and Hangzhou, and the Holy Rosary Parish Church and Museo Ning in Angeles, Philippines.



To summarize the week in New York, the Stop TB Partnership developed a photo story to share with its partners and mailing list.

[view here](#)

The Stop TB Partnership's visibility during the UN HLM on TB period (10 September to 5 October 2018)

Press

- ▶ For **focused media engagement** around the UN HLM on TB, the Partnership engaged with The Guardian News and Media Ltd. to highlight the importance of the HLM. Key outputs included three online articles and a roundtable discussion with leading experts. Over four months, the campaign achieved a total of 14,970 unique users and 19,663 page views, reaching good visibility as per industry standards.
- ▶ Over 23 articles were produced by Stop TB Partnership-funded journalists in the mainstream (in-country or international) press.
- ▶ The Stop TB Partnership was mentioned in around 200 press/online articles and online news sites.

Social media

- ▶ 60 Facebook posts with a reach of 69,000.
- ▶ 175 tweets generating 482,000 impressions.
- ▶ 1,542 mentions on Twitter (including the Partnership's tweets and retweets of its tweets).

#EWECisME Every Woman Every Child's social media relay

- ▶ Almost 40 supporters, including the Stop TB Partnership, collectively generated nearly 4,000 posts between 25 and 27 September 2018.
- ▶ Over 2,000 users raised their voices for the health and well-being of women, children and adolescents.
- ▶ A potential reach of more than 23.7 million and more than 76.1 million impressions were achieved.

Delhi End TB Summit



In March 2018, the Communications Team supported the successful **Delhi End TB Summit** and the **Stop TB Partnership's 30th Board meeting**. Read more about the event in the Governance section of this report. The Communications Team produced a well-received report

Delhi End TB week in pictures

[View here](#)

on the Delhi End TB week in pictures, which illustrated the significance of the events that paved the way to the UN HLM on TB.

During the Delhi End TB week and Board meeting, the



Stop TB Partnership organized a TB "Walk of fame" along with a red carpet to a photo booth at three events. Close to 40 people were interviewed on the red carpet, focusing on their vision for the UN HLM on TB. The video interviews were shared on social media ahead of the UN HLM on TB and can be viewed on the Stop TB Partnership's [YouTube channel](#).

The Communications Team was highly active at the **Interactive Civil Society Hearing** on 4 June 2018 at UN HQ in New York. The team live-tweeted from the meeting and shared information about the registration process for the Hearing via newsletters and social media.

Prior to the Interactive Civil Society Hearing, the Stop TB Partnership organized a live Twitter chat with three of the Hearing panelists, triggering participation of almost 130 users and exchange of over 500 tweets during the hour-long live chat. Ahead of the Interactive Civil Society Hearing, the Stop TB Partnership launched an **Advocacy and Communications Toolkit** containing campaign materials, advocacy and social media messaging in order to secure a successful Interactive Hearing and UN HLM on TB in September.

The Stop TB Partnership, with the support of WHO, sent out six news alerts with practical information, including registration details and other processes related to the registration and accreditation process for the Interactive Civil Society Hearing and the UN HLM on TB. Each of the news alerts reached over 15,000 people, with further reach through social media channels.

CS Hearing Advocacy and Communications Toolkit

[View here](#)



Two Kochon Prizes in 2018



On the sidelines of the annual Union World Conference on Lung Health 2018 in The Hague, The Netherlands, the Stop TB Partnership, the Kochon Foundation and the private sector recognized political figures and community activists for their leadership in the efforts to end TB during a TB Awards Gala side event on 23 October. The **2018 Kochon Prize** was awarded to the Minister of Health of South Africa Dr Aaron Motsoaledi and to the Global TB Caucus for outstanding political leadership to end TB. Mr Mualidi Ntahondi Nyamlenganwa (of the volunteer group MKUTA based in Tanzania) received an honorary award from the Stop TB Partnership for **Community Leadership and Mobilization**, recognizing the people-centred and community-driven TB response in Tanzania. The event was attended by over 200 TB leaders, who shared their

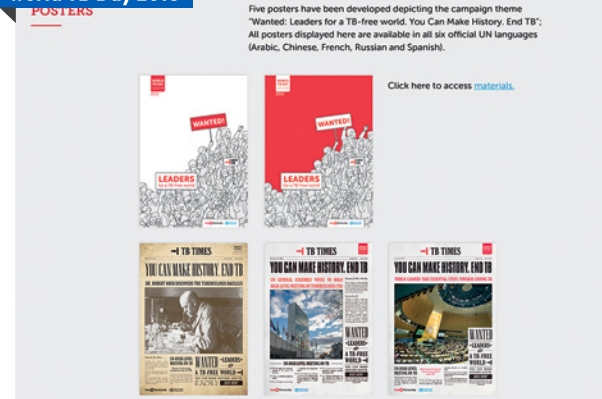
views on the importance of bold leadership across all disciplines in order to ensure delivery on the UN Political Declaration on TB. Tamaryn Green, Miss South Africa 2018, a TB survivor herself, shared the stage with a lively performance from Zambian star singer BFlow. The evening was transmitted on Facebook Live, promoted on Twitter and wrapped up in a news alert capturing the highlights of the evening.

Earlier in the year, the New Delhi TB week was the perfect setting to award the 2017 Kochon to Indian Council of Medical Research, celebrating excellence in TB vaccines, diagnostics, and treatment research and development.

Community work that makes the difference in Tanzania

Mr Mualidi Ntahondi Nyamlenganwa, the leader of the patient support group MKUTA, is a TB survivor. Under his supervision, this year alone his team connected nearly 1,000 people to TB health services and now supports over 100 people with confirmed TB. MKUTA and EANNASO, together with the support of Dr Mutayoba and the NTLF, are currently implementing a community e-health tool called OnelImpact TB Janja, which aims to empower people with TB with information on TB, connect people with TB in a virtual space and provide a medium for people to report the problems they face throughout treatment.

World TB Day 2018



To select the theme for **World TB Day 2018**, the Stop TB Partnership held a series of Communications Coordinating Group calls as it worked to build momentum ahead of the UN HLM on TB later in the year. The aim was to raise the status of TB on the political agenda and ensure that the meeting would serve as an opportunity to move away from business as usual. The final theme selected after a series of consultations was:

**Wanted: Leaders for a TB-Free World
You can make history. End TB**

The Stop TB Partnership worked closely with WHO to promote the World TB Day theme, including through the

WTBD 2018 Advocacy and Communications Toolkit

[View here](#)

Advocacy and Communications Toolkit. The Toolkit contained a full set of campaign materials, including suggested tweets, a media information pack and relevant videos. A user-friendly [events map](#) was created on the dedicated World TB Day website where partners could add information about their local events.

On World TB Day, the Stop TB Partnership organized a successful event in Geneva where staff members created awareness by handing out t-shirts, caps and pins to the general public near the Jet d'Eau and the Hotel des Bergues. Both sites were lit up in red thanks to the Stop TB Partnership's efforts in line with the #LightUp-forTB campaign.

World TB Day 2019



This theme was endorsed by communicators from partner organizations as being versatile, appropriate (due to the commitments made at the UN HLM on TB) and impactful. The Stop TB Partnership Communications Team also made sure that the theme would be easy to translate into all languages. The 2019 World TB Day campaign will be officially launched in February 2019.

World TB Day 2018 goes viral

The month of March 2018 saw a sharp rise in the Stop TB Partnership's and partners' visibility on social media platforms:

Facebook

- ▶ Stop TB Partnership's World TB Day posts generated **283,305 impressions**.
- ▶ **1,103 new followers** liked the Stop TB Partnership

Twitter

- ▶ There were **390,000 approx. impressions** for March (also includes the Board meeting).
- ▶ **509 new followers** were generated.

Steady and healthy growth for social media in 2018:

Facebook

Likes increased from 16,702 in January 2018 to 19,581 in January 2019

Twitter

Followers increased from 13,000 in December 2017 to 16,400 in December 2018.

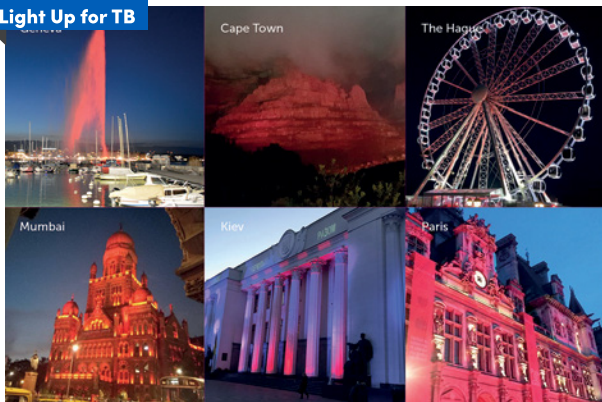
Office Signage



Following the move to the Global Health Campus (see details in the Human Resources and Administration section), the Communications Team developed, designed and project-led the implementation of the office signage, including corridors, Secretariat teams, and meeting rooms.



Light Up for TB



The Stop TB Partnership continued its annual campaign – Light Up for TB on World TB Day 2018. The idea behind the campaign is for significant landmarks around the world to be lit up in red on March 24 each year. In 2018, 66 monuments/landmarks in 50 cities and 24 countries were lit up in red. The Partnership created a GIF to highlight all the cities that lit up for TB. (<https://bit.ly/2TUJFwZ>).

YOU CAN MAKE HISTORY. END TB

WORLD LEADERS TAKE ESSENTIAL STEPS TOWARDS ENDING TB



UN General Assembly in session, New York - copyright: getmultimedia.org

WANTED

★ LEADERS ★

FOR

A TB-FREE WORLD →

UN-HIGH-LEVEL MEETING ON TB

World leaders must show their commitment to ensure that everyone affected by TB gets the right diagnosis, treatment and care.

MORE THAN 2.4 BILLION PEOPLE ARE INFECTED WITH TB.

► The UN High-Level Meeting on TB will be the fifth time the UN has called for a

high-level meeting devoted to a health issue.

► The meeting will be the most significant political meeting ever held on TB.

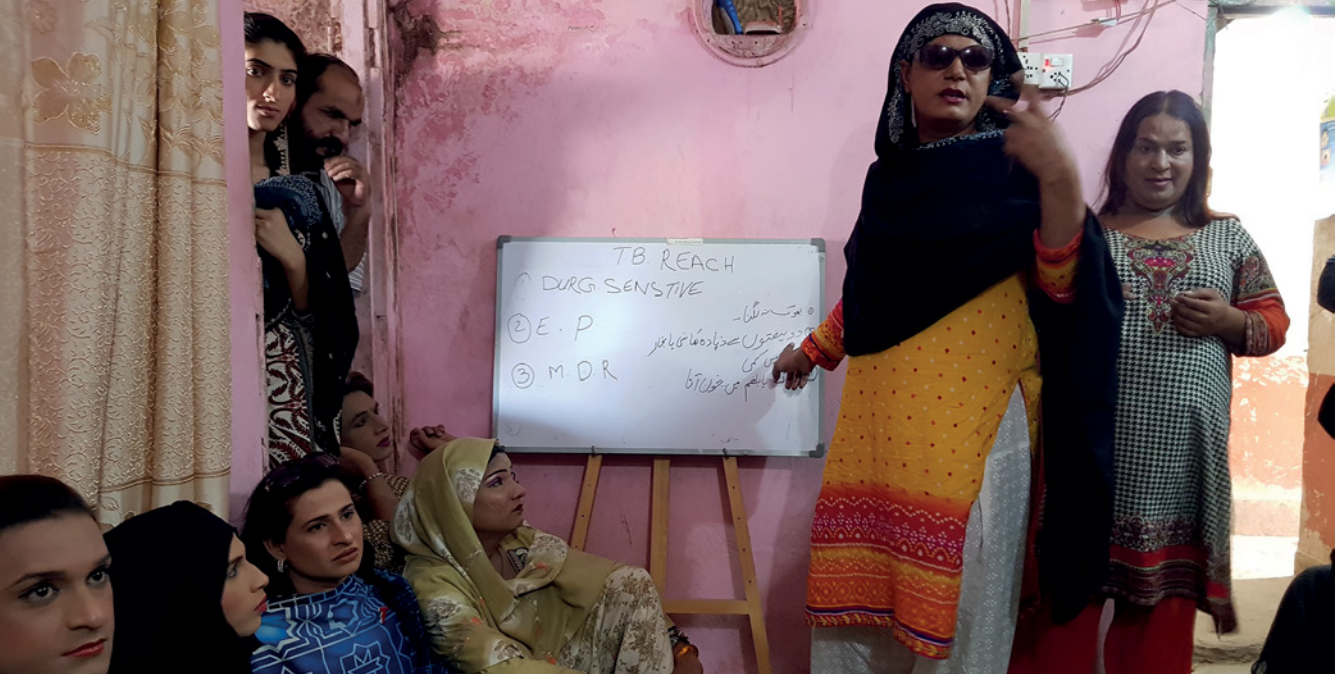
► The Political Declaration on TB endorsed by Heads of State will form the basis for the future TB response.

YOU CAN MAKE HISTORY. END TB.

☆ JOIN NOW! ☆

Bold and determined men and women needed to lead the fight to End TB.

ENABLING DREAMS, DRIVING RESULTS



TB REACH remains one of the leading funding mechanisms to drive innovation in service delivery in the fight against TB since 2010. As a flagship initiative of the Stop TB Partnership, TB REACH works to help grantees and partners enable their dreams, reach more people with lifesaving diagnosis and treatment, and drive everyone to achieve better results. Funded by Global Affairs Canada (GAC) and other donors, TB REACH combines rigorous external monitoring and evaluation (M&E) processes with fast-track, results-based financing. TB REACH awards the most promising and innovative active case-finding interventions and sets them on a path to scale-up by helping to secure support from governments and other donors.

In 2018, TB REACH Wave 5 grantees implemented case-finding activities, which led to more than 1.6 mil-

lion people screened for TB and more than 80,000 people with TB receiving treatment.

In 2018, more than US\$ 23 million was committed to funding new projects. A total of 42 Wave 6 projects were funded, with a focus on adherence technologies and various private sector engagement initiatives. Also funded were eight Wave 5 scale-up projects based in Cambodia, India, Indonesia, Nigeria, Pakistan, and the United Republic of Tanzania. These Wave 5 scale-up projects received additional funding to expand successful approaches developed in 2017. At the end of the year, TB REACH was gearing up for the Wave 7 call for proposals. Wave 7 will continue to focus on innovation in the fight against TB, while working to empower women and girls as part of a broad development agenda.



In Wave 6, for the first time, TB REACH awarded 17 grants (a total of US\$ 6 million) to projects focused on innovations to improve treatment outcomes, including a number of different adherence technologies. These technologies include the introduction of remote video technology to support adherence, implementation of electronic pill boxes, and use of the 99 DOTS technology that was developed and has been used in India. These Wave 6 projects will help to consolidate and strengthen the evidence base for the use of different adherence technologies in a variety of settings, following WHO's conditional recommendations for their use



in 2017. TB REACH is working with McGill University and coordinating with KNCV to help gather evidence and operational experiences related to these technologies.

In another first, TB REACH received funding from USAID to fund interventions aimed at engaging private sector providers to improve TB case finding and notification. Due to its unique position as a trusted and reliable funding mechanism, TB REACH's Wave 6 gave USAID the opportunity to co-fund small grants with this aim. In Wave 6, total funding of US\$ 6.2 million from both USAID and GAC supported 14 private sector engagement grants focusing on domestic partners. Many of these projects are being implemented in African countries where private sector engagement strategies have remained relatively underdeveloped. These countries include Ethiopia, Ghana, Malawi, United Republic of Tanzania, and South Africa.

Overall in 2018:

- ▶ **42 TB REACH Wave 6 grants** were awarded for a value of US\$ 17 million.
- ▶ Eight TB REACH Wave 5 projects were selected to receive a **total of US\$ 6 million scale-up funding** to roll out case-finding approaches that proved successful.
- ▶ More than **20 scientific publications from TB REACH projects** on different aspects of case detection, automated chest X-ray reading, Xpert implementation, and active case finding were published or are under review, and over **40 TB REACH abstracts** were presented at the 2018 Union Conference on Lung Health.
- ▶ In addition, the TB REACH team and partners collaborated to develop the **Stop TB Partnership Field Guides** to Improve TB Case Detection, which were published under the Global Fund Strategic Initiative.

Strategic Initiative to Find the Missing People with TB

In 2017 the Global Fund launched the Strategic Initiative to find the missing people with TB, under which the Stop TB Partnership works with the Global Fund, WHO and 13 countries to find the missing people with TB. Together our aim is to find and treat an additional 1.5 million people with TB who are currently missed by health systems.

Strategic Initiative to Find the Missing People with TB

[View here](#)

In 2018, to further support SI countries, the Stop TB Partnership; launched a website and e-learning platform to empower countries, programs and projects to share experiences and best practices to improve case detection, notification and treatment; published a se-



ries of TB Case Detection Field Guides which support implementers to plan, design, implement and monitor case-finding approaches, provided ongoing support to SI countries to strengthen Global Fund grant implementation and case finding strategies, supported the implementation CRG assessments to strengthen national data and strategic information on key populations, gender and human rights-related barriers, to inform an evidence-based programmatic responses, developed and launched the mhealth tool, OnImpact for community empowerment and community-based monitoring, supported the implementation of community-based monitoring initiatives using OnImpact, and supported community and civil society to implement activities to boost demand and access to quality TB services, through the Challenge Facility for Civil Society.

The Strategic Initiative Priority Countries

Together the 13 SI countries account for 75% of all missing people with DS-TB and 55% of all missing people with DR-TB. The SI countries are; Bangladesh, DR Congo, India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania and Ukraine.

REACHING THE UNREACHABLE

Globally more than 10 million people fall ill with tuberculosis (TB) every year. Almost one-third of them live in India. Every year in India 400,000 people die of TB. Much of this is because about 1 million people are never identified by the national health systems, getting sicker, dying, and putting their families and communities at risk.

These rural areas in Madhya Pradesh State are home to the largest tribal population in India, totaling around 15 million people. In Shivpuri District of Madhya Pradesh state, the Saharya tribe constitutes about 10% of the population. Saharya tribal members usually work in the farms for minimum wage or forage for food in the forest. They often live in mud huts with no running water and with little attention to their health and wellbeing. To get to their villages, one needs to travel by train, car, and foot from Delhi for over seven hours. For many Saharya villagers, the nearest health facility is 2 hours away and to get their villagers might have to spend one or two days of their wages. Even when they seek treatment, they often report feeling stigmatized and shunned. So no one goes. There is little proper healthcare for these people. There is tuberculosis, neglect, and death.

To help improve the situation for the Saharya tribe, TB REACH provided Wave 5 funding and support to Asha Kalp, a small NGO working in communities where TB used to wipe out entire families. With this funding, Asha Kalp implemented a project that hires young men with motorbikes as community health workers (CHWs). With no formal health care training, these young men bring lifesaving services to this community. where you might find 2-3 family members per household who have TB. When the young CHWs walk through the villages they can point to many households where there has been a TB death. These young men travel to 10-12 remote



villages every day to screen people and to collect samples for testing. They bring samples to the nearest health facilities by motorbike, wait for results and then go back to the villages to start and support people through treatment.

In one year, Asha Kalp screened over 228,000 people, tested over 13,500 and put around 2,500 people on treatment. On average, of every 5 Saharya people who were tested, one person had TB, demonstrating an unprecedented rate, even for India. While there is much work that still needs to be done to improve the situation for the Saharya, the achievements of this project in helping find and treat people with TB has led to the ultimate TB REACH success, sustainability and scale-up. The district government has incorporated the project as part of their TB program and will continue to implement the intervention and supplement it with the provision of additional nutritional support to those with TB. Additionally, Asha Kalp was awarded TB REACH Wave 5 scale-up funding to implement a similar and expanded intervention with another tribal group in Maharashtra, India.

Reflecting on the situation, Ashvini Vyas, Asha Kalp's founder commented "To think that for years, these communities have been so neglected and so forgotten does not match the image of progress and development that our country strives towards. There is no reason that today in India anyone should experience this level of despair.

As we celebrate the expansion and scale-up of this project, we know that the tribal population of India is 100 million people – together, these individuals could inhabit the 13th most populous country in the world. Many communities are similarly forgotten, similarly unreachable, and are being devastated by TB as we speak. And until we have delivered essential services to every single one of these neglected areas, we should not rest, we should not exhale with relief. Because someone, somewhere might be taking their last breath."

VOICE OF THE PEOPLE



Guided by the Global Plan to End TB, United Nations Sustainable Development Goal 3, and the End TB Strategy, the Stop TB Partnership continues its commitment to strengthening community systems and ensuring community leadership in the TB response. The work of the Stop TB Partnership is critical for guaranteeing community-led, people-centered, rights-based and gender-transformative approaches to TB, forging partnerships at the local, national and regional levels. People affected by TB, communities and civil society were key advocates for convening and holding a successful UN HLM on TB. They are now taking center stage in assuring that Heads of State deliver on agreed commitments and targets.

Community, Rights and Gender Assessment Tools roll-out

In 2018, Bangladesh, Cambodia, India, Philippines, Pakistan, Indonesia, Nigeria, Tanzania, DR Congo, Kenya, Mozambique, South Africa and Ukraine received support to conduct assessments of their gender legal and key populations environments as well as available TB data, using qualitative research tools developed by the Stop TB Partnership in 2017 with the goal to strengthen national data and strategic information on key populations, gender, and human rights-related barriers, to inform an evidence-based programmatic response to TB.

The assessments provided a strong basis to carefully tailor the national TB response to the country's epidemic – the starting point for ending discriminatory practices and improving respect for fundamental human rights and successfully access quality TB prevention, treatment, care, and support services. In 2018, civil society organizations and National TB Programs (NTP) representatives from Pakistan, South Africa, Indone-

sia, DR Congo, Nigeria, Philippines, Mozambique and Myanmar were trained on community, rights and gender (CRG) assessment tools, as well as human rights and gender approaches to TB. Including the countries which rolled out the CRG tools in 2017, the Stop TB Partnership has now supported 14 countries to implement CRG approaches to TB.

To this end, Kenya, Cambodia, Ukraine, Tanzania, Bangladesh, Pakistan, South Africa, and India completed the assessments and have initiated the action planning phase to implement priority recommendations in early 2019. Six countries' assessments are in progress and will be completed in the first quarter of 2019, implementing recommendations by mid-2019.

Human Rights Initiative and Stigma Assessment

The Stop TB Partnership strengthened its work on human rights and TB beyond the Legal Environment Assessments. To ensure that discussions focusing on TB and human rights become more comprehensive and inclusive, a TB Human Rights Discussion Group has been established in 2018. The group continues to expand and is an important platform to build expertise, share experiences, strengthen partnerships and build a global TB human rights movement. The Stop TB Partnership is a founding partner of the [Nairobi Strategy on TB and human rights](#). In collaboration with the O'Neill Institute, KELIN and many other legal, community and civil society partners the Stop TB Partnership developed the Nairobi Strategy on TB, wrote a Human Rights Progress Report, developed a three-year costed work plan, formed an operating human rights discussion group, and wrote a compendium on 'Migration, Tuberculosis, and the Law: An urgent need for a rights-based approach'. The Stop TB Partnership



supported TBpeople, a global network of people who are directly affected by TB to coordinate and draft the Declaration of rights and responsibilities of people affected by TB. The TB Stigma Assessment Tools and Implementation Handbook were developed in collaboration with the communities of TB affected people, health workers, stigma measurement experts, technical partners, and donors and has been pretested in Sierra Leone and India.

Empowering people – Community platforms: global, regional and national

Fostering robust community systems that can provide a bridge to formal health systems is a critical component of an active TB response. The Stop TB Partnership provided a platform to ensure alignment across actors and activities, sharing and leveraging intervention outcomes across activities. The platform enables linking and engaging the community and civil society partners in all activities for a comprehensive CRG approach to TB – CRG Assessments, community-based monitoring and enhancing demand creation for quality TB services (CFCS). Strategic partnerships between community and national TB program actors have significantly improved – with Tanzania, Kenya, and Cambodia being particularly strong examples. These partnerships have resulted in a stronger and common national approach to enhancing a community-led, people-centered, rights-based and gender-transformative approaches to TB.

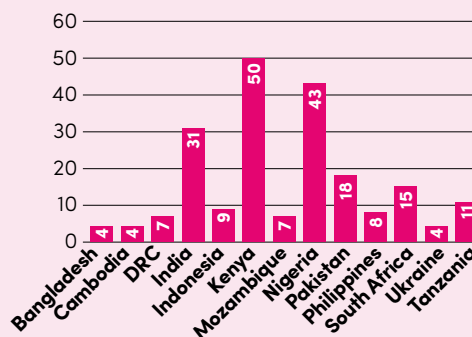


The Stop TB Partnership contributed to strengthening six regional community networks through five regional advocacy workshops in collaboration with the International Federation of Red Cross and Red Crescent Societies (IFRC). The workshops were held in the following regions: Latin America, Middle East and North Africa, South East Asia and Eastern Europe and Central Asia and Africa, including francophone Africa. In partnership with the IFRC, the Stop TB Partnership trained over 200 advocates from affected communities, civil society, and Red Cross-national societies. The country, regional and global platforms have been critical in mobilizing community voices around the UN HLM on TB. The Stop TB Partnership contributed to the Interactive Civil Society Hearing and UN HLM on TB, facilitating the participation of many inspiring and respected people. Forty civil society and affected community representatives were part of official country delegations. The Stop TB Partnership worked closely with regional and global TB networks, including, TBpeople and GCTA to forge strategic partnerships at country, regional and global levels.

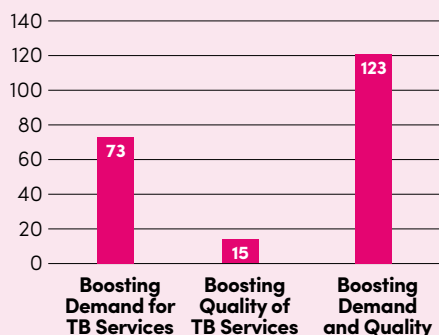
Challenge Facility for Civil Society (CFCS)

The overall aim of the CFCS Round 8, launched in April 2018, is to leverage and support community and civil society organizations to boost demand for and increase access to TB services. The Stop TB Partnership received 387 proposals amounting to US\$110 million,

Challenge Facility for Civil Society Round 8 No. Eligible Proposals per Country



Proposal Categories



Funding

Total Funding Requested (approx.)

US\$ 110 million

Total Funding Requested (eligible proposals) (approx.)

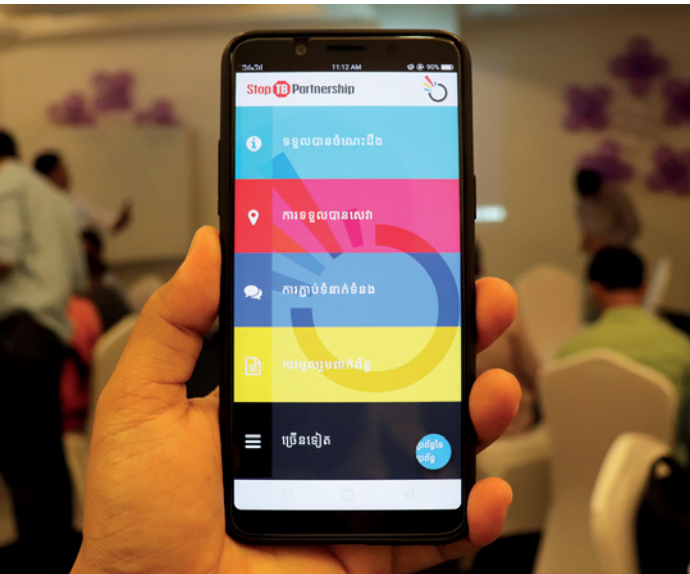
US\$ 13 million

Funding available (approx.)

US\$ 500,000

highlighting the interest of community and civil society organizations for a broader engagement, pointing to the continuing gap in available funding and absence of a responsive, resourced and flexible mechanism to respond to CRG needs. CFCS Round 8 grantees currently are 13 community and civil society organizations implementing demand generation activities in Bangladesh, Cambodia, DR Congo, India, Indonesia, Kenya, Mozambique, Nigeria, Pakistan, Philippines, South Africa, Tanzania, and Ukraine.

Community monitoring and OnelImpact



The Stop TB Partnership led the development of the digital application and platform OnelImpact. OnelImpact promotes community empowerment, including treatment literacy and facilitates community-based monitoring; it is available in English, French, Khmer, Tajik, Russian and Swahili. Currently, six community-based monitoring initiatives are being rolled out, in different stages of implementation in Tajikistan, Tanzania, DR Congo, Cambodia, Ukraine, and Kenya; led by community organizations in collaboration with the NTPs, implementers and country level Stop TB Partnership platforms. The real-time data collected via the community-based monitoring platform sourced directly from people affected by TB will complement the strategic information from the CRG assessments to further inform evidence-based programmatic responses to TB.

Country technical support in collaboration with the Global Fund

The Stop TB Partnership contributed to the Global Fund programmatic and financial monitoring framework and provided technical support to Global Fund country and multi-country processes, proposal development and review, grant negotiations and grant implementation in over 25 high burden countries in Asia, Africa and the Eastern Europe and Central Asia regions, multi-country programs and the Zero TB Initiative interventions. The Stop TB Partnership also conducted missions to provide support to NTPs to strengthen private sector engagement in TB care, to roll out new diagnostics and introduce new drugs and treatment regimens for the management of drug-resistant TB.



UNITED TO END TB



UNHLM → END TB
26 September 2018

“

**COMMIT TO
DECISIVE AND
ACCOUNTABLE
GLOBAL LEADERSHIP,
INCLUDING
REGULAR UN
REPORTING AND
REVIEW**

”

**United to End Tuberculosis:
An Urgent Global Response
to a Global Epidemic**

#UNHLM TB



#ENDTB

CREATE. FUTURE. TOGETHER.



In the past nine months, the **Strategic Initiatives and Innovative Financing** (SIIF) Team took major steps to develop, roll-out, and implement ground-breaking initiatives and projects to increase access to healthcare for people affected by TB in high burden countries by revolutionizing how and where TB care services are provided by: (1) accelerating the roll-out of new, people-centered TB innovations and (2) focusing on solutions that leverage emerging technologies (non-traditional product categories such as: artificial intelligence (AI), blockchain, cloud services, genomics, internet of things (IOT), robotics, tele-care/tele-medicine, and/or wearables.).

Some main achievements from the **Accelerator for Impact** (a4i) in 2018 include:

- ▶ Becoming an official project of the World Economic

Forum's "Shaping the Future of Health and Health-care" System initiative;

- ▶ Signing by the Stop TB Partnership and Mitsubishi UFJ Research & Consulting Co., Ltd. a Memorandum of Understanding (MoU) to source and support new TB innovations from the Asia Pacific and other regions;
- ▶ Supporting SureAdhere Mobile Technology, Inc. ("SureAdhere") through the country transition to scale and adoption stages; and
- ▶ Brokering the merger between SureAdhere and Everwell Health Solutions.

The SIIF Team has also strengthened our collaboration with the private sector, particularly related to supporting continued engagement and dialogue across sectors, including TB survivors, country decision-makers, civil society and community partners, etc., to address systemic barriers in the TB space. Some of the events that we co-hosted include the:

- ▶ First ever "TB Innovation Summit" with the Global Fund to Fight AIDS, Tuberculosis, and Malaria ("Global Fund"), Johnson & Johnson, the United Nations Foundation, and the World Economic Forum in advance of the United Nations High-Level Meeting on Tuberculosis ("UN HLM on TB") and
- ▶ "Roundtable Discussion: Barriers in Country Adoption and Access" with the World Economic Forum in advance of the 71st World Health Assembly.

Private Sector Constituency

In 2018, the Private Sector Constituency (PSC) of the Stop TB Partnership elected its new Board member Adrian Thomas, Vice-President Global Public Health at Johnson & Johnson. Adrian launched an ambitious agenda to revitalize the constituency and, more broadly, energize the private sector in the fight against TB. The in-person meeting of the PSC in The Hague in October saw a record level of attendance from new and current PSC members that represent a diverse set of actors along the continuum of care.

To promote enhanced collaboration within the constituency and with other sectors, the constituency is in the process of formalizing the PSC through the development of a unified vision, mission, and organizational model. At the October meeting of the PSC in the Hague, members agreed on a set of strategic priorities to guide the constituency's work moving forward, in support of the Stop TB partnership mission.

The new PSC strategy and organizational model will be presented to the board at its meeting in January.

In September, PSC members participated in the TB Innovation Summit (TBIS), which brought together over 250 global health leaders from around the world and saw an unprecedented focus on TB innovation from the private sector. PSC members BD, Cepheid, Johnson & Johnson, Mitsubishi UFJ Research and Consulting, and SureAdhere Mobile Technology, Inc. announced support to help achieve the shared goal of ending TB by 2020.

New members that joined the PSC in 2018 include:

Cepheid;
Epcon;
Everwell Health Solutions;
GlaxoSmithKline Plc;
Hunan-Tech New Medical Systems;
IQVIA Consulting and Information Services;
Proteus Digital Health;
Sanofi;
Speranza Chemical;
SureAdhere Mobile Technology; and
World BioHazTec.

STRONG TOGETHER

Stop TB Partnership's Global Drug Facility (GDF) Focuses on Expanding and Strengthening Strategic Partnerships to End TB

Closer collaboration and coordination are critical to ensuring access to care and sustaining global TB markets amidst increased decentralization of TB financing and procurement.



2018 United Nations Political Declaration on TB Encourages All Countries to Utilize Stop TB Partnership/GDF Services

Stop TB Partnership/GDF's global role in fostering access to life-saving medicines and diagnostics was recognized at the United Nations (UN) High-Level Meeting on TB in September 2018. The resulting UN Political Declaration on TB, endorsed by all member states, "encourages all nations to use the Stop TB Partnership/Global Drug Facility" for procurement of affordable,

quality-assured TB medicines and diagnostics. Read more about the UNHLM [here](#).

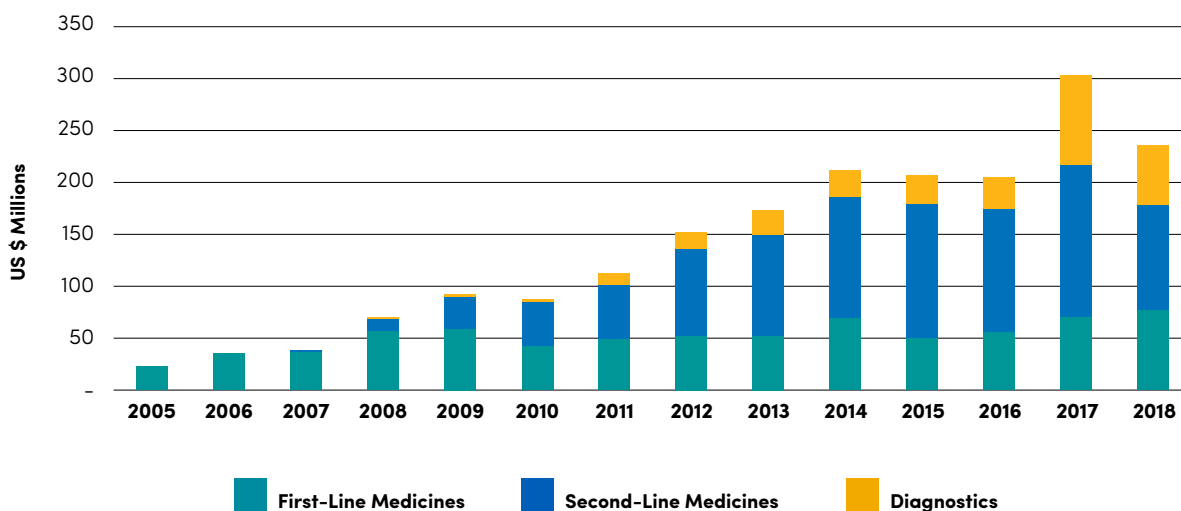
The UN Political Declaration on TB sets forth ambitious targets, including 2022 targets to successfully diagnose and treat 40 million people with DS-TB; 3.5 million children with DS-TB; and 1.5 million people with DR-TB, including 115,000 children. Reaching these targets will be largely dependent on the prices paid for TB medicines and diagnostics: the higher the price paid, the fewer the number of people diagnosed and treated.

Few countries will have the volume and leverage to conduct their own procurement and achieve the prices and terms secured by GDF. Beyond ensuring the lowest prices and best terms, GDF creates additional value through its order validation processes, which prevent wastage and save programmes tens of millions of dollars per year; its technical assistance and capacity-building services; and its ability to prevent and quickly respond to stockouts.

GDF 2018 Supply Overview

In 2018, GDF delivered nearly US\$ 233 million worth of TB medicines and diagnostics to 118 countries. While the total value of products delivered is down from the exceptional volume in 2017 (due to Global Fund end-of-grant spending), general procurement has trended upwards, with the biggest increases observed in the procurement of diagnostics.

GDF Annual Supply Trends for TB Medicines and Diagnostics, 2005–2018*



*Value is for products delivered to countries, including both product and shipping costs



Great News, Kids! World's First-Ever Child-Friendly Medicines for Drug-Resistant TB Now Available at GDF

Treating children with DR-TB is fraught with challenges, especially when caregivers need to break, crush and mix unpleasant-tasting adult medicines. Using adult medicines to treat children with MDR-TB often results in inaccurate administration of medicine doses or the child's rejection of the poor-tasting medicines. Now, for the first time, new child-friendly formulations are available for treating DR-TB. These formulations are flavoured and dispersible in water. Finally, children can be given DR-TB medicines that they are more likely to swallow, and caretakers can rest assured that they are administering accurate doses.

Over the past year, the GDF Team worked with country programmes the Sentinel Project, KNCV Tuberculosis Foundation (as the leader of the USAID-funded Challenge TB Project), and NTPs to prepare the launch of these new products. GDF's ability to pool purchases across many countries has allowed it to negotiate a 20% price reduction for all new formulations at launch. The first batches have been produced by suppliers, and are now undergoing final quality testing, and will be ready for shipment to countries in the coming weeks.

No More Injections! GDF Collaborates with WHO and the Global Fund to Expedite Access to All-Oral Regimens Newly Recommended by WHO for Treating DR-TB

In August 2018, WHO issued a Rapid Communication recommending the use of all-oral regimens for the treatment of DR-TB. Soon, people will no longer have to endure painful injections over the course of 6 months or more as part of their treatment for DR-TB.

Acting on the moral imperative to transition all programmes and people to these all-oral regimens as quickly as possible, GDF immediately sprang into action to do its part by:

- ▶ Following the release of the WHO Rapid Communication, GDF, the Global Fund and WHO aligned to release a joint Frequently Asked Questions doc-

ument to help guide NTPs on how to implement the new recommendations.

- ▶ Revising its quantification tools to include the new all-oral regimens and is working with countries to develop country-specific scenarios to aid in decision-making, transition planning and management of any wastage, where needed.
- ▶ Using the country-specific transition and wastage plans to help guide the Global Fund's Portfolio Optimization process as a means to secure the additional funding to kick-start the introduction of these regimens in early-adopter programmes.
- ▶ GDF is working with suppliers to facilitate the responsible phase-out of injectable medicines no longer recommended by WHO, such as kanamycin and capreomycin.
- ▶ GDF has reconfigured its Strategic Rotating Stockpile (SRS) to no longer include these injectables. Similarly, the SRS inventory levels have been adjusted to accommodate the resulting increase in demand for medicines prioritized in the recent WHO guidance.
- ▶ GDF is closely monitoring the production capacity and global supply of these medicines to ensure that products will be available in sufficient quantities as countries begin their transition to the new regimens.

The all-oral regimens represent a seismic shift in the approach to treating DR-TB. Many countries, with the support of several partners, are moving quickly to implement these new regimens. Since the August release of WHO's Rapid Communication on new DR-TB regimens, GDF has conducted two training sessions on transition and supply planning covering 16 countries, and has supported more than 20 additional countries with transition planning through a combination of missions and remote support.

GDF, WHO Prequalification, and the Global Fund Streamline Quality Assurance Processes to Expedite Access to New TB Medicines: First Generic Version of Clofazimine Approved Just in Time to Implement WHO's New DR-TB Guidelines

The GDF-led TB Procurement and Market-Shaping Action Team (TPMAT) is now coordinating all stakeholders to create lists of priority TB medicines eligible for expedited review by the Global Fund's Expert Review Panel. *Priority medicines are defined as those that are recommended by WHO but not yet available, or available but with insufficient supply to meet global needs.* Rather than waiting for the twice-yearly schedule for quality review, these priority medicines will be reviewed on an ad hoc basis in an accelerated timeframe as soon as they are ready. This ad hoc review process was first used in 2018 for clofazimine with great success. WHO's new DR-TB Guidelines place increasing importance on the use of clofazimine, which raised concerns that the existing supply could not meet future

demand. However, the new quality assurance process resulted in expedited review and availability of the first generic version of clofazimine, thereby ensuring supply security and access to WHO's newly recommended DR-TB regimens.

GDF's New TB Medicines Dashboard: A Green Light for Alignment Across GDF, Global Fund, and WHO Programmes

GDF led the development of an online TB medicines dashboard in close collaboration with the WHO Global TB Programme, WHO Prequalification Programme, WHO Department of Essential Medicines and Health Products, and the Global Fund. The aim of the dashboard is to ensure that TB medicine recommendations and lists produced by all organizations are aligned and optimized. Specifically, the dashboard visualizes TB medicines included in the WHO Treatment Guidelines, WHO Prequalification Lists, WHO Model Essential Medicines List, Global Fund Expert Review Panel Lists, and GDF Catalogue.

Green lights signal alignment across organizations, whereas yellow and red lights indicate that further action is needed to ensure alignment. This will avoid sending mixed messages to suppliers, NTPs and policymakers. The dashboard also facilitates identification of gaps in product development/availability, selection, consolidation, and phase-in/phase-out plans as new evidence emerges.

GDF Demonstrates Commitment to Quality Management Systems through Globally Recognized ISO Certification

GDF successfully transitioned from ISO 9001:2008 standards to become ISO 9001:2015 certified. The International Organization of Standardization (ISO) certification is internationally recognized as the world's leading quality management standard, implemented by over 1 million organizations in over 170 countries. The process to transition from the older ISO standards to the newer ISO standards was a multi-year, rigorous process that involved internal review and update of all GDF policies and systems. In December 2018, this process culminated in an in-depth, on-site ISO audit and ultimate recertification.

GDF has voluntarily undergone ISO certification to ensure that its quality management practices and customer services are optimized in line with international best practices. GDF remains one of the few agencies supplying TB medicines and diagnostics globally that meets these high standards.

A valid ISO 9001 certificate is a prerequisite for most of

GDF's customers, who understand the benefits of working with organizations with this certification, and it is a "nice to have" certificate for others when they are considering suppliers. It gives GDF's customers confidence that GDF is working according to standards and procedures that will provide high-quality customer service, along with the assurance that its management systems are constantly being assessed, revised and externally validated.

More than Medicines: GDF Expands its Role as a Global Leader in TB Diagnostics

In 2018, major progress continued to be made in building GDF's area of work in the global supply and market management of quality-assured TB diagnostics.

- ▶ Launching a new catalogue with over 500 items.
- ▶ Organizing its first Diagnostics Suppliers Meeting and first stakeholder roundtable meeting.
- ▶ Implementing its first technical assistance mission and first country workshop to assist with supply planning.

GDF continuously engaged with existing and new suppliers to expand access conditions, including the GDF-led development of a model service level agreement for GeneXpert to facilitate enhanced service and maintenance, improved accountability, and a new surcharge mechanism to procure such services. GDF's ability to supply quality-assured products at the best prices means that increasingly more countries are coming to GDF to procure TB diagnostics. Over the past year, more than 60 countries placed TB diagnostic orders with GDF, including eight countries that chose to

GDF Products Catalogues



All Catalogues and Information Notes can be found on the GDF webpage:

[view here](#)



internationally recognized as the world's leading quality management standard, implemented by over 1 million organizations in over 170 countries. The process to transition from the older ISO standards

purchase diagnostics via GDF for the first time.

GDF's Flexibility and Order Validation Results in US\$ 21.5 Million Saved by NTPs in 2018

GDF validates all orders and, when needed, guides NTPs to adjust quantities in order to prevent waste from over-ordering and avert stockouts from under-ordering. In 2018, US\$ 13 million was saved when GDF modified orders from countries that had over-ordered. GDF saved NTPs a further US\$ 8.5 million in 2018 through its ability to postpone or cancel orders that countries had placed but no longer needed; this flexibility to reallocate orders across multiple countries is only possible due to GDF's pooled procurement approach.

GDF Takes Control of the First-Line Medicine Supply Chain to Avert National Stockouts Amidst Global Supply Constraints

What do you do if you have to bake bread, but you can't buy enough flour to cover your needs? And how do you divide the small amount of bread you are able to produce among all the people expecting it? GDF and TB medicine manufacturers faced a similar situation this year. Manufacturers of first-line TB medicines faced a global supply constraint for a main active pharmaceutical ingredient (API) of rifampicin – used in all first-line treatments. Strict environmental regulations imposed on API producers resulted in the closure of factories producing APIs, and medicine manufacturers simply could not buy sufficient quantities of rifampicin API to produce the volume of first-line TB medicines needed to meet global demand.

GDF took control of the entire supply chain, averting national stockouts in all countries that had historically been using the GDF procurement mechanism. GDF was also able to respond to requests from 21 countries for urgent delivery of first-line medicines in order to address or avoid stockouts and treatment interruptions. **A total of 77 countries sought to procure first-line TB medicines via GDF in 2018.**

GDF established a systematic process for rationing supply. Rather than following a first-come, first-served approach, GDF prioritized delivery of medicines to countries based upon risk of stockout. Each week, GDF reviewed national data on patient enrolment, in-country inventory, time to clear customs, and other considerations to identify the programmes most at risk, and then determined the quantities needed to avoid stockouts. GDF held weekly calls with medicine manufacturers and its contracted procurement agent, IDA, to reallocate order volumes across countries and change delivery schedules as needed, thus ensuring ongoing access to these TB medicines.

At the same time, GDF regularly updated its global demand forecast – the amount of medicines needed to clear the backlog and meet future demand – and

developed bi-weekly production plans for manufacturers, constantly adjusting them as countries sent new, urgent requests.

Ensuring continued access to medicines amidst a global supply constraint was only possible due to the enormous efforts not only of GDF, but also of IDA, the medicine manufacturers, and the NTPs that allowed GDF to postpone and redirect their orders to countries at risk of stockout. If NTPs had sought to procure directly from manufacturers, they would not have been able to benefit from GDF's rationing and would surely have faced much longer lead times for orders.



GDF Prepares for Increasing Domestic Procurement and Engages with TPMAT to Identify Actions to Reduce Risks

GDF, serving as Chair of the TB Procurement and Market-Shaping Action Team (TPMAT), continues to play a leading role in monitoring country challenges with domestic procurement and engaging with key stakeholders and donors to propose collaborative solutions to reduce risks associated with the transition from global to domestic procurement.

GDF is actively working with countries to address regulatory and operational barriers that prevent them from procuring domestically funded TB medicines and diagnostics via GDF. For example, for countries that cannot pay up front, GDF is able to explore various payment options, including bank guarantees, letters of credit, and use of its Flexible Procurement Fund.

In 2018, GDF had its highest-ever value of orders placed using domestic funding, with 42 countries using domestic funds to purchase medicines and/or diagnostics via GDF (up from 34 countries in 2017). One of these countries was Bangladesh, which has committed to fully funding its DS-TB medicine needs in 2018 and 2019 using the national budget. The NTP decided to use GDF to receive quality-assured products at sustainable prices, and GDF in turn guided the country on the process and found the most convenient payment option.

2018 also marked the first year in which countries start-

ed to order domestically funded diagnostic products via GDF. This shift will pave the way for many countries



to avoid using national distributors charging prices that are up to 8 times more expensive than what GDF charges for the same products.

The daily work of nearly all staff in the GDF team now includes monitoring and addressing domestic procurement issues. Going forward, all GDF technical assistance missions will include the systematic collection of information on domestic procurement using a standardized set of indicators. When procurement issues are identified, a root cause analysis will be performed to determine the appropriate intervention. GDF will conduct procurement interventions within its scope and mandate and continue to work with other organizations with the capacity to intervene in areas outside its remit.

When Supply Chains Save Lives: GDF's Strategic Rotating Stockpile a Critical Tool In Getting Medicines to People Who Need Them in Record Time

The new and improved GDF Strategic Rotating Stockpile (SRS) is now fully operational, following a complete overhaul and reconfiguration in 2017. The SRS is a physical inventory of TB medicines that is owned by GDF and located in the warehouse of IDA, GDF's contracted procurement agent.

When countries place orders with GDF, a decision is made to either place the order directly with the manufacturer or process the order using medicines in the SRS. In 2018, approximately 73% of shipments to countries were made using SRS stock. Orders filled using the SRS can typically be delivered in less than 3 months, compared to standard lead times of 6 months for orders placed directly with the manufacturer.

There have been numerous examples where the deployment of medicines from the SRS has literally saved lives, with GDF responding to stockouts and delivering medicines to countries in as little as 2 weeks.

The SRS has also proven critical in ensuring that life-saving medicines are available for newly recommended medicines, when planning for the accurate number of people to be treated can be very challenging. Of the 158 orders for delamanid received to date, 45% (71/158) were for ≤ 10 treatment courses and 33% (52/158) were for ≤ 5 treatment courses. The ability to supply such low-volume orders in a matter of weeks is only possible via the SRS.

For example, following implementation in 2018 of baseline drug-susceptibility testing for all people with rifampicin-resistant TB, Myanmar identified many more cases of pre-XDR- and XDR-TB than expected and thus had insufficient stock of bedaquiline to treat all those who were being diagnosed. The NTP requested an urgent delivery of bedaquiline, which GDF managed to deploy from its SRS and deliver to Myanmar within 3 weeks. There have been numerous examples like this across many countries for both delamanid and bedaquiline.

Efficient management of the SRS is complex and requires end-to-end visibility on GDF's supply chain. The right balance must always be struck between having enough stock to respond to urgent needs, but not having too much stock such that medicines expire and must be wasted. SRS risk management processes allowed GDF to avoid US\$1 million in wastage of PAS-Na following the medicine's downgrade in WHO's 2016 MDR-TB treatment guidelines. Similar processes are now being used to avoid losses from the medicines downgraded in the 2018 MDR-TB guideline changes.

GDF On Track to Save More than US\$ 30 Million from 2018 Price Reductions for TB Medicines – Savings Sufficient to Treat Nearly 1 Million Additional People with TB

Over the April–December 2018 period, GDF realized US\$ 22 million in savings for NTPs from price reductions achieved in its March 2018 competitive tender for TB medicines. This puts GDF on track towards projected savings of over US\$ 30 million through March 2019 – the amount needed to treat nearly 1 million people for DS-TB.

GDF was also successful in expanding and improving access prices for bedaquiline and delamanid – two of the newest medicines used in the treatment of DR-TB. The post-donation price of a 6-month course of bedaquiline was decreased to US\$400 for all countries that can legally procure via GDF. Eligibility for GDF's US\$ 1,700 access price for a 6-month course of delamanid was expanded to all low- and lower-middle-income countries.

GDF tenders are designed to obtain the lowest sustainable prices possible while ensuring complete adherence to UN and public procurement principles, namely best value for money; fairness, integrity and transparency; international competition; and public health goals of the organization.

GDF has secured price reductions of over 50% for most second-line TB medicines since it began procuring them in 2012. Whereas other diseases (e.g., HIV, malaria) have realized medicine price reductions as a direct result of dramatic increases in year-on-year volumes, second-line TB medicines have not experienced dramatic volume increases, leaving GDF to find alternative means to decrease prices. GDF's Strategic Rotating Stockpile has played a critical role in medicine price reductions, as have other GDF interventions to reduce suppliers' risks and minimize suppliers' transaction costs.

GDF's Technical Assistance and Capacity Building Services

GDF's Demand, Technical Assistance and Capacity (DTC) Building Team continues its efforts to strengthen countries' capacities to ensure uninterrupted supply of affordable, quality-assured products and facilitate rapid uptake of new TB medicines, treatments, and diagnostics.



The support is delivered through the GDF team based in Geneva, 6 Regional Technical Advisors (RTAs) and 30 procurement and supply expert consultants who work with countries to strengthen national mechanisms for forecasting, quantification, supply planning, transition-to-new-tools planning and monitoring and implement early warning systems (EWS) to avoid treatment interruptions and/or wastage of TB products.

Amongst other activities, the DTC team conducted more than 40 technical assistance missions to high burden TB countries in Africa, Asia, Eastern Europe, and Central Asia in 2018 providing support for drug quantification reviews and optimized procurement and supply planning. These missions are triggered by the NTPs, the GDF team and partners and are carried out in cooperation with GF, rGLC, WHO, USAID and other partners.

Countries were for example supported to establish Early Warning Systems to enable secure and quick monitoring of the national stock situation vis-à-vis current and projected future patient needs. This helped countries better plan their budgets and procurement processes and thereby avert stockouts and treatment disruptions. The Demand and Capacity Building Team activity contributed to saving an estimated US\$ 13 million in 2018 stemming alone from adjustments of quantities before ordering to prevent wastage from over-ordering and aversion of stockouts from under-ordering.

Furthermore, since the launch of WHO's rapid guidance on new multidrug-resistant TB (MDR-TB) treatments, the Demand and capacity Building Team supported 20 countries in developing transition planning to ensure rational introduction of the new MDR-TB treatments. The team also conducted two regional quantification trainings focusing on the transition to the new guidance in which a total of 16 countries participated.

Lastly, given the shift in the funding landscape which increasingly lead countries to undertake domestic procurement, the Demand and capacity Building Team helps countries analyze procurement risks and challenges including monitoring of prices paid for TB products procured nationally compared to what is available on the international market and, whenever it makes economic sense, advises countries on how to access Stop TB Partnership's procurement facility, which offers quality assured products at low costs.

IN UNISON

Partner Engagement



The Stop TB Partnership numbered 1,732 partners from 124 countries at the end of December 2018 – an increase of 50 partners for the year. Once added, new partners are related to the respective constituency, national platform and working group for which they expressed interest. New partners are immediately registered to receive regular correspondence and encouraged to engage in social media and campaigning activities in order to increase their access to TB-related information and play an active role in promoting the joint goals of TB communities. New partners are also guided to interact with their respective constituencies and national platforms.

In return, the Stop TB Partnership promotes and disseminates the work and achievements of partners across its multiple media channels and shares industry news. Because the year was so busy with the UN HLM on TB, the annual Partners Satisfaction Survey was launched late in December 2018. Preliminary results are expected by end of January 2019.

Working Groups

One of the strategic goals of the Stop TB Partnership is to strengthen support for working groups and facilitate collaboration among them. The Stop TB Partnership identifies opportunities and gaps for new partners to engage in working groups through ongoing and regular dialogue.

The most critical updates from the working groups are as follows:

Global Drug-Resistant TB Initiative (GDI) Working Group

GDI and its Core Group have developed and published an operational research protocol template for the Evaluation of Effectiveness and Safety of Novel Shorter Treatment Regimens for Multidrug-Resistant Tuberculosis (MDR-TB). The GDI taskforce on TB, Human Rights and the Law (TBHRL) has developed the *TB, Human Rights, and the Law Judicial Handbook*.

Global Laboratory Initiative (GLI) Working Group

In line with its strategic priorities, GLI continued to work on the development and dissemination of practical guidance and tools for TB diagnosis and laboratory strengthening. Its Guide to TB Specimen Referral System and Integrated Networks provides useful information to establish integrated solutions to develop and improve the efficiency of specimen referral systems. A GLI Specimen Referral Toolkit contains tools to strengthen specimen referral systems at the local and national levels. Launched in August 2018, this tool complements the TB Laboratory Network Assessment Tool, which is being finalized with GLI Africa and will be launched soon.

Work on the *GLI Practical Guide on the use of lateral flow urine lipoarabinomannan assay (LF-LAM) for the diagnosis and screening of active tuberculosis in people living with HIV* was initiated in Quarter 2 (April–June) and concluded by October 2018. Additionally, the Core Group has been working on a handbook on *TB Laboratory Safe Working Practices*. Building upon previous training packages on drug-susceptibility testing, the Core Group, with support of the Secretariat, is working on a tool to provide information on the interpretation of genetic mutations that may confer resistance.

Other support provided by the Secretariat for the communication and dissemination of technical resources developed by GLI included the development and launch of the GLI-FIND Training Package on the Practical Guide to TB Laboratory Strengthening Training and GLI Training Package: Technical Modules for Xpert MTB/RIF (Ultra)

Public–Private Mix for TB Care and Control (PPM) Working Group

The Secretariat of the PPM Working Group, in consultation with the Chair and Co-chairs, reviewed and finalized a Landscape Analysis on private sector engagement for TB prevention and care, building on work done for the Gates Foundation. The purpose of this document was to facilitate improved participation of private providers, thereby contributing to universal access to quality and affordable TB care. The Secretariat developed a draft PPM Roadmap and presented it for inputs to the WHO Strategy Advisory Group. The Roadmap indicates priority actions and the enhanced investment urgently needed to expand the engagement of private health care providers and those not linked to national TB programmes. The 13th Global Meeting of the Working Group on Public–Private Mix for TB Prevention and Care was held on 19–20 October 2018 in The Hague, renewing focus on PPM expansion to close gaps in care and reach all the missing people with TB, especially in high-burden countries.

Child and Adolescent TB (CA TB) Working Group

CA TB Chair Dr Farhana Amanullah was the first speaker during the UN HLM Interactive Civil Society Hearing, Panel 1 “Reaching the unreached: closing the gaps in TB diagnosis, care, and prevention”. Dr Amanullah spoke about the essential country actions needed to eliminate TB in children and adolescents (with critical input from Lindsay McKenna (TAG), Anne Detjen (UNICEF) and Catherine Connor (EGPAF). The Annual Meeting of the CA TB Working Group was held on 24 October 2018 in The Hague, The Netherlands just prior to the 49th Union Conference.

End TB Transmission Initiative (ETTi) Working Group

ETTi provided a number of manuscripts and abstracts, and ETTi core group members have drafted an outline for an implementation guide to accompany the upcoming WHO revised TB infection control guidelines.

Drug-Resistant TB Scale-Up Treatment Action Team (DR-TB STAT)

DR-TB STAT published quarterly updates on the programmatic use of bedaquiline and delamanid in extension and/or combination from countries reporting to the DR-TB STAT [website](#). To increase the uptake of innovations in DR-TB management, DR-TB STAT developed and distributed a [bulletin on BDQ access](#) once the USAID/Janssen donation programme ends, and revised the [Treatment of DR-TB with New and Repurposed Medications: A Field Guide for Optimal Use](#).

DR-TB STAT partnered with Treatment Action Group (TAG) to produce two guides for use by civil society and affected communities at the country level, entitled [Know Your Rights: Tuberculosis Prevention, Diagnosis, and Treatment, Your Human Rights and TB and Is](#)

[Shorter Better? Understanding the Shorter Regimen for Treating DR-TB.](#)

Research / New Tools Working Groups (NTWG)

During the Stop TB Partnership’s 28th Coordinating Board meeting, new indicators were presented, including indicators for research. The Research/New Tools Working Groups continued discussions on how to track progress against the Global Plan, coordinated and facilitated by the Working Group on New TB Vaccines.

Working Group on New TB Vaccines (WGNV)

The [5th Global Forum on TB Vaccines](#) took place on 20–23 February 2018 in New Delhi, India. There were nearly 350 participants from 31 countries, making this the largest Global Forum on TB Vaccines to date. The Forum included over 60 speakers in 12 special, plenary and breakout sessions, 72 posters, and networking events. There was a sense of optimism and excitement among the participants, as new data were announced and further research and approaches were shared. For the first time, reduced registration rates were offered for participants from low- and middle-income countries and for students.

New Diagnostics Working Group (NDWG)

NDWG supported the Partnership in its goal of eliminating TB by promoting the development and evaluation of new TB diagnostic tools. In preparation for the UN HLM, the NTWGs jointly contributed to a number of documents highlighting the urgent need to increase support for the development of new tools and a brief on R&D for UN Missions prepared by TAG. The investment in R&D is one of the key targets and commitments in the UN Political Declaration on TB.

Working Group on New TB Drugs (WGND)

In an ongoing effort to provide the TB drug development community with comprehensive information and real-time updates in the field of TB drug R&D, the WGND has monitored advances and changes to TB drug discovery, advocacy and development, and disseminated all relevant updates via its web platform, social media and email. The 2018 WGND Annual Meeting was organized during the week of 23 October 2018 in The Hague, The Netherlands, in conjunction with The Union World Conference on Lung Health. Various TB drug developers and sponsors presented updates on their TB drug candidates, and the WGND reviewed the advancements made over the past year.

TB CHAMPION

The TB survivor who helped change the national law on TB



My name is Stefan. I am 32 years old, and I am from Bucharest, Romania. I am a TB survivor and TB advocate. I participated in efforts to push for a law on TB in my country. I am a TB Champion.

My experience with TB started in June 2011, when I was first diagnosed with TB, and two months later multi-drug-resistant TB (MDR-TB). It was the worst period of my life. I stayed in the hospital for five months. Very quickly I understood that I would need to take the treatment for two years and that I had only a 20% chance of healing. I became depressed. My head swam with dark thoughts, and I imagined myself dying. The side effects of the medicines I was given were horrible. I spent many days in bed. I lost my job, and I became so weak. It was as if my life had just stopped.

After eight months of treatment, I realized that I was losing my hearing. It was strange because I could hear noises, but I could not understand the words. The overall state of affairs led me to seek the help of a psychologist. It took me a year to accept a hearing aid. My health issues did not end there. Surgeons removed half of my left lung, and I had problems with my liver.

In June 2013, I was finally cured. It was time to look back at what had really happened to me: I lost two years of my life, I lost my job, I lost some friends, I lost half of my left lung, and I lost half of my hearing. I was 27 years old then.

That's when I decided to join the Association for Supporting MDR-TB Patients (ASPTMR), and I started learning about advocacy, human rights, and health systems. I wanted to reduce the number of people who get TB. In these past six years, I have met many good people who have helped me to learn how to defend the cause of people affected by TB. I work closely with many

organizations like the Stop TB Partnership, TB Europe Coalition, The International Union Against Tuberculosis and Lung Disease, LHL International Tuberculosis Foundation, and others. In 2018, I was elected Vice-Chair of the TB Europe Coalition.

During this period, ASPTMR developed projects for psychological, social and peer-to-peer support for people affected by TB, through a number of Global Fund grants.

I pride myself with my participation in efforts to push through a National Law for TB Prevention and Control, which was adopted by the Romanian Parliament in November 2018. TB advocates started to work on this law five years ago, and it took another four years for the Parliament of Romania to approve it. In these four years, we worked with doctors, MPs and the Minister of Health. We kept the importance of a law for TB high on the agenda in the media. But, our work is far from finished. We are currently working to implement methodological norms that will help in the prevention and control of TB in Romania.

My story is one of many stories of people affected by TB. Now, I think that I was lucky to survive and that I was given a chance to participate in the fantastic work of my colleagues and influence the political decision-makers to adopt a National Law on TB. It was possible in Romania; it is possible elsewhere, and the UN High-Level Meeting on TB gave us the global stage and visibility we needed. **It's time to push for change!**

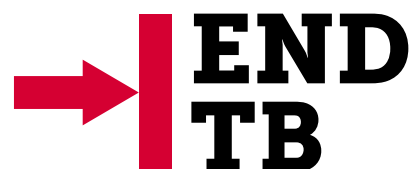




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Global Health Campus
Chemin du Pommier 40
1218 Le Grand-Saconnex
Geneva, Switzerland

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